

CareTech Community Services Limited

Vancouver Road







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	

Overall summary

Vancouver Road provides care and accommodation for six people with a learning disability. Each person has their own large room and there is a shared kitchen and living room. The service has a large garden. Six people were using the service at the time of the inspection.

This unannounced inspection took place on 13 March 2015. The service was previously inspected on 25 October 2013 and was found to meet all the regulations checked at that time. The service has a registered manager. 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.

People told us they enjoyed using the service. A local authority commissioner and a psychologist told us the service worked constructively with health and social care professionals to develop effective care and support for people.

People received safe care. Risks to people were identified before they moved into the service. Risk assessments

Summary of findings

were reviewed to ensure they were up to date and accurate. Staff had developed and implemented effective plans to reduce the risk of harm to people. The service safely managed people's medicines and people received them as prescribed. Staff understood how to safeguard people from abuse and neglect.

Staff had the knowledge and skills to meet people's needs. The provider ensured they received appropriate training and guidance to deliver good quality support to people. Staff complied with the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People told us they enjoyed the meals at the service. Staff ensured people were supported to keep as healthy as possible.

Staff were described by people and relatives as caring and kind. Staff understood how to treat people with dignity and respect. Communication guidelines were followed by staff so that people with complex needs were able to express their views as fully as possible.

The service appropriately planned and delivered people's care and support to meet their individual needs. People told us their views and preferences were taken into account in relation to the support they received. They said they were supported to follow their interests. People were involved in a range of community activities. People and relatives told us they were encouraged to give feedback about the service and staff listened to them.

People told us they were always treated well by the staff. Their relatives told us the service was well-run and from their observations people received support and care which fully met their needs. Staff told us they were clear about how they should treat people and provide their support. Relatives told us there was open communication between them and staff and this enabled them to contribute to the development of people's support. The registered manager regularly met with staff and people to obtain their views about the operation of the service and how to improve it. She also regularly audited care records and made health and safety checks. Any identified improvements were followed up.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff understood how to recognise signs of abuse and neglect and how to act on any concerns they had.

Risks to people were identified and plans were developed and put into practice to keep them safe.

People received support with their medicines and they received them safely as prescribed.

Good



Is the service effective?

The service was effective. People were supported in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received training and guidance to meet people's needs effectively. People were positive about the quality of the meals at the service. People accessed the healthcare they required.

Good



Is the service caring?

The service was caring. People told us staff were caring and kind. They said staff treated them with dignity and respect.

Staff followed guidance on how to communicate with people to ensure they involved them in planning their care and support. People were encouraged to be as independent as possible.

Good



Is the service responsive?

The service was responsive. People's needs were thoroughly assessed and their care and support was planned and delivered to meet their individual needs. Staff regularly reviewed people's support to ensure it met their current needs.

People and their relatives said the registered manager and staff listened to their views and made changes to people's care and support in response.

Good



Is the service well-led?

The service was well-led. Staff told us the registered manager was open to their ideas and provided them with appropriate guidance. She had undertaken regular checks on the quality of the service and had, when necessary, taken action to improve the service.

People and their relatives told us the service was well-run.

Good



Vancouver Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was undertaken on 13 March 2015 by one inspector. Prior to the inspection we reviewed the notifications we had received about incidents at the service and used this information to plan our inspection.

During the inspection we spoke with five of the six people who use the service. We looked at the care records and daily notes for two people. During the inspection we spoke on the telephone to two people's relatives. We talked to a psychologist who was visiting the service.

We reviewed three staff records. These included information on staff recruitment, induction, training and supervision. We spoke with two members of staff and the registered manager. We read information about the management and operation of the service. This included quality monitoring reports and records of meetings the registered manager had held with staff and people who use the service. After the inspection, we asked a local authority commissioner for their views of the service.

We have obtained people's permission to use the quotes in this report.

Is the service safe?

Our findings

People said they felt safe. A person told us, “I feel very safe and happy here, the staff are very good to us.” A person’s relative said, “[Person’s name] would let us know if there is anything wrong. We visit all the time and think it is an excellent service where we trust the staff and people are really safe.”

Staff told us how they would recognise when people were at risk of abuse and neglect and how they would implement inter-agency adult safeguarding procedures. Training records confirmed that staff regularly updated their knowledge on this subject.

Notes of meetings the registered manager held with people showed that ‘keeping safe’ was a regular topic of discussion. Care records showed that when there was a concern about a person’s safety staff had taken all the appropriate action to protect the person from harm. Staff told us how they would use the provider’s whistle-blowing procedures if this was necessary.

Care records showed staff had met with people prior to them moving to the service to ensure any risks were identified and managed. Risk management plans were then regularly reviewed to ensure staff had appropriate guidelines to keep people safe. Plans were clear and detailed what staff should do to minimise the risk of harm. For example, plans explained the actions staff should undertake to ensure people were kept safe whilst using the service’s minibus or public transport. Daily records confirmed that people were supported in accordance with these risk management guidelines.

All the people who use the service had sometimes behaved in a way that challenged the staff supporting them. People told us they were always treated well by staff and were supported to manage their own behaviour. For example, a person told us, “I need help to relax - sometimes the staff help me with that.” The service’s risk management plans included guidance for staff on how to reduce the likelihood of people becoming distressed. Care records showed staff had worked in partnership with health professionals to develop an understanding of people’s needs and behaviour. A psychologist told us staff made appropriate referrals to the community learning disability team and consistently acted on the advice they received.

A member of staff told us, “All of us work together to try and understand people and ensure they are as happy as possible.” Records showed incidents which had challenged staff were well documented and analysed to ensure lessons were learnt. A relative told us, “Things have gone really well. [Person’s name] really enjoys being at Vancouver Road. There has been a real change for the better.”

There were enough suitably qualified staff to meet people’s needs. The registered manager told us the staff team was stable. A member of staff said, “We have all been here for at least a couple of years we know people well and have had a lot of training.” People in the service had a high level of need and some people received one to one support from staff. During the inspection we saw that people received support to meet their individual needs. For example, people made various trips out of the service accompanied by staff according to the appointments they had that day. Staff told us staffing levels were consistently maintained and sickness and leave were always covered. A person’s relative told us, “I go to Vancouver Road at all different times and there are always plenty of staff around.”

Staff files demonstrated that robust recruitment processes had been followed. For example, references and criminal records checks had been made to ensure staff were suitable for their role. The registered manager told us that potential new staff attended the service and met people who use the service. Two people told us that they were involved in meeting new staff and gave their views about whether they thought an applicant was suitable. People told us they thought all the staff were the right type of people to provide them with support.

Arrangements were in place to ensure people received their medicines safely as prescribed. Care records showed that people’s needs in relation to their medicines were assessed to clarify what assistance they required from the service. Records confirmed people received appropriate support when they were unable to manage their own medicines. Medicines administration record (MAR) charts documented the medicines people had been prescribed and the support they had received to take them appropriately. Staff had completed these correctly so it was clear that people had taken their medicines at the right dose and time of day. A person told us, “I get the tablets I need when I wake up in the morning.”

Is the service safe?

There were clear guidelines for staff about the individual support people needed to take their medicines safely. For example, there was information about how to support a person to swallow their medicines. Some people were prescribed 'as required' medicines but were not able, due to their complex needs, to ask for this medicine when they

needed it. Clear protocols were in place for people's 'as required' medicines which explained the individual circumstances when people should be supported to take them. Controlled drugs were appropriately stored and staff had completed the relevant additional documentation to monitor these drugs in line with legal requirements.

Is the service effective?

Our findings

Staff we spoke with had a good understanding of the Mental Capacity Act 2005. Care records included information about people's mental capacity to make decisions about their care and treatment. People's relatives and health professionals had been appropriately involved in 'best interests' meetings to make decisions on a person's behalf when a person lacked capacity. For example, there had been several such meetings in relation to planning a person's dental treatment.

Staff had upheld people's rights in relation to the Deprivation of Liberty Safeguards (DoLS). When appropriate the service had made DoLS applications to the local authority. Care records confirmed that the service had complied with the conditions when DoLS authorisations had been made.

People told us that the staff in the service supported them as they wished. A member of staff told us their induction had been very thorough and had involved reading people's care records and observing how people were supported. Each staff file included reports by the registered manager on staff competence which covered how the member of staff interacted with people when giving them care and support. Staff had received regular one to one supervision to discuss how they were supporting people, their training needs and teamwork. Staff had reviewed their work performance each year together with the registered manager. A member of staff said, "Supervision is very regular and helpful in making sure we are working well with people."

Staff told us they received training which enabled them to support people effectively. A member of staff told us, "The training we get on working with people who challenge the service is very good. We also have training on autism which

I have found very useful when supporting [person's name]." Training records showed people had completed e-learning on a range of relevant topics, such as adult safeguarding and DoLS. Staff had undertaken regular follow-up training. Staff files included questionnaires that staff had completed after e-learning to demonstrate to the registered manager that they fully understood the topic and knew how to put their learning into practice with the people they supported. A member of staff said, "It is a good system as if we are unclear on anything we can ask the manager about it."

People told us they enjoyed the food at the service. They said they were able to eat the type of food they liked. Staff told us how they supported people to eat healthily by talking to them about making healthy choices and ensuring healthy snacks were available. During the inspection some people went into the kitchen to help themselves to fruit and make their own drinks. People told us they were able to choose their meals. The service had photographs of different types of meals so that people who could not verbally express themselves could point to the meal they wanted. The kitchen was clean and food was stored appropriately.

People were supported to keep as healthy as possible. Each person had a health action plan which set out any health conditions they had and how they received care and treatment for these. Records were kept of the date and outcome of people's health appointments. For example, a person's records included information on the follow up actions from a recent chiropody appointment. On the day of the inspection a person was supported to attend a dental appointment. A person in the service had complex health conditions which sometimes impacted on their health and nutrition. Care records showed staff had contacted the person's GP and dietician in order to develop and implement a plan to ensure they maintained a healthy body weight.

Is the service caring?

Our findings

People told us staff were caring. A person said, “All the staff here are very nice people. They speak to us properly and are very friendly”. A relative told us, “[My relative] gets on really well with all the staff. It has made the world of difference and they have really blossomed.”

People said they were asked about their preferences. For example, people told us that they really enjoyed having a barbecue in the back garden when the weather was nice. They said they were able to have their evening meal as a barbecue whenever they wanted.

During the inspection we observed that staff treated people with respect by acting promptly when they asked for support. For example, when a person said they wanted to go outside to play football they were supported straight away to do this.

Staff we spoke with demonstrated a good understanding of people’s personal history, preferences and needs. For example, they were able to explain how each person liked to spend their time and the people who were important to them. People’s relatives told us staff always made them feel welcome at the service and were in close contact with them.

People in the service had complex communication needs and some people used non-verbal means of communication. Records included clearly written guidance for staff about how to communicate as well as possible with each person. The guidance covered how they should speak to people. It included information on how people communicated their needs non-verbally, using body language and signs, so staff could ensure they supported people in the way they wished.

People told us they were supported by staff to choose clothing and personal items. A person said that staff helped them look at different items on-line and supported them to choose what to buy.

A person told us, “The staff always knock before they come in my room.” Staff we spoke with talked positively about the people they supported. For example, a member of staff told us, “I enjoy working with the people here, there is never a dull moment, it is a lively place. We learn a lot about communicating with people and treating them with respect. I think all the staff team are conscious of that and we discuss it a lot.” Staff records included a copy of a self-audit they had undertaken on respecting people’s privacy and dignity. Staff told us this was a useful tool in developing their awareness of these issues.

People had a key member of staff who met with them to discuss their care and support. Records showed goals and plans were set in relation to promoting people’s independence. Daily records showed staff supported people to develop new skills. A person told us that staff had helped them learn to cook.

Records demonstrated that people and their relatives had been involved in making decisions about their care and support. A person told us how staff from the service had met him where he used to live and asked him about his interests before he moved to the service. The person’s relative said, “Communication with the staff has been excellent, I cannot fault it and has really helped [my relative] as everything is sorted out so things go as smoothly as possible.”

Is the service responsive?

Our findings

Records showed that people's individual needs had been thoroughly assessed and their support was appropriately planned and delivered. Assessments were detailed and had information on people's health, background, needs and preferences. Relatives told us staff had met with them and the person using the service to obtain this information. Reports from health and social care professionals were included in care their records. For example, a person's records had relevant information about the person's history and their experience of using other care settings. The person and their family had given information about what was important to them in terms of their support and ensuring they had the opportunity to undertake hobbies to reduce their anxiety.

Care plans had been updated in early 2015 and were well set out, explaining how the service provided care and support to meet the person's individual needs. For example, information was included on how people were supported to keep in touch with their relatives. One person's care plan explained they were often anxious and stated, "If staff plans change please inform [person's name] about this as soon as possible and give reassurance about staff cover." During the inspection we heard staff talking patiently to the person about staffing arrangements.

Reviews of people's care and support needs were held by the service at regular intervals. A person's social worker had stated in a report of a person's review meeting, "Records clearly indicate the service has developed individualised support with guidelines to meet [person's name]'s needs.", Records showed how staff had supported the person to develop their skills in relation to cooking and how to follow their interest in sports.

Records demonstrated that staff encouraged people to develop positive links with the local community. A person told us that they were involved in several local activities which they enjoyed. People told us they went out to the cinema, leisure and sports activities, for meals and to the shops.

People told us they were happy with the service and had no complaints. Relatives said they were confident the registered manager and the staff would respond to any complaints they had. The service had a process to obtain formal feedback from relatives through written questionnaires. We noted that relatives' views and input were recorded in people's care records and reviews. The relatives we spoke with had a positive view of the service.

Is the service well-led?

Our findings

The service was well-led by the registered manager who had been in post since 2012. Staff told us she was open in her approach and had involved people and staff in developing the service. Notes of meetings the registered manager held with staff and people confirmed this. For example, we saw that she and staff had discussed house-keeping issues in order to ensure that staff were clear about their responsibilities in relation to ensuring the service was clean and tidy. People were asked what they thought about the service and any changes they would like. People and staff told us the registered manager listened to them and was either at the service or easily contactable by telephone. People said the registered manager knew them and made a point of asking them how they were.

The registered manager and staff were able to explain how they implemented the provider's values in relation to people's care and support. For example, staff told they knew the standards of behaviour that were expected of them in terms of the way they treated people in the service. For example, they said they were expected to always treat people with respect. A local authority commissioner told us the service appropriately reported adverse incidents to them and took the necessary action in response to enhance the quality of the service. For example, records showed that following a recent incident a number of actions had taken place to improve the safety of people using the service. The CQC had received notifications from the service as required.

Relatives told us the registered manager and the staff team communicated well with them and seemed motivated to provide a quality service. A local commissioner told us the

service had always worked constructively with local social care and health services in developing and delivering appropriate individual care and support for people. Staff told us they were clear about their work role and what was expected of them in terms of the support they provided and their record-keeping. They said the registered manager was supportive and knowledgeable and made good suggestions in relation to how they supported people. For example, a member of staff said they had planned with the registered manager how to support a person to attend a course at college.

The registered manager carried out an audit each month on the quality of the service. We saw reports of these audits which covered the management of medicines, general health and safety checks, the management of monies and staff training and supervision. Some minor issues for improvement had been identified and actioned. Staff told us they were involved in audits of the service and the outcome and follow up actions from these were discussed at team meetings so they could have an input. There were also arrangements in place to monitor the quality of record keeping and to ensure care plans and risk assessments met people's current needs and effectively reduced the risk of harm.

The provider made a check on the overall quality of the service each year and we saw the systems that were in place to ensure the registered manager made any required improvements within set timescales. The registered manager told us the provider gave her on-going support to develop her skills and provided appropriate resources for the service. For example, she said financial resources were available to address maintenance of the building.