

Caretech Community Services (No.2) Limited

La Marsh

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

La Marsh is a residential care home providing personal care to four people with learning and physical disabilities at the time of the inspection. The service can support up to 6 people. The building is purpose built. There is a communal lounge, dining room and kitchen and large garden.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included a thorough induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. Staff were kind and caring and promoted people's dignity and privacy. Staff knew what action to take to keep people safe.

There was safe management of medicines to ensure people received them as prescribed. Risks were assessed and reduced where possible. When incidents or accidents happened there were processes in place to prevent them from happening again. The home was clean and staff followed procedures to prevent the spread of infections.

People received food and drink of their choice. When needed people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they required to meet people's needs in a person centred way. People could choose how they wanted to spend their time. Various activities were offered to people. People were supported to receive end of life care in the way that they wanted and met their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an effective system in place to ensure that any areas for improvement were identified and

actioned. People, their relatives and staff were aware of what to do if they needed to complain. People were supported to share their views and shape the future of the care they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

La Marsh

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector over two days. The first day was spent in the home. The second day was spent contacting people who had connections with the home to seek feedback.

Service and service type

La Marsh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person who used the service about their experience of the care provided. We met the other people living at La Marsh but they were not able to give their views on the home. We spoke with three members of staff including the registered manager, deputy manager and a support worker. We also observed the care and support being provided to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including audits and health and safety documents were reviewed.

After the inspection –

We contacted three professionals who regularly visit the service and one family member for feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home had effective safeguarding systems, policies and procedures in place.
- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the provider's safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC. One person told us, "Yes, I feel safe here." A relative told us "Yes, [family member] is very much safe – it's the whole environment and the people that work there that make it safe."

Assessing risk, safety monitoring and management

- Risks were being managed so that people were protected from avoidable harm.
- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or road safety. Staff reviewed the risk assessments regularly and put actions in place to reduce the risks.
- A contingency plan was in place so that staff knew what to do and who to contact in the event of any emergencies. Emergency plans were in place to ensure people were supported appropriately in the event of a fire.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. Due to staff vacancies, agency and bank staff were being used. The registered manager stated that they requested agency staff that had worked in the home before so that they knew how to meet people's needs.
- The recruitment systems continued to be robust to ensure that the right people were employed. Staff did not commence working in the home until all of the pre-employment checks were completed to ensure they were suitable.

Using medicines safely

- People received their medication as prescribed.
- Staff received training and completed competency assessments every six months to ensure that they were following the correct procedures when administering medication. Daily stock checks ensured that people had received their medication as expected.
- Staff explained what each medication was when administering it and checked that the person was happy to take it. The medication administration records had been completed accurately.

Preventing and controlling infection

- The home was clean, tidy and free of unpleasant odours.
- Staff had completed training in how to reduce the risk of infection and followed good practice guidance.
- There was a good supply of gloves and other protective equipment to reduce the risk of infection.

Learning lessons when things go wrong

- There had been no accidents since the previous inspection. Incidents forms had been completed by staff, checked by the registered manager and sent to the provider. Systems were in place to analyse accidents and incidents to identify any patterns or trends and to make changes where needed to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was assessed and delivered in line with current best practice. For example, staff had been made aware of The National Institute for Health and Care Excellence guidelines regarding oral healthcare. This meant that people had detailed oral health assessments and plans were in place so that staff knew what action to take.

Staff support: induction, training, skills and experience

- People received care and support from a staff team who had the right knowledge, skills and support to carry out their roles effectively.
- Staff completed an induction when they commenced working in the home and then refresher training as required. Training dates were entered onto a computer system which the manager monitored regularly to ensure staff completed training when necessary.
- Staff confirmed that they received supervisions and appraisals regularly to ensure that their work was reviewed and any areas for improvement or good practice identified.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences and dietary needs.
- We saw that people could eat their meals at a time that suited them. Special diets were catered for. People were offered a choice of food and drink. When needed staff supported people to eat and drink, this was done at a pace that suited the person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People living at La Marsh had complex healthcare needs. The registered manager and staff team worked closely with local healthcare professionals to ensure that people's healthcare needs were met. A relative told us, "As soon as there is any indication of someone being unwell, they are straight on the phone to the doctor."
- Detailed healthcare plans were in place. Any changes to people's health was clearly recorded so that the information was accessible to visiting professionals. One healthcare professional commented that the clear information had helped when they were assessing the person.
- Strong links with the local hospital had meant that people had been supported to access healthcare professionals quickly when needed.

Adapting service, design, decoration to meet people's needs

- La Marsh is purpose built and meets the needs of the people living there. However some areas of the home are in need of redecoration or updating. For example, the bathroom, kitchen and hallway carpets. The registered manager stated that the provider has agreed to the works being carried out, but it was not known when the work would commence. This did not currently pose a risk to people.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make decisions.
- When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented. Staff tried to ensure that any action taken was done in the least restrictive way possible. DoLS applications had been made when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- It was clear from our observations that staff were kind, valued the people they supported and developed genuinely positive relationships with them. One relative told us, "They (staff) always ask [family member] what she wants and how she is feeling. They're never in a hurry, they don't rush her."
- Staff knew people's needs well and we saw that they were able to anticipate their needs and provide prompt assistance. We saw that staff responded to one person who wanted them to sing to them in a positive way each time. This resulted in the person smiling and looking happy.
- When people showed any signs of distress, they were given reassurance and staff sat with them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care as much as possible.
- Each person had a keyworker. The keyworker spent time with the person each month asking if they were happy with the care and support they were receiving.
- People were encouraged to make decisions such as when they wanted to get up, what they wanted to wear, what they would like to eat and drink and how they would like to spend their days. As some people could not communicate their wishes using words, objects of reference were used or staff reacted to people's body language. For example, staff knew that if one person reacted in a certain way when asked if they would like to get out of bed, then they left them there until they indicated they wanted to get up.

Respecting and promoting people's privacy, dignity and independence

- People are treated with dignity and respect. Staff assisted people with any personal care in private. Staff told us that they always explained what they were doing when assisting someone with personal care and when possible tried to keep them covered up to promote their dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided person-centred care that was compassionate and met people's needs.
- Staff knew people's needs and preferences well and offered support that respected people's differences.
- Care plans and health plans were detailed and reviewed regularly to ensure they reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a way that they could understand. As well as some documents being available in picture format, staff took the time to explain written information verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their relationships with family members and friends. As well as relatives visiting the home, people were given the opportunity to socialise with friends that they had known for many years. One relative told us they were always made to feel welcome when visiting their family member. They also said, "They always give me coffee and cake as well sometimes."
- People had access to a varied activity programme, both at home and in the community. On the day of the inspection people were seen joining in with a craft session. Regular sessions such as music, massage and craft took place.
- Not all staff could drive the home's vehicle, and this sometimes limited people attending activities outside of the home. The provider was aware of this and was looking to replace the vehicle with a more suitable one.

Improving care quality in response to complaints or concerns

- There was clear information on how to complain. The complaints policy was freely available and outlined what response people could expect. No complaints had been received since the previous inspection.

End of life care and support

- People received end of life care that was kind and compassionate.
- When a person living at La Marsh was receiving end of life care in hospital, care staff had given up their own

time to ensure that there was always a member of staff with them.

- Written information contained details of what people wanted to happen after death, but not leading up to it. However, staff were aware of people's wishes and how they would like to be cared for. We talked to the registered manager about this and they rewrote the end of life plans to include the relevant information during the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and deputy manager had clear vision and values that they shared with the staff team at La Marsh. All staff were enthusiastic about their roles and providing person centred care.
- Staff were supported, respected and their dedication to the people they worked with was recognised. The team had won an award from the provider to acknowledge the work they had done to support one person at the end of their life.
- Staff were encouraged to attend and raise items to be discussed during team meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although there had been no incidents where the registered manager had to follow the duty of candour procedures, they were aware of them and what their responsibilities were.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also responsible for the management of a second home. This meant that the registered manager and deputy manager had to ensure that all relevant information was passed between them on a regular basis to ensure continuity of the care being provided. This was done successfully and ensured they were both aware of any changes or issues.
- The registered manager was aware of the requirement to notify the Commission of certain events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People living at La Marsh and staff were all encouraged to provide feedback about the service to shape any future improvements.
- When people could not communicate their views using words, staff used observation to assess what people enjoyed. For example, if a new activity was tried, because staff knew people so well they were aware if they were happy and enjoyed it. This information was used to review people's care and support on a regular basis.
- There were effective quality assurance systems in place. Regular audits were completed to identify areas of good practice and where improvements were required. When needed, action plans were written and completed.

Working in partnership with others

- The registered manager, deputy manager and staff team had built strong working relationships with health and social care professionals. This meant that information was shared with the relevant organisations so that everyone continued to provide good care to people.