

CareTech Community Services Limited

CareTech Community Services Limited - 34 Porthill Bank

Inspection report

34-36 Porthill Bank
Porthill
Newcastle Under Lyme
Staffordshire
ST5 0AA

Tel: 01782612223

Date of inspection visit:
21 November 2016

Date of publication:
05 January 2017

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

This inspection took place on 21 November 2016 and was unannounced. At our previous inspection in June 2016 we found the provider was in breach of several Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care being delivered was not safe, effective, caring, responsive or well led. We had rated the service as Inadequate and placed it into special measures. At this inspection we found that improvements had been made in all areas and the provider was no longer in breach of any Regulations and therefore will be taken out of special measures.

34-36 Porthill Bank provides accommodation and personal care for up to six people with a learning disability. At the time of this inspection four people were using the service.

There was a new manager in post who was in the process of registering with us. 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 were safeguarded from the risk of abuse as the manager and staff knew what to do if they suspected someone had been abused. Incidents of alleged abuse were being referred to the local safeguarding authority for investigation.

There were sufficient suitably trained staff to safely meet the needs of people who used the service. They had been recruited using safe recruitment procedures to ensure they were of good character and fit to work with people.

Risks of harm to people were assessed and minimised through effective use of risk assessments. Staff knew people's risk and how to keep them safe.

The principles of the Mental Capacity Act 2005 were being followed as people were consenting to or being supported to consent their care.

People were supported to maintain a healthy diet and staff sought medical advice if people's health care needs changed. The manager and staff worked alongside other health care professionals to ensure people's physical and mental health care needs were met.

Staff were supervised, supported and received training to be effective in their roles.

People were treated with dignity and respect and their right to privacy was upheld. People were able to spend time alone whilst maintaining their safety.

People were receiving care that met their individual needs and preferences. People were supported to be involved in the community and participate in hobbies and activities of their choice.

There was a complaints procedure and people's relatives knew how and who to report their concerns to and they had confidence they would be acted upon.

The systems in place to monitor and improve the service were effective. There was a plan for continuous improvement.

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 were safeguarded from harm and abuse as staff and the manager followed the safeguarding procedure and reported incidents of alleged abuse for further investigation.

Risks of harm to people were minimised as staff knew the risks and followed people's risk assessments.

There were sufficient suitably trained staff to safely meet the needs of people.

People's medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well supported and trained to fulfil their roles effectively.

The principles of the Mental Capacity Act 2005 were being followed as people were consenting to or being supported to consent to their care.

People's health care needs were met and health care advice was sought when people's needs changed.

People were encouraged to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with dignity and respect.

People were encouraged to be as independent as they were able to be and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People were receiving care that was personalised and met their individual needs.

There was a complaints procedure and people's relatives knew how to use it. Staff recognised and responded when people expressed a dislike for something.

Is the service well-led?

Good ●

The service was well led.

The manager was in the process of registering with us (CQC).

Improvements had been made and systems in place to monitor and improve the quality of the service were effective.

Staff and people's relatives felt the manager was supportive and approachable.

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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 unannounced inspection took place on 21 November 2016 and was undertaken by one inspector.

We looked at notifications sent to us by the manager and used the action plan they had sent us following our previous inspection to inform the inspection. 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 which put people at risk of harm. We refer to these as notifications.

We spoke with one person who used the service and two people's relatives. We spoke with the manager, area manager and three care staff. Some people were unable to share their experiences of their care at the service so we looked at the systems the provider had in place to monitor and improve the quality of the service. We looked at two people's care records, three staff recruitment files, incident and accident reports and the management of people's medicines.

Is the service safe?

Our findings

At our previous inspection we found the provider was in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not being safeguarded from abuse as not all incidents of potential abuse were being reported or investigated.

At this inspection we found that the staff we spoke with knew who to report their concerns to if they suspected someone had suffered abuse. The manager was reporting all incidents of potential abuse to the local authority for investigation and we had received notifications of the incidents. Staff were regularly reminded of the safeguarding procedure at staff meetings and in their individual supervision sessions. This meant that people were being protected from potential abuse and the provider was no longer in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found the provider in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were insufficient suitably trained staff.

Previously people's one to one staff members had to leave them unsupervised to complete other tasks and this was putting people who used the service at risk of harm. For example, a person who was at high risk of self-injury was left alone for a period of time which left them at risk of significant harm. At this inspection, we found that staffing levels had been increased. Each person had their own member of staff and the provider had introduced floating staff to be able to complete the other tasks such as administration of medicine and answering the telephone. Staff we spoke with told us there were always sufficient staff to meet people's needs and keep them safe. We looked at staff rosters and saw that minimal staffing hours identified by the provider and commissioners of the service were always maintained. The manager had recruited several new members of staff and a relative told us that there seemed to be more consistency with the care staff. We looked at the way in which the new staff had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. We saw that pre-employment checks had taken place and they had received a meaningful induction prior to starting work at the service. This meant that the provider was no longer in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found that the provider was in breach of Regulation 12 of The Health and Social Care Act 2008. Risks of harm to people were not being minimised as staff were not following people's risk assessments and people's medicines were not being managed safely. At this inspection we found that improvements had been made in both these areas and the provider was no longer in breach of this regulation.

Since our last inspection people's care plans and risk assessments had been reviewed and up dated. We saw that people's risk assessments were being followed, for example we saw that one person's risk assessment stated that they could become anxious in the morning whilst waiting for the day's activity to begin. We arrived at the inspection in the morning and the person told us they had already been out for breakfast with the support of staff. A member of staff was able to tell us that this was in the person's risk assessment and

that it helped to alleviate the person's anxieties.

A relative told us: "It's a good house for [Person's name] to be in, they keep them safe in an appropriate way". We saw records and staff told us that one person followed a strict routine as this helped them with their autism and increased anxieties. We saw that staff ensured that the person went and purchased their lunch in time to be back in the dining room at specific time to eat their chosen meal. We saw this activity and time frame was recorded in the person's risk assessment and staff were following it. This meant that the risks of harm and distress to people were being minimised through the effective use of risk assessments.

Previously incidents of restraint were not always monitored to ensure they were appropriate and proportionate. Incident reports were completed by staff, however some incidents of restraint lacked detail of who was involved and how long the incident had taken place for. No debriefs took place with the staff involved to discuss the incident and identify ways to minimise the risk of further incidents. At this inspection we saw that incidents of restraint were regularly monitored by the manager. The forms were completed in full and had sufficient information recorded on them for the manager to know whether the use of restraint was appropriate and proportionate. We saw that staff were offered support through a debrief where they were able to discuss whether the incident could have been managed differently or even avoided. This meant that the risks to people were being minimised and lessons were being learned to reduce the risk of further similar incidents.

Previously we had found that people's medicines were not being managed safely. Some medicine had been out of stock and not everyone's medicines were being administered as prescribed. At this inspection we found that the manager had implemented two new audits to ensure that people had their medicines at the prescribed times. There was a daily audit completed by a team leader which ensured all medicine had been given, signed for and there were sufficient stock available so people's medicines didn't run out. The manager then completed a monthly audit to ensure that the daily audits were effective. Only trained members of staff administered medicine and we saw they were stored safely.

Is the service effective?

Our findings

At our previous inspection we had found the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not being supported and monitored to fulfil their tasks in a safe way. At this inspection we found the provider was no longer in breach of this regulation.

Staff we spoke with told us that things had improved and they were being supported by the manager and team leaders to fulfil their role. A relative told us: "The staff seem a lot more positive". All staff had undertaken training to ensure their practise in the use of restraint was safe and they were being regularly supervised and observed to ensure they were competent. There was an on-going training programme which we saw was monitored to ensure training was up to date and relevant to the needs of people who used the service.

We had previously found that advice from other health care agencies was not always followed and this put people at risk of harm. At this inspection we saw that the manager actively sought health care support for people and monitored to ensure that they received that support. We saw that one person had recently become unwell and the manager had sought advice from a health professional team. They had worked with the staff at the service to try and reduce the person's anxieties due to an increase in their mental health care needs.

Previously we found the provider was in breach of Regulation 11 as people were not always consenting to or being supported to consent to their care. At this inspection we found improvements had been made. A member of staff told us: "I always ask if a person wants something, if they don't that's their choice". We saw people were supported to attend health care appointments when necessary, for example one person had a long standing condition which had become more frequent. Staff had noted the changes in the person and they had been referred to a consultant. We saw that the person had been assessed as lacking the mental capacity to agree to a surgical procedure so a best interests meeting had been planned which would include all the relevant people involved in the person's life to discuss and agree whether the procedure should go ahead. This meant that the provider was following the principles of The Mental Capacity Act 2005 (MCA). The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw that everyone had been referred for a DoLS authorisation to ensure that people were being legally restricted of their liberty.

People's nutritional needs were met. No one was on a special diet and people chose what they liked to eat. Staff prepared the food for people and the manager told us that they planned to encourage more healthy

home cooked options. Some people had the occasional take away and one person had a plan in place which they had agreed to so that they only had unhealthy food once a week. Healthy snacks were available and people were regularly weighed to monitor their weight.

Is the service caring?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always treated with dignity and respect. At this inspection we found improvements had been made and they were no longer in breach of this Regulation.

We observed that staff interacted with people in a kind and caring manner. One person told us they were happy as they had been out for breakfast. Staff we spoke to spoke kindly of people they cared for. One staff member told us: "I treat people like I would want to be treated". The manager told us of plans they had to implement dignity champions amongst the team leaders. The champions would lead by example and be responsible for ensuring people were treated with dignity and respect.

People at the service all required one to one staff support during their waking hours to maintain their safety and the safety of others. However there were times when people required or requested their privacy. A member of staff told us: "Sometimes [Person's name] will say they want to be alone in their room. Bedroom door alarms have been fitted so we can safely leave people and go to them when we are alerted by the alarm". The manager told us that all people had a door alarm to allow them privacy and we saw records that confirmed they had been installed within the principles of the MCA.

People were encouraged to have a say in how they spent their days. People were offered choices in a way they would understand, about what they wanted to do, eat or their chosen activities. We saw a member of care staff had implemented a communication board for one person with pictures on so they could make choices. On the day of the inspection we saw that the person was shown the pictures and they chose an activity and staff supported them on the outing. Another person had an advocate who supported the person to make more significant choices about their life, although they had refused to see them, the manager told us there were plans to try again.

The manager demonstrated a passion for supporting people in a valued way. Since they had been in post they had held staff meetings asking staff 'How to support individuals have a fulfilling life'. We saw staff were working on ideas and plans to support people with making simple goals including life skills such as cooking and household tasks. This meant that people were being encouraged to be as independent as they were able to be.

Is the service responsive?

Our findings

At our previous inspection we found the provider was in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not receiving care that was personalised and met their individual needs. At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation.

People's care plans and risk assessments had all been reviewed and updated since our last inspection. We saw that the plans were personalised and reflected people's individual preferences. Through our observations and by looking at records we saw that people's plans of care were being followed.

Since our last inspection there had been some changes within the environment to meet people's individual needs. Staff had recognised that some people didn't like the company of others and had responded by making space within the home where people could be alone. The one large lounge area had been split into two so that there was space for people to sit individually or share if they wished. This showed that staff were responding to people's individual needs.

Staff knew people well and recognised and responded when people were unhappy. The manager told us that they and the staff had recognised that one person was anxious on the same evening of every week. This person was unable to verbally express what was making them anxious. Staff realised that it may be the next days planned activity the person was becoming anxious about so they offered them an alternative. The person had responded positively to the change in activity and was no longer became anxious.

People were supported to participate in hobbies and activities of their choice. On the day of the inspection we saw everyone was involved in an activity which met their individual likes and dislikes. A relative told us: "My relative is doing a lot more now". The manager told us about another person who had for many years been fearful of going out at certain times of the day. New staff had gained their trust, encouraged and reassured the person to try again to go out at these times. The outings had since been successful and the person was enjoying a more varied social life.

The provider had a complaints procedure and the relatives we spoke with told us that they knew how to make a complaint if they needed to. The manager told us there had been no recent complaints. Relatives we spoke with told us that they were kept informed and involved in the care of their sons and daughters.

Is the service well-led?

Our findings

At our last inspection we found that the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the systems the provider had in place to monitor and improve the service were ineffective. At this inspection we found that improvements had been made and they were no longer in breach of this Regulation.

Since the last inspection a new manager had been recruited. They were in the process of registering with us (CQC). Relatives we spoke with told us they liked and felt the manager had made improvements in the service. One relative told us: "I am very encouraged by the new manager as they have made some positive changes".

A new staff structure had been put in place to ensure that there were clear lines of accountability on every shift. New team leaders had been put in place and staffing levels had been increased to ensure there were sufficient staff to keep people safe at all times. The staff we spoke with told us they felt supported by the manager. A member of staff told us: "The manager comes out on the floor to help and work alongside us". They told that they were feeling more valued as the manager discussed their health and welfare with them through supervision and debriefs. The manager told us: "I have been out on all the community activities with people and staff so I can experience any issues staff may have first-hand".

The manager had implemented audits which had been effective in ensuring the safe management of medicines. We found that improvements to the way that people's medicines were being managed had been made. Other audits were also being completed such as an 'infection control' audits which we saw being completed on the day of the inspection. We saw immediate action was taken when the audit identified that the shower heads required cleaning to prevent the build-up of bacteria.

Accidents, incidents and the use of restraint were being analysed regularly by the manager to identify any trends. The provider was completing regular quality checks and the manager was working towards meeting all the targets set on the action plans. The manager was looking for new ways of improving the service for people and was encouraging staff to think of how people could have a more fulfilling life.

Relatives were asked their views on the service through annual questionnaires. The manager and relatives told us that they had regular contact with each other to ensure a constant flow of communication about how to improve the service for people.