Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 42 Russell Lane

Inspection report

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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

We inspected Caretech Community Services (No 2) Limited - 42 Russell Lane on 26 January 2016. This was an unannounced inspection. Caretech Community Services (No 2) Limited - 42 Russell Lane is a six bed care home for people with learning disabilities. On the day of our visit there were six people living in the home.

People told us they were very happy with the care and support they received.

People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager had been in post since 1999. 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 and associated Regulations about how the service is run.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People participated in a range of different social activities and were supported to access the local community. They also participated in shopping for the home and their own needs

The registered manager provided good leadership and people using the service, relatives and staff told us the manager promoted high standards of care.

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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 protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

Is the service effective?

Good

The service was effective. People received care from staff that was trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were encouraged to have a balanced diet and supported people to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.
People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate.

Is the service responsive?

Good

The service was responsive.

People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements.

The service actively encouraged people to express their views. People were confident to discuss their care and raise any concerns.

People had access to activities that were important to them. People planned what they wanted to do.

Is the service well-led?

Good

The service was well led. People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff was given the support they needed to care for people.

There were systems in place for monitoring the quality of the service.

Caretech Community Services (No 2) Limited - 42 Russell Lane

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.

We visited the service on 26 January 2016. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place in April 2014.

During our inspection we spoke with three people who lived in the service and one relative, a health care professional, two support workers, and the registered manager. We looked at three people's care records, three staff records, the training matrix, medicines charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. One person said, "All staff are good, I feel safe." Another told us, "I always feel safe."

Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. One support worker said, "I need to make sure that everyone in my care is safe and protected." They told us how they watched out for changes in behaviour which might indicate that the person was being abused or exploited. They explained that if they saw something of concern they would report it to the registered manager or senior member of staff as soon as possible.

Staff understood how to whistle blow and told us that they considered it to be of the "utmost importance to be able to raise matters of serious concern up the chain, and ultimately to the Care Quality Commission."

There were comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual, for example, where a person was at risk when travelling on public transport, there was written guidance for staff about how to support this person in the least restrictive way, whilst maintaining their safety. Another risk assessment gave consideration to a person being left unattended when in the bath, in accordance with their wishes. The resulting plan was person centred and gave priority to the person's safety whilst respecting their wishes and dignity. Risk assessments were reviewed regularly and also when there had been a change in a person's behaviours or support needs which gave rise to additional risks, in line with the policies and procedures at the service.

We saw there were adequate numbers of staff on duty on the day of our inspection. One care worker told us, "I have no concerns about staffing levels. There is strict protocol about when to ring in sick in order to get cover in time. This works well as we are very supportive of each other." The registered manager told us, "I would tell the provider if I felt we had not enough staff. I have no difficulty calling for additional staff if I feel we need it." We observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. One support worker who told us, "We are never short-staffed." Another said, "There's is always enough staff so we can spend time with people."

The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. Medicines were stored safely in a locked cabinet in the office. There were individual Medicine Administration Records (MAR) for each person using the service that included photographs, details of their GP, and information about any allergies they may have. The MAR were up to date, accurate and no gaps were evident. Our checks confirmed that people were receiving their medicines as prescribed by health care professionals. Staff could describe how to administer medication safely, and we saw on their training records that they had done the appropriate training. A visiting nurse told us how staff, "always follow instructions carefully concerning people's medication."

We looked at the provider's medication policy which included safe administration of medication and 'as required' [PRN] medication. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief, there was sufficient information for staff about the circumstances when these medicines were to be used. The registered manager told us they did not administer homely medicines (for example, cough medicine), adding, "I always ask the GP to prescribe medicines like that because I want them to know everything the person is taking."

There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. We saw a controlled drugs record book, with the signatures of two members of staff each time a controlled medicine had been administered to people using the service. They also signed the MAR. However, when we checked the balance of stock of the controlled drug which was recorded after each dose, there was one occasion when this did not correlate with what remained of the drug in the cabinet. We looked back through records with the registered manager and saw a note of this drug being administered in the person's case record. She amended all records and agreed to do a reminder session with staff about the protocol for recording when a Controlled Drug has been given. She also acknowledged that she had omitted to notice this on her weekly audit and would review how she did these audits to make sure they were robust.

We saw that a local pharmacy did an annual audit, and there were no problems identified on the last one. We looked at the drugs return book and saw this was completed accurately and those drugs for return were stored appropriately until collected by the pharmacy.

The registered manager told us that recruitment was managed centrally at head office. She said she was confident that provider had safe systems in place and thorough recruitment checks were carried out before staff started working at the home. We saw an e-mail listing all members of staff, with their relevant and in-date Disclosure and Barring Service certificates. This meant staff were considered safe to work with people who used the service.

We saw there was a Personal Evacuation Egress Plan (PEEP) for each person, specific to the individual's needs.

The home was clean and we were told by members of staff that each person took responsibility for ensuring that a good standard of hygiene was maintained. Infection control measures were in place and we saw staff using gloves and protective clothing appropriately.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken induction training. All staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care.

The training matrix evidenced the fact that staff were up to date on their mandatory training, which was e-learning based. This included Safeguarding of Vulnerable Adults, Mental Capacity Act 2005, Person Centred Thinking, Manual Handling, Nutrition, dementia awareness, epilepsy awareness. Staff were also up to date with training in Infection Control, Food Hygiene, First Aid, Medication and rescue medication. A support worker told us, "I had an excellent induction, it was so interactive and the trainer made sure I understood something before moving onto anything new." They also said, "I feel everyone is so skilled here; people are so willing to share their knowledge, which helps with our on-going learning."

We saw from records that people received regular supervision. A support worker told us, "It is excellent; for example, we discuss my work with our clients and also my personal development."

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

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Staff we spoke with were familiar with the Mental Capacity Act 2005, and the need to obtain consent from those who used the service. A support worker told us, "I want to make sure I am doing things the way people want me to and in their best interest" and "Knowing the individual enables me to understand their needs better and therefore offer them a range of appropriate choices." We heard the worker offering choices about activities, food and drink to the person they were supporting.

The registered manager had made referrals to the local authority with regards to deprivation of liberty safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. It also allows people's movements to be restricted for their own safety. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. We saw evidence of DoLS authorisations on the care records we looked at, as well as detailed instructions around how a person should be supported in relation to this.

There were pictorial menus displayed in the two kitchens. The registered manager told us how the menu was discussed with those who used the service, using pictures of a variety of food. There was flexibility for people to change their minds should they not want to eat what was on the menu for that day. The upstairs

menu included the name of the person who was going to cook on that day. The registered manager said, "People on this floor can do more, so they take turns in cooking, with the support of staff. It is good for their independence."

There was a plentiful supply of fresh fruit, vegetables and meat. The cupboards contained dry stock, including rice, cereals and tins. Care records showed that the nutritional needs of the people who used the service were met. All people living at the home were weighed regularly and this was recorded. From the care plans viewed, there was one person who had a below average body mass index. This person was referred to the dietician for advice and this advice was strictly followed.

Health care plans were detailed and recorded specific needs. There was evidence in the care files of regular consultation with other professionals where needed, such as dentists, doctors and specialists. Concerns about people's health had been followed up immediately and there was evidence of this in records we inspected.

Good

Is the service caring?

Our findings

People told us they were happy with the approach of staff. There was some positive feedback such as, "Staff are very nice to me" and "I like it here, good people."
A relative told us "the staff are very caring and the way they manage X is wonderful."

One person who used the service told us, "I like it here. The staff take me out." We saw that the staff team were thoughtful and promoted positive caring relationships between people using the service. Staff took time to engage with those who used the service. We heard lots of conversations and laughter between staff and those who used the service.

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes in detail with relatives and healthcare professionals so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people were able to take part in social activities which they liked and chose.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. They had been given training in this area.

Staff cared for people in a way which respected their privacy and dignity. Each person had their own bedroom. Staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately.

We saw how staff interacted with those who used the service in a kind and respectful way. They took time to engage them in conversation, using gentle touch and eye contact. A care worker told us, "I always make sure our service users are well presented. When we eat out, I do not want people staring at them and making them feel embarrassed."

We saw in one person's records that their end of life preferences had been documented. This included information on the type of service, flowers and music.

We observed staff interacting with people using the service throughout the day, in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff and people with limited verbal communication made physical contact with staff members.

We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of those whom they supported. For example, one support worker told us how people communicated their needs in different ways, both verbally and non-verbally, "I know by one person's facial expressions what they really want." Another said, "Most people and staff have been here a long time so we

know them well."

We asked staff how they offered choices to people and were told, "We must offer choices, for example, we show pictures of the food or activity to give them their choice. "" One member of staff told us caring was about "treating people as individuals," and how they gave personal care "in a way which encourages independence." They did this by ensuring their privacy was respected, with doors closed when supporting a person with their personal care needs. They also told us they knocked when entering a person's room and they always explained what they were doing in the room.

Good

Is the service responsive?

Our findings

The care and support people received was responsive to their needs. Care plans were very detailed; person centred and provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. Whilst there was a lot of information on record, it was easy to locate, as the files were separated into individual sections for ease of access. A support worker told us how any changes to a care plan was discussed at team meetings and the registered manager ensured that all staff were aware of these changes. We saw there was a list in each person's record which staff signed to indicate they had read the care plan. They also told us they passed on information to the registered manager to update her prior to people's reviews.

Key workers did a monthly review of people's support plan and there was an annual review of the overall care plan. We saw a change on one person's monthly support plan in response to a request to have more trips on public transport. This was documented and an account was written of the various trips taken.

Each person had a Life Story document, which ensured their unique information and life stories were written down in one place, including choices and preferences and how they wished to be supported. People also had a Hospital Passport which outlined their communication and dietary needs and preferences? and how to recognise if they were in pain. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at home or in hospital. This was especially useful for people with communication difficulties as it minimised the risk of them receiving inappropriate care.

People's individual activity programmes were detailed on a weekly timetable and showed a range of different activities, including day centre, sports centre, and library trips, shopping and eating out. Satisfaction levels for activities were regularly monitored. We saw that people's moods following activities were described in daily logs. We saw that on one occasion the frequency of an activity had been increased as a result of positive feedback from a person using the service.

There was a 'my plan' document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. We were told that the information was used extensively by staff, as well as when people were taken to hospital. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at the home or in hospital. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was recorded how a person contributed to their support plan. There was also a record of how people indicated they were in pain. Behaviours which might indicate pain was clearly documented, a very important feature where people were unable to verbally communicate. We saw that care plans were recently reviewed, in line with the provider's review policy.

A visiting nurse said, "This is a good service. Staff are always prepared for my visits, they have notes out and the patient ready to be seen." We saw evidence on care records of multi-disciplinary work with other professionals and in particular a consultation with a GP in relation to one person's decreased mobility

following a change in their medication. Hospital appointments were recorded and there was evidence of engagement with a dentist and chiropodist.

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person.

People's allergies and dietary needs were noted in their personal information, and each person had a Health Action Plan and Hospital Passport outlining their specific needs should they be taken to hospital. Staff told us they supported people to attend all hospital appointments and also spent time with them during hospital stays. Staff also arranged home visits when required.

There was a clear complaints procedure that was available in pictorial format and we saw that this was displayed on the wall in various areas in the home. People we spoke with told us they knew what to do if they were unhappy about anything. We saw that there had been no formal complaints made in the last 12 months.

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Good

Is the service well-led?

Our findings

People who used the service,relatives and staff we spoke with praised the registered manager and said they were approachable and visible.

The registered manager had been in post since 1999. She told us, "My aim is to make each day a happy one for people living here, we want to encourage independence and allow people to do as much for themselves as possible."

The registered manager told us that staff turnover was very low, "providing residents with continuity of care with staff who know them very well."

Observations and feedback from staff, relatives and professionals showed us that there was an open leadership style and that the home had a positive and open culture.
A relative told us "my son is very difficult to manage but the manager, in particular, is exceptional. She treats him with firmness but with great kindness and goes to extremes to see that he and all the others, have an interesting and happy life." Staff spoke positively about the culture and management of the service. Staff told us, "The manager is helpful and approachable" and "The manager gives us guidance and makes sure people are looked after well." Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Another member of staff told us, "The manager always sorts things out quickly and is very hands on." It was clear from our discussions with staff that morale and motivation was high. One staff member we spoke with said, "The manager is amazing, she is so involved with everything. I love working here."

Staff felt confident they were listened to. A staff member told us, "The manager always listens to us; she will address issues and support us with our requests. For example, I need to work a particular shift pattern and she has facilitated this for me."

A visiting nurse said, "New care workers always learn quickly. I view this as a sign of good management and support."

Staff told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. One person told us, "We have meetings with all of us and on our own too." Annual surveys were undertaken of people living in the home, relatives and professionals. Results of the annual relatives surveys carried out in November 2015 were very positive in relation to satisfaction levels. Regular visits were made by the provider's head office team. We saw that regular quality assurance assessments were undertaken by them and that actions arising from these had been carried out, for example the latest audit suggested that staff needed more training on the Mental Capacity Act 2005 and the re-introduction of an activities planner.

The registered manager also monitored the quality of the service by regularly speaking and observing people to ensure they were happy with the service they received. This included doing unannounced spot checks at evenings and weekends. During our meetings and from our observations it was clear that she was very familiar with all of the people in the home and understood their needs well.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's finances, medicines, care plans and risk assessments.

There were certificates available with regard to the safety of gas appliances and portable appliances. There were also up to date test certificates for Legionella and e-coli available.

The registered manager told us she regularly attended locality managers meetings and leadership forums and received on-going support from the operations manager; she also worked closely with the local authority and attended regular provider's' forums.