

# CareTech Community Services Limited

## Tewin Road

### Inspection report

1 Tewin Road  
Leverstock Green  
Hemel Hempstead  
Hertfordshire  
HP2 4NU

Tel: 01442214796

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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

The inspection took place on 17 February 2017 and was unannounced. At our last inspection on 18 February 2016, the service was rated as requiring improvement. At this inspection we found that the provider had made the required improvements in relation to the concerns previously identified. Tewin Road provides respite (short stays) accommodation for up to six people. At the time of our inspection six people were staying at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People and relatives were positive about the skills, experience and abilities of staff who worked at Tewin Road. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for and knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported with meaningful activities relevant to their needs, both at the home and in the wider community.

Complaints were recorded and responded to in line with the service policy.

People, relatives and staff were complimentary about the registered manager and how the home was run and operated.

## 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.

Accidents and incidents were recorded and reviewed to ensure people were kept safe

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

### Is the service effective?

Good ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People received support from staff that were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were provided with a healthy balanced diet which met their needs.

### Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Visitors were welcomed at any time.

Confidentiality of personal information had been maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

### Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the managers and how the home operated. The atmosphere at the service was open and inclusive.

Staff understood their roles and responsibilities and felt supported by the management team.

# Tewin 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 17 February 2017 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who were staying at the service, two relatives, two staff members and the registered manager. We looked at care plans relating to two people and two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At our last inspection we found Information gathered in relation to accidents and incidents that had occurred had been documented by staff and a record was kept in people's individual support plan. However, when we looked at the accidents and incidents logs these had not been updated. The registered manager confirmed that following the inspection they have changed the procedure to document incidents.

At this inspection we found that all documented accidents and incidents were now entered on an individual accident and incident form that ensured the registered manager reviewed all incidents. The registered manager confirmed that these were regularly reviewed for patterns to assist with recognising changes and ensure people were safe.

People who were staying at the service told us they felt safe. One person told us, "I feel safe because I don't like going out on my own and staff help me with that." One relative said, "[Name] feels safe here and staff understand [them]."

We saw there was information and guidance displayed at Tewin Road about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. One staff member told us, "We think about people's needs and ensure there are no trip hazards and we check fire exits to keep people safe." Staff were able to verbally demonstrate that they understood how to report any concerns they had and how to escalate concerns if required. They knew how to report concerns to outside sources such as social workers and Care Quality Commission. One Staff member said, "I would always report any concerns to the manager or whoever was in charge."

Safe and effective recruitment practices were followed to help ensure that all staff was of good character, physically and mentally fit for the roles they performed. All staff had been through a robust recruitment procedure which included obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff felt there was enough staff to meet people's needs. One staff member said, "I feel there is enough staff here. It's a nice place to work; we have a good team very supportive and a relaxed atmosphere." The registered manager told us that they had an additional staff member for support to help with busy periods and this worked well. They also told us that they supported staff when required and when we arrived for the inspection the registered manager was found assisting the staff with the morning routine. We found on the day we inspected there was enough staff to meet people's needs as people were supported in a timely manner.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person's seizures had started to increase and we found that the GP had been

involved to review the medication and further tests had been arranged with specialists to ensure the person's needs were met. The home had risked assessed the changes in their needs and had increased the care support to one to one care to ensure the persons was safe.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their medicines by staff who were properly trained and had their competency assessed. One person said, I suffer with epilepsy but staff remind me to take my medicine." Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We looked at stock levels of randomly selected medicines and found these to be correct. Staff also followed safe protocols for controlled drugs.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw there were 'Grab sheets' to be used in the event of an emergency which provided medical details and relevant information about each person to maintain continuity of safe care.



# Is the service effective?

## Our findings

At our last inspection we found that where people lacked capacity to make their own decisions, assessments had not always been completed and best interest meetings had not been held to ensure the choices made for people had been in their best interest and were the least restrictive option. However, at this inspection we found that the provider was now meeting the requirements.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "We should assume people have capacity and always give them choice, It's important because on different days they may want different things." One person told us, "They [Staff] ask me what I want." The registered manager confirmed that where people lacked capacity to make decisions, and there was no authorised person to make decision on their behalf, they had involved the social worker and family to ensure best interest. For example for one person who required bedrails they had also involved the local occupational therapist to ensure the least restrictive options were considered.

Staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. They were supported to work alongside other experienced staff members until they were competent to work independently. Staff received the provider's training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and infection control. A staff member said, "I had an induction it was good I had training in epilepsy, moving and handling, using the hoist and safeguarding. I feel confident to do my job." There was also opportunity for further education. The registered manager confirmed that they had two staff that had just completed their national vocation qualification at level three.

Staff attended regular meetings and discussed issues that were important to them. Staff felt they were supported by the registered manager and had the opportunity to have their say about any concerns they had in how the service operated. The registered manager and staff confirmed they had regular supervisions where their performance and development were reviewed. A staff member commented, "I feel listened to, we all get on so well. Staff meetings are open everyone is approachable. The [Registered] manager is very approachable and is part of the team."

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff was

trained and had access to information and guidance about how to care for people who required support with epilepsy and their potential triggers. They were trained in administering medicine to assist with recovery and they understood the protocols in place to ensure people were supported safely. Staff told us that they felt confident in their skills and confirmed they had received the training they needed to do their jobs. There was a system in place to monitor staff training to ensure that training was completed when required.

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. People were asked what they wanted to eat. The registered manager told us that staff could cook three different meals depending on people's choice. One staff member made lunch for one person that was unable to communicate verbally; they told us that they always ask the person would they like a drink and the person was able to make their needs understood. They also told us that they had taken the person into the kitchen so they could look at the food available and make a choice about what they wanted to eat. We saw that people's likes and dislikes were recorded in their care plans and staff confirmed people were supported to make choices. One person said, "I am trying to lose weight and it's still up and down. Staff give me smaller portions, they are really helpful." People had daily diaries kept that recorded what people ate. A copy could be taken home by people after their stay at Tewin Road. This meant there was good communication about what people had eaten during their stay which helped to ensure that people were maintaining a healthy balanced diet.

People had access to other care professionals when required. The registered manager told us that when any previous people came back that they would communicate with the person, or family where appropriate, to check if there had been any changes to their needs. The registered manager confirmed that they had an agreement with a local GP to visit people when required. On the day of the inspection one person was been supported to attend their medical appointments by their parents and they had been given the purple folder to take with them. This contained all relevant information to help other professionals support the person's needs.

## Is the service caring?

### Our findings

Staff knew the people they supported and were familiar with their needs. One person told us, "I like it here, I feel comfortable." A relative said, "I think it's absolutely excellent here staff are always very helpful."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect by closing doors and good communication. We saw staff supporting one person with their daily support and this was completed in a kind caring way that promoted the person's independence. For example, there was lots of good communication and interaction and support offered and encouragement for them to support themselves. We saw in one person's care plan that they had a regular morning routine, however one morning they asked staff to have breakfast in bed and staff respected this and brought them breakfast in bed.

Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "I love it here." Staff and people are nice, they (People who used the service) get very good care here." Staff told us that they always knock on people's doors and wait for a response. They confirmed that they always communicate and explain what they were doing. We saw one person supported in to their room for personal care. Staff supported the person's dignity and respected their privacy by being discreet and respectful when discussing this with them.

People stayed at Tewin Road for respite to give friends, family and the person a chance to have a break. One person told us they enjoyed staying at Tewin road and they had been there many times as it gave their relative a rest. They told us they enjoyed going out with the staff. Although the stay could be short people returned on a regular basis and relationships were formed and people were coming back to familiar surroundings. The registered manager told us they had a compatibility list that helped to ensure people that stayed were with other people they got along with. We noted one person had given their room preferences for their stay. A relative said, "The communication is good and when we are away we feel absolutely confident in [Names] care." One person said, "They [Staff] are kind and caring."

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "We are involved in the care." They also confirmed that their relative was involved in their care. Staff confirmed people and their families were completely involved with their care. We noted that the care plans had pictures to support people with choices and to help them to understand what questions were being asked.

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

## Is the service responsive?

### Our findings

We found that people's care plans were reviewed and contained personalised information that captured the individual well and all the little details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs were documented. Staff had access to information and guidance about how to support people in a person centred way.

People's needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health. For example, people who stayed at Tewin Road had a pre-assessment to ensure their support needs could be met and when people returned staff would check with them and their family about any changes to the support they required.

We saw that one person's needs had changed, there had been a care plan review and the risk assessments updated. The support was re-assessed and changed to meet the person's needs. The registered manager told us, "We have good communication with people's social workers we discuss people's support needs regularly." They went on to say that one person's support needs had got to a point that their needs could not be met at Tewin Road and another place was found to better meet their needs. This showed that people's changing needs were reviewed and assessed to ensure people received the support they needed and the service was an appropriate placement.

We saw a letter of thanks from other professionals that talked about an emergency placement following significant concerns. The registered manager and the staff were praised for the care and support the person received and the excellent communication and support plan they put together in a short time frame. The registered manager told us that they were proud of the support the staff gave and the outcome for the person.

People who stayed at Tewin Road were supported to maintain their interests and to take part in activities which they enjoyed. They were supported to attend their day clubs and go to the local disco. One person told us, "I have a good time at the disco." On the day of our inspection most of the people who used the service were out at their day clubs and one person was attending appointment with their relatives and one person had remained at the home. The registered manager told us that people were asked what they wanted to do and supported to maintain their interest, for example, going out in the community. They also said people also wanted to relax and that was supported by staff.

One relative told us that their relative had flourished at Tewin Road. They said, " [Name] has a laugh with the staff and enjoys staying there." The registered manager told us that the introduction of a 'middle shift' at the weekends has made it possible for people to choose a different activity to others should they so wish. They also told us that people who used the service had requested a games console, so they sourced one and this was used as both an activity and a form of gentle exercise. Other changes made included new radios requested by people and staff that have been placed in various locations in the home for entertainment and televisions with built in free view had been purchased for all the bedrooms.

People and their relatives were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who stayed at the home. The registered manager confirmed that they spoke to people regularly to ensure they were happy and encouraged people to talk about any concerns they had. One relative explained that their relative was really anxious and they told us that staff listened to their concerns and they were reassuring. They commented, "We had meetings and we have seen steady improvement to our [Relative]." They also said their relative told them that they felt safe and didn't feel anxious anymore.

## Is the service well-led?

### Our findings

People who stayed at the Tewin Road, their relatives and staff were all positive about how the home was run. We were told the registered manager was approachable and had an open door culture. One staff member said, "The [Registered] manager is very approachable, they listen." One person said, "I know the [Registered] manager, really nice. They are helpful." One relative commented, "[Registered] manager is really good, they are bright and they give us the feeling of confidence."

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. The ethos was promoted through the induction process and in staff meetings and supervisions. One staff member said, "Staff like their jobs, we have a good team here." The registered manager commented, "I am part of the team here and I like to see what's going on."

The registered manager was knowledgeable about the people who used the service, their complex needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. One relative said, "The communication is good." The registered manager told us that they completed daily walks about the home observing how staff worked and interacted with people. They completed observations of the environment to ensure it was safe. They also commented that they worked weekends and nights to ensure they understood all aspects of the home.

The registered manager received support from their area manager who visited the home twice a month to give the registered manager their supervision and also to complete audits to ensure best practice was followed. They also confirmed they received an annual visit from the compliance team who completed a thorough check on everything. The registered manager confirmed they felt supported by their deputy manager and had monthly management meeting to discuss ideas and share learning. They could email or pick up the phone to their manager if they needed support with any issues at any time.

We saw there were daily, weekly and monthly audits carried out in areas such as medicines, health and safety, infection control, care planning and record keeping. The registered manager was required to gather and record information about the homes performance. There were independent audits completed for health and safety that ensured best practice. Where issues were identified, action plans were developed to improve the service. This showed that there were systems in place to monitor the quality of the service. We noted the service had a contingency plan to deal with unforeseen emergencies.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The views, experiences and feedback obtained from people who used the service, their relatives and staff had been actively sought. For example, surveys were sent out twice a year to gain people's feedback and after each visit the person would be given a feedback form to help evaluate people's experience. The registered manager confirmed that they did not receive many returns. The new radios and televisions that

had been purchased was done so as it was requested by people who used the service. We also saw that improvements had been made to improve people experience in the environment. For example, the downstairs bathroom has been fully refurbished, giving more choice and options to people staff supported. The registered manager confirmed they had purchased a water-urn and this was to enable more people to be able to make their own hot drinks safely and therefore giving more independence. The registered manager confirmed that risk assessments were completed around the use of the kitchen to ensure this happened safely.