

# CareTech Community Services Limited

## CareTech Community Services Limited - 228 Kingsbury Road

### Inspection report

228 Kingsbury Road  
Erdington  
Birmingham  
West Midlands  
B24 8QY

Date of inspection visit:  
22 December 2015

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 22 December 2015 and was unannounced. The previous inspection was carried out on 16 April 2014 when all the assessed regulations were met.

228 Kingsbury Road offers long term residential care for up to three people with a learning disability and mental health disorders. At the time of our inspection there were two people living at the home.

There was a registered manager in post who provided support and leadership to the staff employed to care for people in a way that met people's needs in a personalised way. 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 living in the home were happy with the service provided and were kept safe from abuse and harm because staff were able to identify the signs that would indicate if a person was unhappy and aware of the actions to take if they had any concerns.

People were supported to receive safe care by sufficient numbers of suitably trained and recruited staff.

People were supported to make day to day decisions about their care where possible and safeguards were in place that ensured that decisions made on their behalf were made in their best interests.

People received personalised care because staff knew them well and had the information they needed to ensure their privacy and dignity. People were treated as individuals and special days celebrated in the way they wanted.

People received meals that met their nutritional needs and were supported to receive medical attention when needed. People's health care needs were monitored and other healthcare professionals were involved when needed.

People were supported to maintain links with their friends and families, go on holiday and undertake activities that they enjoyed doing.

Systems were in place to monitor the quality of the service and people were supported to have their voice heard on how the service was developed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse and harm because staff understood how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

People received their medication as prescribed because the provider had safe systems in place.

### Is the service effective?

Good ●

The service was effective.

People received care and support that met their individual needs because staff had the skills and knowledge they needed.

People's human rights were maintained,

People were supported to remain healthy because they were able to eat and drink well and receive medical attention when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People's independence was maintained.

People were supported to make choices and decisions about their day to day lives.

### Is the service responsive?

Good ●

The service was responsive.

Care was delivered in a way that met people's individual needs.

People were supported to maintain links with the local community and people important to them.

People were supported to express any concerns they had.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and inclusive atmosphere in the home.

The registered manager provided leadership and ensured that the quality of the service was maintained.

People were encouraged to express their opinions about the service.

# CareTech Community Services Limited - 228 Kingsbury 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 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 22 December 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at the information we held about the service and provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law. We also asked the provider to complete and return the Provider Information Return (PIR). This gives the provider an opportunity to tell us about their service. This was returned as requested.

People living at the home have a learning disability and additional health needs. They were able to give us limited information about their experience of living in the home. We observed how staff supported people throughout the inspection to help us understand their experience of living there.

We spoke with two people that lived in the home, one relative, the registered manager, four staff and a visiting professional. We looked at the records of two people to check they received care as planned. We looked at records maintained by the service in respect of staff support and the involvement of people in the running of the service. We also looked at how the provider monitored the service provided to people.

# Is the service safe?

## Our findings

People were protected from the risk of harm because staff had the knowledge and skills to respond to allegations of abuse. One person living in the home told us they liked living there. The body language and facial expressions of both people showed that they were comfortable in the presence of the staff that supported them. A relative told us they felt their family member was safe and always seemed happy in the home. Staff spoken with told us that they received training in safeguarding people and would not hesitate to report to the registered manager if they had any concerns. One member of staff told us, "There are telephone numbers available if we want to raise any issues to someone above the manager". We saw that the registered manager was aware of the safeguarding policy and information we hold about the service showed that appropriate referrals were made when needed so that allegations could be investigated.

Risks to people were minimised because risks had been identified, assessed and management plans put in place. Staff spoken with were knowledgeable about the risks to people and were able to tell us how they monitored people and minimised risks. We saw that the support people received reflected risk management plans. For example, staff were mindful about monitoring people without infringing their personal space. Staff were also aware of the risks to people within their home, such as when making drinks in the kitchen. Staff told us they took actions such as having multiple copies of people's favourite music so that a copy was always available to be played because not having one available could lead to some behaviours where people could hurt themselves. There were systems in place to ensure that people's money was used appropriately.

We saw that sufficient staff were available to assist people. Staff confirmed that there were always adequate numbers of staff on duty to support people to do the things they wanted to do. The PIR showed that there was little staff turnover so people knew the staff that were supporting them.

Staff told us that recruitment checks were carried out before they started work. The registered manager told us that recruitment checks were carried out by the provider's central recruitment department. These checks included identity, previous work practices and the disclosure and barring service. This identifies people identified as not being suitable people to employ. Staff told us that all checks had been carried out before they started work. This ensured that only suitable staff were employed to work in the home. We saw that checks were carried out on people who came into the home to provide activities to the people that lived there ensuring that people were protected at all times.

We saw that people received their medicines as prescribed. Records showed that medicines were reviewed regularly by healthcare professionals so that people were not on unnecessary medicines. The registered manager told us and records confirmed that staff received training in the safe handling of medicines. Staff competencies were checked regularly to ensure that training was put into practice. Instructions were available for staff to know when and how often medicines needed on an "as and when needed" basis could be given. There were systems in place to ensure that medicines were ordered, stored, administered and destroyed safely.

## Is the service effective?

### Our findings

A relative spoken with told us they were very happy with the staff that worked with their family member. Staff told us and the registered manager confirmed that there was an ongoing training programme for staff. The PIR told us and staff confirmed that they received induction and ongoing training to ensure they had the skills they needed to support people. Staff were also supported to carry out their roles through individual discussions with senior staff and through discussions in staff and key worker meetings.

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. We saw that the service was working in line with the requirements of the MCA. For example, people were supported to make decisions by using pictures of meals and activities to undertake. Staff told us that people were able to make day to day decisions. Relatives and professionals involved in people's care were consulted and involved in making complicated decisions so that the decisions were in people's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for the people that required them. Staff knew that people were not able to go out alone as they needed to be supervised for their safety.

A relative told us that they felt that their family member was being well cared for and was happy at the home. We saw that people were free to move around the home as they wanted and do the things that they liked doing, for example, listening to loud music. We saw that care plans were based on people's needs and focussed on their likes and dislikes. Care plans were in a format that was easier for people to understand and be involved in because they used pictures and simple English. Staff spoken with showed that they knew people well and they had the information they needed to meet people's needs. It was clear from discussions with staff that they supported people to make choices and decisions about their care either verbally, through observations of their body language or by using specific communication cards. A member of staff told us, "[Name of person] uses their own version of Makaton [type of sign language]".

People told us they enjoyed the food they ate. The people living in the home told us they could choose what to eat. A relative told us that their family member was offered choices by staff and the choices were provided. We saw people were offered choices and people were able to help in food preparations by taking things out of the fridge for the staff to prepare. Staff told us and records confirmed that a weekly discussion took place with people to determine what meals were to be cooked during the week. People's weight was monitored to ensure that they remained healthy. We saw that there were weekly picture menus on display so that people could be reminded about the choices they had made.

A relative told us that people's health needs were met. A member of staff told us one person didn't like going to the GP surgery so they were seen at home but where possible people were taken out to see healthcare professionals. We saw that health action plans were in place. A health action plan is a personal plan about what the person needs to do to stay healthy. All information about the person's health is written down and it can be used to tell other people about their health and any treatments they have had.



## Is the service caring?

### Our findings

Both people living in the home told us they liked living there. We saw that the atmosphere within the home was warm and welcoming. We saw that people were comfortable in the home and their smiles and responses showed that they were happy. We saw that the interaction between people using the service and staff showed that they had a good relationship. Conversations were warm, caring, respectful and inclusive. We saw a member of staff support an individual to use the karaoke machine and sing their favourite songs. Staff spoken with were aware of people's likes and dislikes and saw that as part of their evening routine an individual was supported to have a relaxing bath.

People's dignity was maintained because people were called by their preferred names and supported to take pride in the way they dressed. We saw that each person was dressed in a way that expressed their individual personalities and gender. The PIR told us that bathroom doors were kept closed when supporting people and we saw that this happened. Records showed that staff received equality and diversity training to ensure they were reminded about people's diverse needs.

People were supported to be included in making decisions about their day to day lives and encouraged to develop independence. For example, people were encouraged to make choices about their meals, what they did during the day and developing some independence and daily living skills such as laying the table and putting their laundry in the washing machine.

We saw that staff knew people well and knew when people were happy or becoming anxious and what to do to reduce people's anxiety. Staff demonstrated that they were able to interpret people's body language and how to help them become less anxious by for example speaking with a relative on the telephone.

A relative told us that their family member celebrated important events such as Christmas and we saw that the home had been decorated accordingly. People were supported to maintain relationships with their family members.

## Is the service responsive?

### Our findings

People were supported to receive care and support based on their individual needs. The people living in the home had lived there for many years and the staff knew their needs and involved them in making decisions about their care. Staff told us there were meetings between the keyworkers and the individuals to determine what plans they wanted to make for the following week. A key worker is a member of staff that works with and supports the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. Weekly activity plans were developed from these meetings. We saw that people were able to use these plans because they used pictures and to show the decisions made. Activity plans we saw were all different and reflected each person's interest and hobbies. Key workers then met with people on a monthly basis to check what had gone well or what had not gone well.

People told us that they were able to do the things that they wanted to do and care records showed that they were involved in making decisions about where they went on holiday and what they did to keep themselves occupied. A relative told us that although they were happy with the support their family member received they would like them to have more activities but they were aware that funding was an issue. On the day of our inspection we saw that both the people had gone out with staff. One person had gone to visit their relative and the other had gone for a ride out to drop the person off and then go for a meal out . out. During the evening we saw that both people listened to music of their choice.

A relative told us that they were able to visit the home regularly and their family member was able to visit them. Staff told us that they supported people to keep in touch with their family members by speaking with them on the telephone if they wanted to. People were supported to maintain links in the community because they use services such as the local pub, bowling facilities and shops.

A relative spoken with told us that they were asked for their views about the service by the staff and had been sent a questionnaire to complete. We saw that discussions took place to look at whether the placement at 228 Kingsbury Road continued to be the right place for people to live so that they could be supported to move to a more suitable home if this was necessary.

A relative told us that they could raise any concerns with the staff but they had not had to do so. There was a complaints procedure in the home but staff knew how to raise concerns on behalf of people if needed.

## Is the service well-led?

### Our findings

We saw that the atmosphere in the home was open and supportive. We saw that staff and people were able to speak with the registered manager when they needed. Staff told us they were supported to develop their skills through ongoing training and development and felt that the people that lived there received a good service. Staff told us they worked well as a team and interactions seen during the day supported this. Staff told us and records confirmed that staff meetings were taking place and issues such as learning from safeguarding incidents and how to ensure daily living skills were maintained and developed were discussed.

The provider had a condition on their registration with CQC that they have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager in post. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of.

The PIR told us that there was a written policy available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff spoken with were able to tell us what they would do if they learnt of or witnessed any poor practices. One staff member said, "If I was concerned about anything I would feel confident to report it". This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management. Accidents and incidents were recorded electronically so that they were monitored by the provider. Other audits carried out by the registered manager included food safety, training, the accommodation and health and safety. We saw that the service had changed the location of one of the bedrooms so that anyone moving into the home would have a more spacious bedroom than was available before showing that improvements were made to the service where possible.

People's views about the service were gained through questionnaires they were supported to complete by staff. We saw that these showed that people were happy with the service they received. A relative confirmed that they were sent questionnaires to complete.