

CareTech Community Services Limited

CareTech Community Services Limited - 68 West Park Road

Inspection report

68 West Park Road
Smethwick
Birmingham
West Midlands
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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

68 West Park Road provides residential care and support for up to fourteen people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were twelve people living in the home. At the last inspection in March 2015, the service was rated Good. At this inspection we judged that the service provided remained Good.

Staff knew the procedures they should follow to ensure people did not suffer harm or abuse. People were supported by enough staff to ensure their complex needs and lifestyle could be supported safely. Procedures were followed to ensure staff were recruited safely. Staff had been trained to support people with their medicines and most checks on medicines were accurate.

People were supported by staff who had been trained to meet their specific needs. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received the support they needed to maintain their health and access health professionals. People had control over what they ate and drank with support to help them do so independently.

People had benefitted from phased introductions to staff which had enabled them to build positive relations with the staff who supported them. Staff demonstrated a thorough knowledge of people's needs and desires and used this well to support them with their lifestyle.

People had been actively involved in developing social opportunities within the local community which had been tailored to their needs and preferences. People were supported to develop their independence and skills to support their goal of moving on to independent living. Each person had been involved in identifying and developing plans which reflected their personal goals and aspirations.

We received positive feedback that the home was well run. The provider had ensured the on going quality of the service by developing their facilities and opportunities for people. The provider worked with a number of other organisations to support people transitioning into or out of the home. This provided assurance that the service remained good, and that the service was meeting people's needs.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 checked 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 was a comprehensive inspection and was completed by one inspector on the 20 July 2017 and was unannounced.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider in their PIR was used to plan our inspection and taken into account when we made judgements in this report.

We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We asked the different local authorities who commissioned services from this provider for their views on the service provided. They did not share any information of concern with us. We received and reviewed feedback from other agencies involved in the transition arrangements for people moving into 68 West Park Road.

We spoke with five people who used the service, and spent time in people's flats and in communal areas to observe the care and interactions. We spoke with five relatives, seven staff and the deputy manager. We looked at the care and medicine records for three people, accident/incident records, staff training records,

staff meeting minutes and sampled the provider's audits for the monitoring of the quality and safety of the service provided.

Is the service safe?

Our findings

People we spoke with told us they felt safe. A person said, "No one hurts me; not the staff or other people living here. I mix if I want to or I can stay in my own flat". Relatives we spoke with told us they had no concerns about people's safety. External professionals provided positive feedback about the arrangements for people's safety.

Staff had received training in recognising and reporting signs of abuse and the staff we spoke with were clear about the action they should take in the event of abuse being suspected. Notifications sent to us showed the provider had reported incidents of concern to appropriately. The provider had continued to review accidents and incidents including self-injurious behaviour to identify any trends or patterns.

Strategies were in place to mitigate potential conflict between people and reduce risks of harm. Staff told us they were confident that people were safe because they regularly discussed and followed these guidelines. A staff member told us, "We discuss strategies so that we can anticipate any concerns about people's safety and we also have training to use restraint techniques safely". A person told us they were aware of their support plan and the controls in place which included restraint; they said, "Sometimes staff restrain me; I know all about it and I feel safe when they restrain me". Restraint interventions had been documented and reviewed to ensure the use of restraint was appropriate and safe. .

Risks to people's safety had been assessed and staff were aware of the support people needed to maintain their liberty and safety. A person told us, "I have staff support because sometimes I hurt myself". This information was captured in their risk assessment and was continually reviewed.

The environment promoted people's safety; for example we saw coded doors reduced the risk of people leaving the premises or entering other people's living areas or cooking areas unsupervised. In addition we saw people had equipment to keep them safe; for example people with sensory impairments had auditory and visual fire alarms as well as alarms to alert staff to people who had seizures. We saw personal emergency evacuation plans (PEEPs) were in place to show what support people needed if a fire emergency arose.

People said there were enough staff to meet their needs, one person told us, "I have a staff member with me in my flat to help me all the time". We saw staffing levels had been assessed prior to the admission of each person consequently we saw people had two or one allocated members of staff to meet their needs when required.. Emergency staff shortages had been covered. Professionals feedback confirmed that people had the staffing levels they needed to stay safe. Staff we spoke with confirmed that the provider had undertaken checks before they commenced working to ensure people were supported by suitable staff.

People told us they had their medicines when they should and we saw staff had been trained to administer people's medicines safely. Although checks were undertaken by the management team we found these had not identified that the balance of two people's medicines was not correct and there were gaps in records. Where 'as needed' medicines had been used there was one occasion where the recording of this had not

been made. We saw no evidence to suggest this had an impact on the person. The explanation provided was that it as a recording error and the deputy informed this would be checked immediately.

Is the service effective?

Our findings

Relatives told us they were happy with the skills and expertise staff demonstrated. People could be confident that the staff team had been trained to meet their specific needs. We observed staff confidently using a combination of hand signing and British Sign Language (BSL) when interacting with people with specific communication needs. We saw staff supported people in line with their autism; providing explanations and structure to aid people's understanding. Staff had training in managing behaviour and undertaking restraint techniques safely.

Staff continued to receive an induction which included a range of training, some that was specific to autism awareness. One member of staff told us, "The induction was great and I had loads of support and a whole week of shadowing". The provider had ensured that the Care Certificate was available for inexperienced new staff starters. There is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good care. Staff told us they received regular planned support to reflect on their practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had continued to ensure they worked within the principles of the MCA. Where restrictions on people's liberty had been identified to keep people safe, these had been discussed with the relevant professionals and applications had been made to the supervisory body. Areas of the home were restricted but we heard from people their liberty was not restricted because they knew the code and could enter/leave independently. Staff we spoke with confirmed they had on-line training in MCA but had limited understanding of their responsibility to support people in line with the MCA. The registered manager told us she had applied for further 'Face to Face' training to support staff in promoting people's liberty. Following our inspection we saw this training had been booked.

People had full control over their diet and they had the support they needed to prepare and cook their meals with an allocated member of staff. One person explained how they shopped and were supported to maintain a balanced diet. We observed they were supported throughout the preparation and cooking of their meal. People had access to their own kitchens for snacks and drinks when they wanted.

People had been supported to maintain their health and action plans were in place to identify health professionals involved with people's care. Specific support and advice had been sought from relevant professionals when required. People told us they were supported to attend appointments and seek medical support for their specific medical conditions. Staff we spoke with were well informed of people's health; specifically where this may decline rapidly and what action they should take.

Is the service caring?

Our findings

People described the staff in positive terms; 'Very nice', 'Kind', 'Patient and help me'. People told us they felt cared for and had trust in staff. Relatives told us that staff had a caring approach and that their family member was happy at the service. Feedback from external professionals involved with the transition of people into West Park Road was extremely positive and complimented staff on their; 'Caring approach', 'Keenness to engage with people' and 'Eagerness to work with people and to get the approach just right'.

We heard from people that staff had knowledge of their preferences, anxieties and preferred routines, and we saw staff had taken time to understand their methods of communication. This ensured that people continued to receive care in the way they preferred; with kindness and compassion.

The interactions between staff and people showed that people had developed trusting relationships with staff. One person we spoke with described how staff had supported them through a bereavement and we saw examples of poems on their wall which staff had taken the time to write and display. The person told us, "I moved my settee so I can look at them; it makes me feel closer to mom".

We saw staff interaction with people was positive and engaging; for example we saw three staff interacting with two people encouraging them in their activity. We saw another person supported to cook their evening meal. We observed staff were friendly and encouraging showing they understood people's need for direction and explanation, and praised people for their efforts.

Staff demonstrated detailed knowledge of people's anxieties and we saw they responded in a considerate manner. All of the people had one to one staff support to maintain their safety. Staff were able to explain how they protected people's privacy when people wanted time alone. A person told us, "I have my privacy; they're not with me every second". People showed us their flat which had ensuite facilities and told us staff respected their dignity and privacy.

Staff showed a good understanding of the values of the service; to promote people's choices in life. One person told us how staff supported their choices; they were working towards moving into a home of their own, and another person told us they were hoping to develop the confidence and skills to move to a shared flat. Each person had developed with staff a programme to enhance their independence and develop their life skills. All aspects of life such as shopping, cooking and cleaning their flat were supported by staff.

Although no one required the services of an advocate information was available to access this. An advocate can be used to support people to voice their wishes. We heard from people that their family could visit at any time, we also saw people had access to their own phone or used the office phone to maintain contact with their friends and family. Some people told us how staff supported them to visit their family and attend family occasions which demonstrated that staff understood the value of people's relationships.

Is the service responsive?

Our findings

People were fully supported with the transition into the service which had included a number of phased visits and stays. A person told us this had helped them to settle and that they had met the staff working with them and been involved in developing their care plan. Records confirmed that transition meetings enabled staff from different locations to provide the right support before, during and after admission so as to respond to people's specific complex needs.

The facilities and layout of the home supported the diverse needs of people by for example providing self contained flats to accommodate people on the autistic spectrum who may experience difficulty socialising with their peers. We also saw core staff teams were allocated to individual people to provide additional consistency in their support. We saw examples of staff being 'matched' to people due to their specific skills such as in communication, this ensured people had staff who could understand and respond to their needs.

A person told us they had regular keyworker meetings to discuss their plans and this included support to access community amenities such as clubs, colleges and other social networks. We found that people's likes, dislikes and hobbies were identified as part of the assessment process. A person said, "I love to shop, cook and go out for lunch". Activity plans for each person showed their likes and interests had been planned for. A person said, "I do loads of stuff as well as go out socially". We saw staff supporting people throughout the day to undertake their activities.

There were a number of methods used to enable people to express their views. People told us they had one to one sessions in their flat where they could share their thoughts over a drink and in a relaxed manner. Keyworker meetings enabled people to discuss any aspect of their care or leisure pursuits. Quality surveys had been completed to capture people's views and showed family and professionals were happy with the service provided.

A complaints procedure was available in a suitable format for people's needs. We saw the registered manager had followed the process to investigate and feedback to people regarding any concerns they raised.

Is the service well-led?

Our findings

We received consistent positive feedback from people who lived at the home, their relatives, staff and external professionals that this was a well-led service. A person told us, "It's a great place; they are very good to me and have helped me to learn new things". A relative told us, "I'm so pleased that (name) is getting the specialist help they need". External professionals involved with the transition of people described communication between them and the service as 'Very good', and described the management as 'Proactive'; by for example training staff to sign. The management were also complimented on showing a commitment to work within timeframes so that people's needs could be met.

There was a registered manager; however they were unable to be present at the time of 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. Staff described the registered manager and management team as very approachable and supportive.

A range of audits had been undertaken which were escalated to senior managers. A system was in place with action plans to ensure any improvements needed were completed. Whilst these checks had been effective at providing assurance that this service was still good, the medicine audits we saw although conducted recently, had not identified the shortfalls in people's balances. We were informed a full audit would be completed to identify any errors.

The registered manager had stayed up to date with changes and developments in service provision for people with autism. They had continued to enhance the facilities available to people so people could benefit from living in self-contained flats. This ensured people with complex needs have a choice of a living environment that could support them on their pathway towards independent living. Increased occupancy had positively impacted on people because more people could be accommodated.

The registered manager was aware of legal regulations and had displayed their current CQC rating at the home and on the provider's website. It is a legal requirement that the provider informs us of incidents that affect a person's care and welfare and they had ensured that we were notified of these events. Staff we spoke with were aware of whistle blowing procedures and gave us a good account of what they would do if they witnessed bad practice. A staff member told us, "I have every confidence in the management and would not hesitate".

The provider had submitted a Provider Information Return (PIR) when we had asked them and we found this was an accurate account of how the service runs. They told us in their PIR that they sought people's feedback on the service via survey's. We were told that the registered manager will ensure that any actions needed from these surveys would be addressed.

We heard from staff that they felt well supported and had regular supervision and training opportunities as

reflected in the PIR. Staff we spoke with described their pride in the service and feedback from external professionals that we saw clearly recognised the strengths, expertise and commitment of staff towards the people they supported.