

Tracs Limited

Cateswell Court

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

This inspection took place on 4 May 2016. This was an unannounced inspection.

At the time of our last inspection in January 2015, Cateswell Court was found to be meeting the requirements of their registration in accordance with the regulations.

Cateswell Court provides accommodation and personal care for up to eight people who require support to live in the community. At the time of our inspection, there were seven people living at the location.

There was a registered manager in post. 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.

The service was safe because people were supported by enough members of staff who had been safely recruited. Staff had the knowledge and skills they required to protect people from the risk of abuse and avoidable harm and they knew what the reporting procedures were. People were supported to have their medication when they required it from staff that had the relevant knowledge and skills they required to promote safe medication management.

The service was effective because people received care and support with their consent where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they were encouraged to be as independent as possible with preparing food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was very caring because people were supported by staff that were kind, caring and who took the time to get to know them, including their personal histories, likes and dislikes. People were also cared for by staff that protected their privacy and dignity and respected them as individuals.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible. People felt involved in the planning and review of their care because the provider promoted person-centred, recovery focused values and staff communicated with them in ways they could understand.

People had an enhanced sense of well-being and quality of life because staff actively encouraged and

supported them to engage in activities that were meaningful to them. People were also supported to maintain positive relationships with their friends and relatives and with people from the local community.

Staff felt supported and appreciated in their work and reported Cateswell Court to have an open and honest leadership culture. The management team endeavoured to improve and develop the service and had systems in place to assess and constantly monitor the quality of the service. People were encouraged to offer feedback on the quality of the service and knew how to complain if they needed to. They felt that the registered manager was responsive to feedback and staff reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

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 the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff who has been safely recruited to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good 

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good 

The service was very caring.

People were supported by staff that were very kind and caring.

People received the care they wanted based on their personal preferences and dislikes because staff were dedicated and

committed to getting to know people.

People were cared for by staff who protected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good ●

The service was very responsive.

People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them to engage in activities that were meaningful to them.

People were supported to maintain positive relationships with their friends and relatives and with people within the local community.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Good ●

The service was very well led.

The provider had clear visions and values that promoted a positive, person-centred culture within Cateswell Court.

Staff reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

Staff felt supported and appreciated in their work and reported Cateswell Court to have an open and honest leadership culture.

The management team endeavoured to improve and develop the service and therefore had systems in place to assess and constantly monitor the quality of the service.

Cateswell Court

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 4 May 2016. The inspection was conducted by one inspector.

Before the inspection, 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 any improvements they plan to make.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also requested feedback from the local authority with their views about the service provided to people at Cateswell court.

During our inspection, we spoke or spent time with five of the people who lived at the home and four members of staff including the registered manager, a deputy manager, a senior support worker and support worker. We reviewed the care records of three people, to see how their care was planned and looked at the medicine administration processes. We also looked at training records for staff and at two staff files to check the provider's recruitment and supervision processes. We looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, accidents and incident records and compliments and complaints.

Is the service safe?

Our findings

People we spoke with told us that they were happy with the care they received at Cateswell Court and that they felt safe. One person told us, "It's really nice living here, I feel safe". Another person said, "I feel safe here, I trust the staff". A third person told us, "I know I am safe here because the staff are really good". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe.

All of the staff we spoke with felt that people were kept safe at the home and that the provider supported them to maintain people's safety. One member of staff told us, "We are very supported here to raise any concerns; they [provider] have a no-tolerance policy on anything untoward which makes me feel safe knowing that the safety of people is the priority".

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training which is mandatory at induction and refresher training; if anything doesn't feel right then we are encouraged to report it to management or a senior member of staff". Another staff member said, "If I thought anyone was at risk of abuse, be it neglect, verbal, physical or bullying for example; I would report it straight away to the person in charge, the [registered] manager or to outside agencies like yourselves [CQC]; if we don't report it we are as bad as the abuser". Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that any safeguarding concerns that had been raised since the last inspection had been reported to the relevant agencies and had been investigated thoroughly with appropriate action taken.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "We have clinical training on specific health conditions if we need it so we know what to do in an emergency; for example, if someone has a seizure we know how to manage these, we know what is typical for a person and when we need to get emergency services". Staff we spoke with also reported to find the risk assessments useful as well as the regular meetings they held daily to ensure that all of the staff on duty were aware of any new or on-going risks relating to people living at Cateswell Court.

Records we looked at showed that people had risk assessments in their care files which were specific to their care needs. These included risks relating to their mental and physical health such as medication risk assessments, as well as risks associated with self-harm or aggression. The risk assessments detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required. For example, we saw that some people were at risk of self-harm. We saw individualised risk assessments and care plans that provided guidance to staff on how to recognise when people were vulnerable to thoughts of self-harm and the de-escalation and management techniques staff could implement to reduce and manage these risks in order to keep people safe.

Everyone we spoke with told us they thought there was always enough staff available to meet people's needs. One person told us, "There is always someone [staff] around if we need them". Another person said, "The staff are very good and they always make time to speak to you if you need them". We saw staff were available for people at all times throughout the day and no one had to wait for their care and support to be provided. Staff we spoke with did not raise any concerns about the staffing levels at Cateswell Court. One member of staff told us, "We can be short staffed at times but we get cross cover from the other [Tracs Limited] homes and people will always offer to cover shifts or come in at short-notice if we need them to". Another member of staff said, "We will make sure there is enough staff available, so if someone wants to go out or if they have an appointment that we need to accompany them to, then we can accommodate it".

We were told that some of the people living at the home required support to take their medication and that all staff received training to administer medicines safely. We saw that this duty was allocated in the morning to ensure consistency in the medication administration throughout the day. There were protocols and risk assessments in place for people to administer their own medications which supported them to develop their independence in this area whilst maintaining safe and effective medication management.

We saw that medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and there was a good rapport between the provider, GP and local pharmacy to ensure people received their medication on the day it was prescribed.

We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Staff we spoke with and records we looked at showed that the provider had completed a range of pre-employment checks before employing staff and permitting them to work unsupervised. The registered manager told us, "There is also a probation period for all new starters and for staff who have recently changed roles; to make sure they are safe and well supported in their work".

Is the service effective?

Our findings

People we spoke with and records we looked at showed that staff had the knowledge and skills they required to do their job. One person told us, "The staff are wonderful". Another person said, "They are very good at their jobs. They are helpful and supportive to all of us [people] here". One member of staff we spoke with said, "We do a lot of training when we first start and this continues to develop our knowledge and skills even further; it's very good". We saw that the registered manager kept a training matrix which detailed the dates when staff had completed various training as well as a rolling programme of updates that staff were registered to undertake throughout the year. This meant that the provider knew when staff were due any refresher or additional training and ensured that this was facilitated.

We were told and records showed us that the registered manager offered regular team meetings and supervision to staff and staff felt supported in their jobs. One member of staff told us, "We are very supported here; [registered manager's name] is excellent, but so are all the other managers; there is always someone to go to if we need to". Another member of staff said, "The staffing team here are brilliant; very supportive. They have welcomed me; I have monthly supervision but even on a day to day basis I can always ask anyone about anything". A third member of staff told us, "We have team meetings monthly which are good; we always see outcomes of anything that's raised and we have refresher training tagged on to it too".

It was evident when speaking to the registered manager and the staff that they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We encourage people to be as independent as possible and support them to make good choices, like with their diet or behaviours but we know that most of the people living here have the capacity to make their own decisions even if we don't always agree with them". Another member of staff said, "It can be hard for some people who come here to adjust to living in the community and having the autonomy to make their own decisions and choices because they have often come from hospitals and can be quite institutionalised, so we have to support them in getting used to taking responsibility and developing their independence".

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive of a person's of their liberty in order to keep them safe, for example. Staff we spoke with including the registered manager were able to articulate their understanding of DoLS and were aware of their responsibilities. We saw that where DoLS applications had been submitted, copies of the forms were in place and where people had a DoLS authorisation, this was including in their care files with a care plan detailing why and staff were aware of what this meant for people. One care plan stated that staff were to continue to encourage the person to make everyday decisions. This ensured any

decisions made on behalf of people were made in their best interest and were done so lawfully.

Staff we spoke with told us that they prepared some of the meals on site but most of the people living at the home were independent in shopping, planning and preparing their own meals. One member of staff told us, "Staff will cook for some people, but we get people involved and support them to develop their kitchen skills; we always ask people what they want". Another member of staff said, "We cook all fresh food and encourage a healthy diet; we know what people like and they can have anything they want unless there is a medical reason why they can't and this would be catered for". We saw that people were supported to be independent and had access to their own kitchen facilities within their rooms. We also saw people accessed the communal kitchen to prepare snacks and drinks within a social environment if they wanted to.

We saw that nutritional assessments and care plans were in place for people who were at high risk associated with their diet or fluids and they were referred to the appropriate medical professionals as required. Staff we spoke with told us, "Some people have special dietary requirements and need a lot of support from us to maintain a healthy diet". We saw evidence of this in people's care plans and people's weights were monitored and audited to ensure that any significant changes were identified and medical assistance/advice was sought.

We found that people living at Cateswell Court had access to doctors and other health and social care professionals. People we spoke with told us they saw their community mental health nurses (CPN), social workers and doctors regularly. On the day of our visit we saw a CPN and a social worker visiting the home; both of whom were positive about the relationship they have with the staff at Cateswell Court. One professional told us, "I come regularly and if anything changes they [staff] are always quick to notify us, they are very good here". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services. The registered manager told us, "We have a really good relationship with the local mental health services, the GP and pharmacy; any concerns we just call them and they come straight out".

Is the service caring?

Our findings

There was a strong and visible person-centred and caring approach to all aspects of the care and support people received at Cateswell Court. People we spoke with were consistently positive about the caring attitude of the staff and the relationships that were formed between them and the staff team. One person we spoke with told us, "They [staff] are really helpful and understanding". Another person said, "They [staff] have helped me a lot since I have been here, they have been a big influence to me".

During our inspection we observed staff interacting with people with warmth, compassion and they used a good level of humour to develop and maintain rapport with people. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people. For example, one person responded well to humour and banter with staff, whilst another person required gentle encouragement and reassurance.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. They said, "Our values are all based around person-centred care so we make sure we get to know people and support them in a way that will work for them personally". Another member of staff said, "We use the Progressive Care Pathway to independence and our focus is on recovery; we encourage people to be as involved in their person-centred care plans and reviews as much as possible to ensure it is focussed on them as individuals and they set their own goals and aspirations at their own pace". Records we looked at showed that people had care plans in place that were based on the recovery star model which focussed on people's potentials rather than their limitations. People were encouraged to identify areas of growth and they made realistic plans to achieve change with the support of staff and wider health and social care agencies. One member of staff told us, "We want to see people develop their independence and our aim is for people to move on; but at the right pace with the right level of support. We have a vacancy now because one of the people we supported has moved on to a supported living complex".

Discussions we had with staff demonstrated their dedication and commitment to providing the best standard of care they could to people who lived at the home. One member of staff told us, "I love my job, we are like an extended family; it's a pleasure to come to work". Another member of staff said, "The person-centred approach runs throughout the organisation, they [provider] want the people we support to develop and they want their staff to develop too; this standard of care is in our veins". We saw staff smiling and laughing with people throughout the day and offered help and support to people and each other.

People we spoke with told us and we saw staff treated people with dignity and respect. One person said, "They [staff] are very respectful". Another person told us, "We have our own rooms and bathrooms for privacy but I like to sit here [communal area], I feel safer being around people". Staff we spoke with told us it was important to respect people as individuals and that they promoted people's privacy, dignity and respect through person centred care. One member of staff said, "We respect people's rights to make their own choices and decisions and to be as independent as possible; we mind their privacy during personal care and if they want to make a personal phone call or talk to us in private then we encourage that". Records

we looked at confirmed that the provider promoted dignity and respect at all times.

We also saw that people were supported to express their individuality and staff were aware of how they could promote equality and diversity within Cateswell Court. One person told us, "Since coming here I have joined the local church and made lots of friends". A staff member we spoke with said, "Not all of the people living here are actively involved in their religion but some are and for others, we support them to find out more if they are interested". They said, "We are also mindful of other diversity needs, for example one person has a lot of food preferences relating to his beliefs, not necessarily religious or health related but we respect their choices all the same". We saw people's bedrooms were consistently personalised and reflected their interests, likes and dislikes. We were also told that the provider respects the cultural and diverse needs of their staff too. Staff were asked how they felt about preparing certain foods or going on certain social outings, such as to the pub for example because this may not always fit with their own cultures and alternative arrangements were made where necessary to ensure people's needs were still met.

Is the service responsive?

Our findings

We found that people were focal in planning their care; this ensured that people received the support they needed in the way they wanted it. People we spoke with and records we looked at showed us that staff had spoken to people about their goals and aspirations for the future and supported people to identify realistic ways they could work towards achieving these. One person told us, "They [staff] have been a big influence to me, since coming here I have got off drugs, started college and I have applied for voluntary work; eventually I would like to work in care because they [staff] have inspired me". We also saw that care plans were regularly reviewed and people and those who are important to them were invited to person centred care reviews. The registered manager told us that the new way of facilitating these care reviews had been a, "Great success" and that people were much more engaged in the process as it focussed more on their strengths and potentials rather than their limitations.

On the day of our inspection we saw people engaging in activities that they enjoyed. For example, we saw people going out to meet friends and family independently. We also saw people were actively encouraged to follow their interests. One person was engaged in painting and another had a plan on their bedroom wall about dates of fishing tournaments they had registered for. We also found that staff supported people to engage in the local community by accessing the local shops, pubs, voluntary organisations and had arranged charity events where people's friends, family and neighbours were invited. People we spoke with also told us that their friends and relatives were always welcome to visit them at Cateswell Court and they often went out to spend time with people that were important to them.

People we spoke with and records we looked at showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person told us, "We have meetings where they [staff] ask us what we think". Staff we spoke with told us, "We have meetings for people to offer any suggestions for improvements and we have a suggestions box but people can always let us know what they think; and they do!" We saw that staff made every effort to seek feedback from people living at Cateswell Court as well as from relatives, staff and visiting professionals.

During our inspection, the registered manager told us that there were no outstanding complaints and everyone we spoke with told us they knew how to complain. One person told us, "I have never had to complain but I would if I needed to; I'd speak to any of the staff". We saw there was a complaints procedure in place and everyone we spoke with were confident that any issues raised would be dealt with quickly.

Is the service well-led?

Our findings

During our inspection, we saw that there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture within Cateswell Court. The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Everyone we spoke with told us that the registered manager had continuously been an effective role model and was dedicated to providing a high quality, person-centred service. One person we spoke with said, "[registered manager's name] is great". Another person said, "They [staff] are all good here and 'the boss' [registered manager] is always around if we need him".

Staff we spoke with told us that the registered manager had consistently supported and encouraged them to develop and was always looking for new ways of developing and enhancing the service. One member of staff said, "He [registered manager] is the best manager I have ever had; he has always supported me to progress and develop myself but I'd be happy to stay as his deputy, I love it here". Another member of staff said, "He [registered manager] has a lot of experience and is well respected here; he is very open and fair".

We saw that the registered manager had consistently recognised the achievements and good practice of the staffing team and that there was a strong sense of appreciation for all of the staff who worked at the home. The registered manager told us, "I want staff to be happy in their work; I don't believe in hierarchy; I know we have to have leaders but I want staff to feel equally valued and respected". They also said, "I know I have the best team, none of this would be possible without the dedication and commitment of all of the staff that work here". It was evident that this was underpinned by the provider's clear values throughout the organisation. We saw that staff supervisions were also based on the person-centred model of care which looked at what was going well and how best the management team could support staff to develop and reach their potential.

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, was passed on. The provider was working collaboratively with other external agencies. We received feedback from other professionals to confirm this and they were complimentary of the service. One professional told us, "They [staff] are very good here and always keep us informed when we visit".

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about risks to people's safety, malpractice or illegality without the fear of workplace reprisal. They may consider raising a whistle-blowing concern if they do not feel confident that the management of their organisation will deal with their concern properly, or when they have already raised a concern but the problem within the organisation or with the provider has not been resolved. Staff we spoke with told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff told us, "We have

a really good management structure; I can speak to any of them whatever the problem is and I know it will be sorted". Information we hold about the service showed that no whistle-blowing concerns had been raised.

The registered manager was able to demonstrate their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We saw that the provider's recovery star and person-centred model of care promoted honest, open and constructive conversations with people who lived at the home regarding the care as well as the quality of the service they received. We also saw the registered manager was open, honest and transparent throughout the inspection process and the providers quality monitoring processes ensured that the service was proactive in identifying areas for improvement and implemented management plans accordingly.

We saw that there were both internal and external systems in place to monitor the quality and safety of the service and that these were used effectively including feedback forums and surveys, staff recruitment process and regular quality monitoring audits. Examples of these included, an annual quality report which pulled together all of the outcomes of the quality monitoring processes completed throughout the year in order to identify areas for improvement and an action plan to achieve these. On the day of our inspection, we also saw a regional manager arrived to complete quality monitoring audits of the records which were facilitated bi-monthly.