

Care Services (UK) Ltd

# Care Services (UK) Limited - 20 Talbot Street

## Inspection report

20 Talbot Street  
Rugeley  
Staffordshire  
WS15 2EQ

Tel: 01889801837

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

About the service: Care Services (UK) Limited - 20 Talbot Street is a residential care home providing personal and nursing care to five people with a learning disability at the time of the inspection.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People's experience of using this service:

People did not always have clear risk assessments and documented plans to manage the risks. People received care from staff who were well trained and supported to meet their needs and provide safe and effective care.

People received support from staff that were kind and compassionate and understood their preferences. People could make choices and were supported with communication. People were encouraged to be independent and their privacy and dignity was respected.

People had support to do things they enjoyed and could access the community. People were involved in their care and support and their preferences were understood by staff. There was a complaints policy in place and people were listened to and responded to.

Systems to monitor the quality of care were effective and picked up on any areas for improvement with plans put in to place to ensure action was taken.

The registered manager and staff created a positive culture and there were systems in place to review and learn from incidents.

The service met the characteristics of Good in most areas;

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated Good (report published 7 September 2016).

Why we inspected: This was a scheduled 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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** ●

# Care Services (UK) Limited - 20 Talbot Street

## **Detailed findings**

## Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Care Services (UK) Limited - 20 Talbot Street 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 visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with two people who used the service and one relative. We did this to gain people's views about the care and to check that standards of care were being met. We observed people's care to help us understand the experience of people who could not talk with us. We also spoke with two members of staff, the deputy manager and the registered manager.

We looked at the care records of two people who used the service to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included incident reports, medicine administration records and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- People mostly had risks to their safety assessed and plans put in place to meet them. However, we found some risks had not been documented in an assessment and there was no documented plan to meet them.
- People were in receipt of one to one support during the waking hours to manage risks to their safety and there were clear documented plans in place to show how staff needed to support people to manage risks.
- However, there was no documented assessment and management plan to show how risks were managed at night. Staff told us people were supported at night by an on-call staff member that slept on the premises that could be alerted if people needed help during the night. This meant there were no waking staff on duty.
- This meant we could not see how the risks to people's safety were being managed at night whilst there were no staff to carry out checks on people's safety.
- Staff could tell us how people were supported to stay safe. For example, one person had a monitor in place to alert staff if they woke up, others had sensors on their doors and alarms they could activate to get help from staff.
- The registered manager told us they had never had any incidents during the night and people were safely supported but this had not been documented in people's care plans. Most people had been at the home for several years and had never needed help during the night.
- The registered manager took immediate action to document how people were supported and provided us with information. They also confirmed they had asked other professionals to support them with a review of people's risk assessments at night and ensure people's risks were managed safely.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were supported to stay safe from the risk of abuse. Staff understood how to recognise the signs of abuse and could describe how they reported and recorded any concerns. One staff member said, "Any concerns are reported to the registered manager and then the local authority are informed."
- The registered manager had systems and processes in place to protect people from abuse and we saw these worked effectively.

Using medicines safely:

- People received their medicines as prescribed and records confirmed this. One relative told us, "The staff monitor the medicines well. [Person's name] takes them without any problem."
- There was clear guidance in place for staff which staff followed when administering medicines.
- Medicines administration records were in place and staff used these to accurately record the medicines

people had received.

- Medicines were stored safely and there was a system to monitor stock levels to ensure people had an adequate supply of their medicines.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs. One relative told us, "There are always enough staff on duty, they are never short of staff."
- The registered manager told us most people needed one to one support during the waking hours and we saw this was the case during the inspection.
- Staff we spoke with felt there were enough of them to meet people's needs. One staff member said, "There are always enough staff, most people have one to one support and some need two to one when they go out in the community."
- We saw people had support from staff during the inspection to do the things they wanted. For example, one person went out with staff to do an activity during the morning.

Preventing and controlling infection:

- People were supported in a clean environment. Staff followed infection control procedures to keep people safe from the spread of infection.
- Staff were using personal protective equipment (PPE) when required and we saw detailed cleaning schedules were in place to keep the home clean.

Learning lessons when things go wrong:

- There were systems in place to learn when things went wrong. The registered manager reviewed all incidents and accidents and analysed for trends.
- The registered manager carried out reviews which looked at any staff related issues, environmental factors and if procedures required any updates. Action was taken to address any issues identified.

# Is the service effective?

## Our findings

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

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 had their needs assessed and planned for with regular reviews to ensure they received support that met their changing needs.
- One relative told us, "We were involved in developing [person's name] care plan, they involved us in everything."
- We saw people's diverse needs including protected characteristics under the Equality Act 2010 such as age, culture, religion and disability had been considered within the assessment and care planning process.

Staff skills, knowledge and experience:

- People were supported by staff who had the required skills and knowledge to help them effectively.
- One relative said, "The staff really do have the right skills to support [person's name], they know what they are doing."
- Staff told us they received an induction which included in house training and working towards the care certificate and nationally recognised qualifications.
- One staff member said, "The induction was really good, it gave us time to read people's care plans and shadow other staff."
- Staff told us they had regular supervision and opportunities to discuss their training needs with managers. There were also team meetings where staff could speak about the service and make suggestions for changes.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to maintain a healthy diet and had a choice of meals and drinks.
- There were needs assessments in place and where there were risks associated with meals and drinks, these were assessed and planned for.
- Staff understood people's needs, preferences and risks relating to meals and drinks and ensured people received the support they needed.
- Some people had specific dietary requirements which were understood by staff and people were supported to maintain a healthy diet.
- People were supported to make choices about their meals using an appropriate communication method which was set out in people's care plans. We saw people were supported to choose their meal and enjoyed their food.



Staff working with other agencies to provide consistent, effective, timely care:

- Staff had systems in place to support them with providing consistent care. Staff had a handover at the start and end of their shift where they could share information about how people had been during the day and discuss any changes to people's needs.
- The registered manager told us they engaged with other professionals to ensure people had consistent effective support. Records supported this.

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

- The environment had been designed to meet people's needs. People had personalised their individual bedrooms and had been supported to have items of interest in their rooms.
- The home was homely and people could access communal areas and their bedrooms freely.
- There was a large garden which people could access and we saw people used this during the inspection.

Supporting people to live healthier lives, access healthcare services and support:

- People received support to maintain their health and wellbeing. Where people had specific health conditions, we found there was clear guidance in place for staff.
- Staff understood people's health needs and could describe how they supported people. We saw referrals to health professionals took place promptly and the advice was followed by staff.
- We found people had support to stay healthy and manage risks to their health.

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

- The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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 with appropriate legal authority. 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.
- Where people did not have capacity to make decisions, they were 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.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were supported by kind and caring staff. One relative told us, "If I could give gold medals I would pin them on the chest of every staff member. They are so good and caring, I wish everyone up and down the country had care like this."
- Staff showed warmth when they spoke about people and could tell us details about people's lives and how they needed to be supported.
- We observed staff interacting with people and continually checking how people were and having a chat.
- Care plans included lots of information about people's character to help guide staff on how to provide support. Staff used this information and showed in their conversations with us they knew people well.

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

- People were supported to make choices. For example, there were clear descriptions in people's care plans about the things they could choose for themselves. One staff member told us, "The best thing about this job is when people get to do the things they enjoy, they get so excited, it's really lovely."
- Staff were observed encouraging people to maintain their independence. For example, we saw staff supporting people to participate in doing their laundry and preparing meals.
- People had their communication needs assessed and plans put in place to meet them. Staff could support people to communicate effectively and understood the different ways people were able to engage with them. Detailed information was in place to help guide staff when communicating with people.

Respecting and promoting people's privacy, dignity and independence:

- People had their privacy and dignity respected by staff. One relative told us, "[Person's name] has their privacy. They have their own room and an individual bathroom to use, it is very dignified."
- Staff told us how people were observed where needed but allowed to have time on their own. For example, one person had requested staff did not check on them in the mornings until after a certain time and staff respected this.
- People were able to have time alone in their rooms and staff could explain how this was important for people.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

- People were supported by staff that understood their needs and preferences. One relative told us, "the staff really know how to support [person's name]. They always spend time making sure they look great, their clothes and hair, everything."
- People's individual preferences were understood by staff. They could describe people's history, their likes and dislikes and how they preferred to be supported.
- We saw care plans included information to guide staff about people's preferences. This included how people's needs relating to their protected characteristics were met including considering their culture, religion and sexuality for example.
- The care plans identified people's individual interests and detailed how people would be supported to participate. For example, they included details of preferred activities and outings people enjoyed.
- People were supported to access activities they enjoyed. One person told us about their interests and showed us how they had items of interest in their bedroom.
- A relative told us, "[Person's name] goes out all the time, there are so many different things going on, they have holidays and they were so busy at Christmas."

Improving care quality in response to complaints or concerns:

- There was a complaints process in place. One relative told us, "I haven't ever needed to raise any issues or complaints but if there was ever any issues I know I could speak with the registered manager."
- There had not been any complaints since our last inspection. The registered manager told us there was a policy in place and could describe how they would investigate complaints and respond.

End of life care and support:

- The provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection in September 216 we found there was no guidance in place to support staff on the use of medicines which people needed on an as required basis and the systems to check medicines had not identified this.
- At this inspection, we found the provider had made the required improvements.
- In the PIR the provider told us audits for all areas of the provision and an annual development plan were in place that looked at people's needs, the physical environment and the needs of staff.
- We found there were checks on medicines and how they were administered, checks on infection control and cleanliness and the environment for example.
- The registered manager told us they had a system in place to review any incidents and accidents and we saw this identified if there were any areas for learning.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider's vision for the home was to provide a safe caring environment that gave people choice, protected their dignity and freedom. We saw the registered manager and staff took this approach with how the home was managed and run.
- The registered manager understood their responsibilities for duty of candour. One relative told us, "If there is the smallest mark appear or anything the registered manager tells us straight away."
- Staff told us the registered manager was approachable and they could raise things with them and make suggestions.

Engaging and involving people using the service, the public and staff:

- People and relatives had opportunities to speak to the registered manager and were involved in the service. One relative told us, "They send us a questionnaire to complete and I have to say I have never written anything but praise for the service."
- The registered manager told us they had continual discussions with people, relatives and staff to learn about people's experiences and make changes to the service.
- We saw records which showed people had given positive suggestions for changes to the environment which had been carried out by the provider. We also saw some positive feedback from relatives, comments

included, "[Person's name] has improved so much since being here." Another one said, "The staff keep me so well informed."

#### Continuous learning and improving care

- In the PIR, the provider told us there were regular updates to training. They also told us any other changes in legislation that occur were identified through accessing professional publications and nationally recognised organisations providing guidance on best practice. The provider said staff were encouraged to engage in ongoing training and look for career progression.
- The registered manager told us there were networks which were accessed which helped them to look at best practice. For example, a dignity network and a management forum were attended.
- Staff confirmed they were supported to access learning and records supported what we were told.

#### Working in partnership with others:

- In the PIR, the provider told us people accessed a range of community facilities and activities organised by community groups.
- The registered manager told us they had relationships in place with health professionals and sought their advice as needed. There were working relationships with key health professionals such as community nurses and the speech and language therapy team (SALT).
- We saw staff worked with other organisations to offer people support and this was documented in people's care records.