

CareTech Community Services Limited

Radnor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 18 and 20 April 2018 and was unannounced.

Radnor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Radnor House accommodates up to 6 people with a learning disability.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Accommodation is over two floors and consists of four bedrooms and two semi-independent flats. There is a kitchen, lounge/dining room and a quiet room that all had access to, along with an enclosed garden.

The home had a registered manager in post who was present on the day of our visit. 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.

Radnor House was last inspected in August 2017. At that inspection six breaches of Regulation were found and it was rated as 'Requires Improvement' overall and inadequate in Safe. We issued requirement notices relating to person centred care, consent, safe care and treatment, staffing, fit and proper person employed and good governance.

We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Many improvements had been made, and the previous breaches found at our last inspection had been met. However, some areas required ongoing improvements. This is therefore the second consecutive time the service has been rated Requires Improvement.

At our last inspection staffing levels were not sufficient, medicines were not well managed, the service was not kept clean, risk assessments were not reviewed, staff had not completed fire drills and recruitment checks were not adequate. At this inspection we found that staff were now recruited safely, they had completed fire drills and the service was clean.

Risks to people were assessed and managed to ensure their health and safety, although some risk assessments continued to need greater detail. There were enough staff to keep people safe, although

staffing levels required review to ensure there was always enough staff for all people to take part in appropriate activities.

At this inspection medicines were safely managed and people were supported to lead healthy lives and see health care professionals when necessary. Staff received the necessary training and met regularly to reflect on their practice.

Our last inspection found that systems were not consistently robust to monitor and improve the quality of services and mitigate risks relating to the health, safety and welfare of people. At this inspection we found that this had improved.

Staff and people told us that the registered manager was approachable and they felt the service was well-led. The registered manager and the locality manager told us their vision for the service was to increase people's opportunities to do more for themselves. This would ensure the service was working in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Staff were kind and caring and treated people with respect and dignity.

At our last inspection people were not appropriately supported in line with Deprivation of Liberty Safeguards (DoLS). At this inspection people were supported to have 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 had an understanding of The Mental Capacity Act (2005) and when necessary the registered manager had applied for Deprivation of Liberty Safeguards (DoLS.) People were involved in making decisions about their care and staff knew how to communicate with them.

The registered manager was aware of their regulatory responsibilities and had notified us of any important events that had happened in the service. The rating was displayed clearly and legibly in the hallway.

Health and social care professionals fed back that they had good working relationships with the registered manager and staff, and they had worked well together to support people with complex needs.

The registered manager had reported any potential safeguarding concerns to the local authority safeguarding team and staff told us they knew how to recognise and respond to abuse. People were protected from the risk of discrimination. Any incidents that occurred were documented and the registered manager looked for ways to prevent them from happening again.

People were supported to eat and drink safely. When people had specific dietary needs, such as for cultural reasons these were catered for.

The service was not currently supporting anyone at the end of their life.

The registered manager and senior staff completed a range of checks and audits on the service. The locality manager also completed checks on the service. These were used to produce a development plan for the 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?

Requires Improvement 

The service was not consistently safe.

Risks to people were assessed and managed to ensure their health and safety, however greater detail in some risk assessments was required.

There were enough staff to keep people safe, although staffing levels required ongoing review to ensure there was always enough staff for all people to take part in appropriate activities. Staff were recruited safely.

Accidents and incidents were documented. Improved analysis was needed to look at ways of reducing the chance of them happening again.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse.

The service was clean and people were protected from the spread of infection.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

Is the service effective?

Good 

The service was Effective.

Staff understood the importance of gaining consent and giving people choice.

Staff received training and support to enable them to carry out their roles effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

People were provided with a range of nutritious foods and drinks. When people had dietary needs preferences due to their culture these were catered for.

Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that they chose.

There was a complaints system and people knew how to complain.

The service was not supporting anyone at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Some records required more detail and attention to ensure they were always accurate.

People and staff were positive about the leadership at the service. Staff felt supported by the registered manager. The service worked in partnership with a range of other agencies such as local authority safeguarding and commissioning teams.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

The registered manager understood the regulatory requirements and was working to continue to improve the service.

Radnor House

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 inspection took place on 18 and 20 April 2018 and was unannounced. The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with the two members of staff, the registered manager and the locality manager. We contacted two professionals who worked with the service after the inspection, and asked for their feedback.

We looked at three people's support plans and the associated risk assessments and guidance. We looked at a range of other records including medicines records, accident and incident records, two staff recruitment files, staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people using the service. We observed how people were supported and the activities they were engaged in. We spoke with one person, and had short interactions with others.

We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback.

Is the service safe?

Our findings

At our last inspection the service was not safe. This was because staffing levels were not sufficient, medicines were not well managed, the service was not kept clean, risk assessments were not reviewed, staff had not completed fire drills and recruitment checks were not adequate. At this inspection we found that there had been many improvements.

Risk assessments had been completed for each person covering areas of their care where risks had been identified, these guided staff in protecting people from identified risk. For example, there were risk assessments in place for accessing the community, personal care, finances and communication. Risk assessments identified the risk, the people placed at risk, level of risk, and action to be taken to minimise the risk. Risk assessments were reviewed to reflect people's changing needs. Where needed risk assessments were in place that guided staff in supporting people whose behaviour could challenge others or pose a risk to themselves. The content of the positive behaviour risk assessments was always not sufficiently clear. For example; recommendations given in reports by a Speech and Language therapist and Occupational therapist had not been transferred onto the risk assessment. However, the reports were available for staff to follow and staff were able to tell us clearly how they gave specific support to individuals. Clear and accurate direction for staff supporting people with specific behaviours was not consistently demonstrated in these risk assessments. For example; staff received training in approved interventions and measures but these were not clearly demonstrated in the risk assessments. Staff were able to describe clearly how they supported individuals. We discussed this with the registered manager who agreed they could be improved to ensure direction for staff was specific. They told us they were working closing with the organisations positive behaviour specialist. This is an area that requires improvement and we will follow this up at our next inspection.

Staffing levels had been assessed using an assessment tool and had improved since our last inspection. We viewed rotas over an eight week period and found that staffing levels matched assessed needs and were responsive to changing needs. For example; night staffing could be increased to respond to people's changing needs. The registered manager had been trialling the introduction of different shift times to ensure optimum staffing levels throughout the day. The registered manager had recognised that one person would benefit from increased one to one hours, they had discussed this with the persons care manager and were in the process of evidencing this. The provider had supported the registered manager in evidencing the need for additional one to one hours through recording tools. These had been completed by staff, however they would benefit from improved recording. In the meantime, the registered manager was using the flexibility of staff and rota's to provide appropriate support. Overall, staff thought levels were 'okay', but it would be 'ideal to have another member of staff'. The registered manager had also identified the need for additional support for themselves with the day to day running of the service. They told us that the company had agreed to an additional role of deputy manager at the service and they were about to begin the recruitment process. The intention being that the deputy manager would split their time between office based tasks and supporting staff. Overall, there was sufficient numbers of staff on shift to ensure people were safely supported and able to engage in activities. We recommend the provider ensures staff fully complete evidence recording tools to achieve the best outcome for individuals. We will review this at our next

inspection.

Recruitment procedures were not robust at our last inspection; improvements had been made at this inspection. Files contained the required checks such as suitable references, identity checks, Disclosure and Barring Service (DBS) background checks and employment histories. DBS helps employers make safer recruitment decisions.

At our last inspection medicines had not been managed safely. At this inspection we found improvements had been made and people received their medicines when they needed them. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. Records were up to date and had no gaps, showing all medicines administered had been signed for. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). When these medicines were administered it was recorded on the back of the medication administration recorded (MAR).

Staff had received training in medicine administration and their competency was checked by senior staff, this included observing administration. The manager told us that if staff were not deemed competent after two observations, they received further support before being reassessed to ensure their competence. All medicines were stored securely in locked cabinets in line with current guidance. Regular medicines audits were completed and medicines were checked during each shift. We saw clear records of the checks that had taken place. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice.

At our last inspection people were at risk because the premises were not kept clean. At this inspection improvements had been made. The home was clean and free from smells. Records of cleaning checks were maintained. Monthly infection control audits were completed. Some improvements had been made to enhance the environment since our last inspection and the registered manager told us about plans for further improvements. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Firefighting equipment was properly maintained and tested and regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. People and staff had taken part in fire drills to aid understanding. The services fire risk assessment, business continuity plan and people's personal emergency evacuation plans (PEEPs) contained sufficient detail to ensure staff would be able to assist people to leave the service safely in the event of an emergency. Health and Safety audits were completed monthly and these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order.

Safeguarding and whistleblowing policies and procedures remained in place for staff to follow and staff had received training. Staff were able to tell us how they would recognise and respond to abuse, one member of staff told us "I know the signs, like changes in behaviour. I'd talk to my manager, or go to the safeguarding team if I needed to." Staff were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistleblowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. People told us they felt safe living at Radnor House, one person said, "I like the staff, they help me when I need it, can talk to them." The registered manager told us they had a 'great' working relationship with the local safeguarding team, that they were very supportive and able to contact them to discuss any concerns they may have.

There were minimal accidents and incidents, however they were recorded, and management reviewed

these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. For example, updating relevant risk assessments or strategies. The provider had an electronic recording system, during the inspection we discussed with the registered manager and locality manager the benefits of this system being able to collate data in order that they could review and analyse any emerging patterns trends and further reduce risk. We were told this was something the organisation was developing.

Is the service effective?

Our findings

At our last inspection formal systems to support staff were not in place and staff were not consistently working in line with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At this inspection we found improvements had been made.

Staff told us they felt well supported. They told us they received regular supervision, and could also approach the manager at any time if they had something they needed to talk about. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. Annual appraisals to discuss professional development had begun to take place and staff had either received an appraisal or were booked in the weeks following the inspection.

When staff were new to the service they attended a three day induction course, completed training and a workbook to complete the care certificate. Alongside this, new staff shadowed more experienced staff to get to know the service and the people they would be supporting. Staff received a mixture of e-learning and classroom based training and felt that it had improved. A training matrix was in place which showed the training that people had completed and what staff needed to refresh their knowledge. Staff were asked to complete mandatory training requirements such as moving and handling, first aid and infection control however staff were also able to undertake additional courses such as epilepsy awareness, autism awareness and sensory awareness. The manager told us effective record keeping and report writing training was in the process of being organised, as they had identified this was an area that required improvement.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. Staff told us they, "always assume capacity" and "always seek consent". If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. For example, one person required dental treatment, before receiving treatment a decision around their best interest had been taken. Records showed that people's mental capacity to make day to day decisions had been considered and there was basic information about this in their care plans.

The manager and staff had knowledge of, and had completed training in the MCA and DoLS. Staff encouraged people to make choices. For example, when they offered people drinks they asked if people would like tea or coffee, or a cold drink such as squash. People were supported to make choices about what food they would like to eat, to choose where they spent time and what time they would like to get up or go to sleep.

Applications had been made for DoLS authorisations for people who needed them, some had been authorised and others were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety and were as least restrictive as possible.

People's needs had been assessed before they moved into the service; this information had been used to write a person centred care plan. These were reviewed and updated to reflect people's changing needs, choices and preferences. We observed staff providing care and support to people during our inspection. Staff adapted their approach and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support and explained what they would do if people became restless or agitated.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists. Care was provided to meet any changing needs; staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next.

People were involved in planning menus, buying food and preparing some meals. During the inspection one person was preparing vegetables ready for the evening meal. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Menu choices were discussed and agreed each week, a variety of picture cards were used to support people in making their choices. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people made their own drinks with the support of staff where needed.

The building was not purpose built, however, people's needs had been considered with appropriate adaptations where necessary. The registered manager told us further development of the service was planned and discussions at a senior level within the company were taking place. Where they wished, people's bedrooms were personalised with their own possessions, photos and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The quiet lounge had been re-decorated with the involvement of people; from choosing the design to painting the walls. There was a relaxed and friendly atmosphere at the service.

Is the service caring?

Our findings

People told us and indicated they were happy living at the service and their comments about the staff were positive. Comments included, "I'm happy here, the staff are kind" and "I like living here."

There was a person centred culture at the service, with care planned around the individual. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

Staff supported people in a way that they preferred. People responded well to staff and looked comfortable in their company. We saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. One person had their own independent flat within the service where they could choose to spend time and make their own drinks and light meals. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to and regular arrangements were in place to support those that needed it, to visit their family or for their family to visit them at Radnor House. Those who could, accessed public transport and made their own arrangements to visit friends.

Staff told us at the time of the inspection that people who needed support were supported by their families or their care manager, and no one required any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

People were moving freely around the home, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "We've spoken to {a relative}, listened to how they do things and watched them when they visit. That gives us a good understanding of how {the person} likes to be supported."

Some people required additional support to communicate. Staff used some signs and symbols to assist people's understanding where possible. There were pictures displayed of the staff at the service, activities on offer and of the menu to reinforce people's understanding. Some documents such as how to raise concerns and our last inspection report were displayed in an easy to read format on a noticeboard and others such as information about the Mental Capacity Act were around the home. One person had been assessed by occupational therapists, to look at ways to support their communication. They had had two electronic tablets but had broken both, so they were currently identifying other formats that may be better suited. During discussions the registered manager told us about their plans to develop each person's care plan into a format that best suited them. For example; DVD or picture book style. We will review this at our next inspection.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

Is the service responsive?

Our findings

At our previous inspection we reported that there was a lack of person centred activity plans and stimulation for some people. At this inspection we found that improvements had been made and people received person centred care and support.

During this inspection people were supported to go out in the services' car, were supported with activities within the service and one person went out to meet their friends. Staff knew people well, and planned different activities based on each person's individual plans and needs. One person told us that they liked to go to a local disco and that they would like to play football. Staff told us that they had arranged this in the past but the person often changed their mind at the last minute. Records showed that people were supported to take part in a variety of activities, such as day trips to local places of interest, walks in the local countryside, attending nearby day services, discos, lunch out. People also enjoyed going swimming or to the gym. Whilst at home, people participated in activities such as art, crafts and baking along with relaxing with their peers or if they chose, in the privacy of their own room. We were also told about social events, such as BBQ's which families could join in with. Staff told us they offered different activities and people could choose if they wished to take part.

At our last inspection we found people's care records contained person centred guidance for staff to follow, however they had not been fully updated to ensure they reflected individual's current needs. At this inspection we found improvements had been made, they contained current information and guidance for staff to follow. Care plans included information about people's likes and dislikes and things that were important to them. One person told us they knew what was in their plan as they had been involved in writing and reviewing the content. They had also signed their plan in some places to indicate their involvement. Those who were important to people, such as their care managers and loved ones had been involved in ensuring the information was accurate.

Care plans were written in an easy read format and contained pictures to enable people to understand their records and express their feelings. 'My life story' was a section of the care plan that had personal photographs and contained phrases such as 'my likes and dislikes,' 'what support I need' and 'what to do if I am anxious'. The care plans also included information for the staff about how to communicate effectively with the person, in a 'communication passport'. A one-page profile was attached to the front of care plans as a quick reference for staff. The plans contained information regarding how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. People and those who were important to them, such as their care managers and loved ones had been involved in ensuring the information was accurate and up to date.

People were supported to be as independent and to develop or retain skills. One person told us they went out on the bus most days to visit friends or go to the local town. Other people were supported by staff to make their own drinks or help with preparation for dinner. People had been involved in the design and decoration of the quiet lounge and kitchen, and we were told, would be encouraged to be involved in any further developments within the service.

People were supported to follow their faith where they wished to. Some people choose to go to church, we were told that they were asked each week as sometimes they would choose not to go. The staff supported people culturally; one person enjoyed a style of cooking that was relevant to their culture. To understand how to offer the best support, staff had discussions with their family. This resulted in the person enjoying the style of cooking they liked before they moved into the service, and gave the other people living at Radnor House the opportunity to try different types of food.

There was a complaints procedure in place and displayed in an easy to read format. There had been one complaint since our last inspection. The manager had responded in a timely manner and offered to organise a meeting with the involved parties to reach a satisfactory outcome, however the complainant declined this. To reduce the risk of further complaints actions had been put into place. For example; trellis had been arranged to heighten the garden fence to reduce the likelihood of objects being thrown over in future.

At the time of our inspection the service was not supporting anyone with end of life care. The manager told us they were in the process of organising relevant training for staff and talked us through the end of life care plans and how they would implement them at the necessary time.

Is the service well-led?

Our findings

People and staff told us they felt the service was well-led. One person said, "{The manager} gets things done." Staff commented, "{The manager} values my opinion. Listens to support workers as we are the ones on the floor" and "I'm proud to work here and committed to seeing the service improve, so is {the manager}]. The majority of staff are onboard and we are helping the others to get onboard."

At our previous inspection the service lacked oversight and improvement was not driven. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found much had improved at this inspection, however the service required ongoing focus for improvements to continue and be sustained. The registered manager was aware that further improvements were still needed, when discussing records, they told us, "Record keeping has got better, however, there is still room for improvement." During the inspection we found that some records needed to be completed more accurately. For example; bath temperature records were not consistently completed, daily records were more task focused rather than person centred, one to one recording charts required more accurate recording and some risk assessments required greater detail. The archiving system for changing information in care records was not efficient because previous documents that had been replaced by up dated versions were not always swiftly removed. We discussed this with the registered manager, who told us they were aware that despite all the improvements further, ongoing work was necessary, they explained that they expected the new deputy manager role to support these changes. After the inspection they sent us team meeting minutes demonstrating that they had identified and raised these issues with staff in February, March and April 2018. We will follow up these improvements at our next inspection.

There was a registered manager in post, they were supported by senior support workers and support workers. The registered manager told us they felt listened to and supported by the organisation, they had fed back the need for additional support to drive changes and move the service forward. As a result, it had been agreed that a deputy manager would be recruited. This was due to take place following the inspection.

The registered manager and senior staff completed a range of checks and audits on the service. Regular health and safety and infection control audits were completed and any actions that were identified were completed and signed off at the next audit. Regular checks on medicines were completed and the registered manager sampled and checked people's care plans to ensure they contained the necessary level of detail.

The locality manager told us they completed monthly audits of the service and after the inspection, sent us their most recent audit from March 2018. The audit was designed to reflect CQC's methodology and formed the basis of a development plan for the service and an action plan with timescales for completion. For example; the need for staff to complete report writing and records training had been identified and actioned, with training booked.

The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff

were clear about their role and responsibilities. The registered manager had recently introduced delegated responsibility for daily allocated jobs such as health and safety and other checks.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management.

Team meetings were held, giving staff the opportunity to share information and discuss concerns. The manager attended regional manager meetings, where best practice and updates were shared for the manager to bring information back to their team. Accidents and incidents were also discussed at team meetings to help identify any emerging trends.

During the weeks prior to our inspection people had been asked for their feedback about the service, this was yet to be reviewed and responded to, although we saw that positive feedback had been received. One person had asked for more support with exercising, in response a support plan focussing on this with support from the physiotherapist. Another person had asked to be able to talk to Caretech managers more. In response to this the locality manager had invited them to attend a locality meeting. They had also been invited to attend the managers 'away day', however they decided not to.

The registered manager and staff worked in partnership with a range of professionals and other organisations. Each person using the service had been referred by a care manager (a social care professional responsible for co-ordinating their care) and staff liaised with these professionals regularly when people's needs changed. One professional told us, "We have worked closely together, they have been person centred in how they have supported {person}. They have worked collaboratively with other professionals to risk assess, and support this person's needs." The registered manager told us about their good relationship with the local GP surgery. One person needed to be seen by a GP, however they did not wish to visit the surgery and no one was able to visit the service. Innovation was used and a video call was arranged. The GP was able to consult and provide a prescription, with minimal stress to the person.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.