

CareTech Community Services Limited

Minstead House

Inspection report

54 Oval Road
Erdington
Birmingham
West Midlands
B24 8PL

Tel: 01213733849
Website: www.caretech-uk.com

Date of inspection visit:
20 December 2017

Date of publication:
14 March 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 20 December 2017.

The home is registered to provide accommodation and personal care, for a maximum of eight people with learning disabilities and there were eight people living at the home on the day of the inspection. A registered manager was in place. A manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service on 28 September and 4 October 2016 and rated it 'Requires improvement'. We found people's rights were not always protected because key processes had not been followed or implemented to ensure that people's rights were upheld. We also found audit systems had not always been effective at identifying where improvements were needed. This inspection found there had been improvements across the service.

People were supported by staff to take their medicines and records were completed by staff to record when medicines had been administered.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

Staff were available to meet people's individual needs promptly and demonstrated good knowledge about people living at the home. Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

People enjoyed a good choice of meals and were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP and any changes to their care needs were recorded and implemented.

People were relaxed around the staff supporting them. We heard and saw positive communication throughout our inspection and saw people smiling and responding positively to staff. Relatives we spoke with told us people enjoyed good relationships with staff. Staff showed us that they knew the interests, likes

and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

Relatives said they were involved in reviews of people's care and said staff listened to them. Relatives and staff felt confident they could raise any issues should the need arise and that action would be taken as a result.

The provider had systems in place to check and improve the quality of the service provided. People, relatives and staff were positive about the service and the way it was managed for the people that lived there. The registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the home and they were supported by staff who knew how to keep people safe from harm.

People were supported by staff to take their medicines and records were completed by staff to record when medicines had been administered.

People and relatives complimented the cleanliness of the home and there were processes in place to ensure the premises and equipment were regularly checked.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoyed meal times and were very positive about the choice and quality of the food they received. People were supported to access external health professionals to support their wellbeing.

Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy.

Relatives valued the positive relationships people had with staff. Relatives were free to visit whenever people wanted them to and felt listened to.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they wanted and they chose how they spent their day. People were supported to follow their personal interests.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service. People had their care and support needs kept under review.

People and relatives felt supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to check and improve the quality of the service provided.

People and relatives spoke positively about the service and felt it was well managed.

Staff spoke very positively about the team work at Minstead House. They felt supported by the management team and said the registered manager led by example and had a clear vision of improvements for the service.

Minstead House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 20 December 2017 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We asked the local authority if they had any information to share with us about the service. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support. This helped us to plan the inspection.

During our inspection we spoke to two people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We also spoke with three relatives of people living at the home during the inspection.

We spoke to the registered manager and four support workers. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, two staff recruitment files, staff meeting records and service user meeting minutes.

Is the service safe?

Our findings

One person we spoke to told us they enjoyed living at the home and they felt safe. They commented, "I feel safe; I can trust [staff]." Relatives also felt people were safe living at the home. One relative told us, "I know [person's name] feels safe because they are comfortable around staff. They are always happy to go back [to the home] so I know that they must feel safe there." Another relative told us, "I know [person's name] feels safe because I see it in the way they are around staff." Staff told us they had received training in safeguarding and knew the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe.

Staff we spoke with knew the type and level of assistance each person required. For example the number of staff required to support people on different activities to keep people safe. They told us records and assessments of the risks to people were kept up-to-date and reflected people's current support needs.

People were supported by sufficient staff and during the inspection we observed that staff were available to support people promptly. One person said, "Staff are always there when I need them." All staff we spoke with were assured that people were safe and they felt there was enough staff to support people living in the home. One member of staff commented, "There's enough staff. Each person has [their] own allocated staff." Another member of staff commented that there were enough staff to support people as, "Staffing levels are good."

We observed support provided to people in the one of the communal lounge areas and we saw one person experiencing anxiety and distress. We saw staff respond and offer reassurance, which was effective in supporting the person and we saw them becoming settled in response.

The registered manager stated that they were currently recruiting more staff to fill vacancies. In the meantime staff covered any extra shifts which meant that agency staff were not used. They advised that staffing levels were based on people's individual needs and the agreed funding, for example, some people needed the support of two staff to keep them safe when they were out of the home.

The provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited. One member of staff also confirmed the checks made and told us, "References and DBS check need to be in place; without them you can't start."

People we spoke to told us they got their medicines when they needed them. One person told us, "I get all my medicines okay, I know what I take so I check." One relative told us systems were in place to sign out medicines to them when their family member came to see them. They said, "Medication is all properly recorded; we sign [medication] in and out." We saw that medicines that had been prescribed on a when required basis (PRN medicines) had written information to support staff on when and how these medicines

should be administered. One person said, "If I am in pain, I ask and they (staff) get me pain relief." Staff told us that they had received medication training prior to supporting people with their medication.

We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts for four people, speaking to staff and observing how medicines were administered to people. We found the administration records were completed and recorded when people were receiving their medicines. All MAR charts were signed by two staff as an extra check that medicines were administered correctly.

People told us their home was kept clean and tidy. One person said, "It's [the home] kept nice." Relatives also complimented the cleanliness of the home. One relative said, "It's all lovely and clean and well looked after." Staff also said the home was kept clean and we saw an infection control audit was completed periodically. The registered manager told us, "In between audits I am out on the floor so I can see how things are." One member of staff said, "The environment is kept clean and tidy. Spillages etc. are all cleaned quickly."

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. For example, we saw that following incidents involving one person additional staffing had been arranged. The registered manager also completed a report each month for the provider including details of any incidents or safeguarding events.

Is the service effective?

Our findings

At our last inspection on 28 September and 4 October 2016 we rated this key question as 'requires improvement'. We found people's rights were not always protected because key processes had not been followed or implemented to ensure that people's rights were upheld. At this inspection we found the registered manager had taken action to address our concerns and improvements had been made.

Relatives we spoke with felt staff had the knowledge to support people with their needs and provide effective care. One relative told us, "They [staff] display a real knowledge. They can answer anything we ask." Another relative commented, "They [staff] are skilled in their approach and in their knowledge."

Staff we spoke with told us that training helped them to do their job. They told us that prior to a person coming into the home individualised training on how to support the person was provided. All staff complimented this type of training as they felt it gave them the skills to support each person's individual care needs. All staff confirmed that other training was good too and they were able to give examples of how training had impacted on the care they provided. For example, one member of staff told us how epilepsy training had helped give them the confidence to provide better support to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this. Staff told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. Applications had been made and four DoLS authorisations were in place. Staff we spoke with were aware of the people who had authorisations in place and what this meant for each person. The registered manager also had a process in place to record the expiry date of any authorisations so an assessment could be made to review the person's care and make a new application if needed.

People told us they enjoyed their meals and we saw people were supported with drinks throughout the day. One person told us, "The food is fantastic." Another person told us, "[The] food is good, we get a choice. We have takeaways." We saw people were supported to complete individual meal menu's each week which reflected their preferences, likes and dislikes. We saw that one person had a pictorial menu to help them choose their meals.

There were two 'Shopping champions;' members of staff who provided a lead on supporting people with their menus and also lead on food shopping. One relative told us their family member had been advised to be mindful of their diet by a healthcare professional after putting on weight and staff were supporting them in making healthy food choices. We saw that each month each person had a service user meeting covering all aspects of their care including a discussion on meals and what they would like.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. We saw each person had a health action plan which recorded any visits to their consultant, GP, dentist, or optician. Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative commented, "Staff are very proactive. [Person's name] has gone to the GP when they have a cough or cold. They also go to the dentist." Another relative told us staff had arranged for the GP to visit their family member at the home because they did not like going to the GP's surgery.

The premises were suitable to meet the needs of the people who used the service and had a homely atmosphere. The home had recently been redecorated and the registered manager told us people living at the home were involved picking the colour schemes, which we saw varied across the home. One person proudly showed us their room which was decorated to reflect their interests. They told us, "I love my room, it's the way I like it."

Is the service caring?

Our findings

People spoke positively of the staff and said they were very caring. One person said, "Staff are good and look after me so well." Relatives also said they felt their family members were respected by the staff and they said staff treated them with dignity. One relative commented, "They are good staff. They have a very caring approach."

Relatives told us staff had developed good relationships with their family members. One relative told us they enjoyed seeing their family member laughing and smiling with staff. Another relative commented, "Staff are very committed. They want what's best for [person's name]."" During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member stand with them and gently touch their arm. We saw this helped relax the person and they became more settled.

The registered manager had received written compliments about care provided. For example, one person had sent them a card saying, 'Minstead house is the most loveliest house I have ever been in.' A health care professional had also written to give positive feedback on a placement into the home. They wrote, '[The] family have given very positive feedback and work has clearly been done to make those relationships work.'

People were able to make choices about their care. One person told us, "I have choice; [staff] always ask us. I go to bed anytime I choose." Relatives also confirmed people were involved in making choices about their care. One relative said, "[Person's name] chooses what they want to do, they are involved."

People were encouraged to make decisions of how to spend their day and in planning their meals so they could maintain their independence. One person told us how staff supported them to go to the shops and how they, "Make my own drinks when I want them." We also saw staff gently encourage people in day-to-day tasks. One relative told us, "They [staff] encourage [person's name] to put their own washing in. It's a big improvement for them. We are really pleased with their progress."

People's relatives told us they were able to visit when they chose and they felt welcomed by staff. They said they felt their family members were respected by the staff. One relative said, "Staff knock on [person's name] bedroom door, they are very respectful in that way." Another relative commented, "They [staff] are 100% respectful, I have seen it."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I enjoy working here. I love it. I love seeing the progress people make."

We saw staff were discreet when discussing people's personal care needs. This was recognised by relatives, one of whom commented, "They [staff] are confidential with information." Peoples' personal information and personal files were stored securely. Staff and the registered manager were aware of the need to maintain confidentiality and store information securely.

Is the service responsive?

Our findings

Relatives told us staff were responsive to people. One relative said, "They [staff] look after [person's name] as an individual." Another relative told us of the progress their family member had made with the encouragement of staff. They told us, "Since [person's name] come here they [staff] have really focussed on them. All the while they are trying to encourage them. They are not complacent; they are always encouraging them to try new things. They have been encouraged every step of the way by staff."

Relatives told us the transition of people moving into a new home can be a very difficult time but praised staff in their work to support their family member's at this time. One relative said, "Never in a million years [would I have] thought it would go so smoothly." Another relative commented, "The transition was handled very well. It was very, very good." One member of staff told us when a new admission was planned staff would spend time with the person in their home. They said, "We go to their home and work with them and learn what they want."

We saw that staff provided personalised care to people. For example, one person had been recommended to take more exercise by a healthcare professional. We saw that a running machine had been purchased to help enable the person and also other people living at the home to exercise more. Their relative told us they appreciated that staff encouraged their family member to use the running machine. The registered manager and staff also gave several examples of individualised care to support people to realise their goals. For example, one person was supported to exhibit their art work in a local art exhibition. Another person had been supported to write to the prime minister. We saw they had received a letter of response which staff said the person was very proud of.

Relatives and staff we spoke with told us that people enjoyed a range of activities. Staff told us how people enjoyed both group and individual activities. For example, we saw that people attended a local disco together; one person enjoyed going a local pub each week and another person attended the local gym. Each month each person had a service user meeting covering all aspects of their care including a discussion of activities they had planned for the month ahead.

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover sheet where up to date information was shared. For example, we saw that where one person had been feeling unwell overnight, information was given to staff coming onto shift so they were aware and a GP visit was arranged. All staff we spoke with told us that this handover of information was a good way of working and gave them the information they needed.

Relatives we spoke with told us that communication was good. One relative commented, "Communication is good; we are all on the same page." Another relative told us, "There is good communication, I feel very well informed."

All relatives we spoke with told us they were involved in reviews of their family members care. One relative

commented, "We are involved in reviews but if [there is] anything in the meantime, I can just call." Another relative told us they had been involved in setting up the care plan when their family member first lived at the home. They said, "We helped set up the care plan, they [staff] listened to us." We saw that each person living at the home had an allocated staff to support them. Two relatives told us that the allocated staff knew their family members well. One relative said, "[Staff member's name] is very involved, they know [person's name] very well and recognise any changes. Staff are confident in their approach and know what works with [person's name]."

People told us they could raise any concerns with staff. One person told us they had raised a concern and told us of the actions taken by the registered manager. Another person said they too felt able to raise concerns. They said, "The office is always open for you to pop in." Relatives told us if they had an issue or concern they were happy to raise these with staff and they were confident they would respond. One relative said, "I feel comfortable raising any queries or questions." Another relative commented they had, "No concerns; anything at all I will speak to one of the girls [staff]."

The registered manager advised us that no written complaints had been received over the previous 12 month period. They told us the provider had a policy in place which would be followed to ensure any learning was taken to reduce the risk of further concerns. Staff told us that they would talk with the registered manager if they had any concerns and they were confident that action would be taken in response. They told us they had not had reason to raise concerns.

Is the service well-led?

Our findings

At our last inspection on 28 September and 04 October 2016 we rated this key question as 'requires improvement', because we found audit systems in place had not always been effective at identifying where improvements were needed. This inspection found improvements had been made across the service and the rating for this key question is now 'Good.'

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as infection control, equipment and the environment. We found that although audits had been improved in a number of areas there were no written medication audits in place. We spoke to the registered manager about this; they advised visual audits had been completed which checked records were completed correctly to show where medication had been administered but a written record was not completed. The management of medication could be further strengthened with the introduction of a recorded medication audit.

There was a registered manager in place who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at the home and the liked the registered manager. One person said, "[Registered manager's name] is good they listen." Another person commented, "I'd rate it as 100 out of 100 here!" Relatives also praised the care and said the home was well managed. One relative said, "We are more than happy. "[Registered manager's name] is a good manager; they work hard for the people here. The whole team are good." Another relative said, "[Person's name] is my number one priority; I wouldn't let them stay if it wasn't so good."

Staff we spoke with told us they felt the registered manager was person centred and led by example. One member of staff said, "We are well managed and well supported. The manager has a very good approach." Another person said, "[Registered manager's name] doesn't see things as challenging, they just want the best for people."

Staff were clear on their roles and responsibilities and said the registered manager had a clear vision on improvements for the home. The registered manager told us over the past year improvements had been made in the garden. People living at the home and staff had worked together to make the garden more accessible. A sensory garden had been put in place and a trampoline had been purchased which people enjoyed using. The registered manager told us they were planning a gym area next. This was in response to people's ideas and feedback. One person told us they had suggested a punch bag for the gym and felt happy that the registered manager had listened to their idea.

The registered manager felt that all staff worked well as a team. All staff we spoke with confirmed this and emphasised how much they enjoyed working as part of the team. One member of staff said, "It's great when you work in such a good team." Another member of staff said, "The whole team is very supportive." Staff told us they felt valued with one member of staff commenting, "[Manager's name] is not shy in saying thank you. A little thank you goes a long way." The registered manager told us they were proud of their team and had nominated them for one of the provider's team awards.

Staff we spoke with told us that they had regular supervisions and felt they could always approach the registered manager for advice and support. One member of staff said, "[Registered manager's name] is very good, very approachable. [They] listen anytime and offer advice." Staff attended meetings, which they said provided a good opportunity to discuss any issues or changes and they felt involved in the running of the home. One member of staff commented, "The manager discusses new ideas and is continually looking to improve and share learning in staff meetings."

The registered manager had introduced house meetings for people living in the home to give feedback and ideas on improvements. One person told us, "The resident's meetings are a good idea. I like them." A questionnaire had also been sent to visiting healthcare professionals and we saw positive feedback had been given.

We asked the registered manager what they knew about the Registering the Right Support Guidance and in particular the values that underpin it. Whilst the service acknowledged that RRS was not something they had paid particular attention to, they were able to demonstrate that they were working in ways which were usually compatible with the values such as providing care in a small and homely setting, where people's independence is promoted and people have easy access to local communities and services.

The registered manager told us they were supported by the provider. They completed monthly manager's report giving the provider an update on the home, for example, any incidents and staffing levels. Records we saw showed the management team worked with other agencies to support the well-being of the people living at Minstead House. For example, we saw referrals to GP surgeries, social workers and consultants.