CareTech Community Services Limited

CareTech Community Services Limited - 15 Brooklyn Road

Inspection report

15 Brooklyn Road
Cheltenham
Gloucestershire
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Date of inspection visit:
30 November 2016
01 December 2016

Date of publication:
23 February 2017

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 30 November and the 1December 2016.

15 Brooklyn Road is a care home without nursing care for five people with learning disabilities and autism. People who use the service may have additional needs and present with behaviours which can be perceived as challenging others. There are two communal lounges and a kitchen/ dining room. There was 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.

One relative told us they had no worries about the service and felt it was a safe place. The staff had the knowledge to protect people from the risks of potential abuse and report any allegations of abuse. Safeguarding incidents had been thoroughly investigated and reported in writing to the commissioners and the local authority safeguarding team. The correct action was taken by the registered manager to prevent further incidents between people. We have made a recommendation the service considered it's responsibilities around meeting regulatory requirements for notifications.

Individual risk assessments were completed which minimised risk for people helping to keep them safe and as independent as possible. All accidents and incidents were recorded and had sufficient information to ensure preventative measures were identified.

We observed staff responding to people in a calm and compassionate manner consistently demonstrating respect. Staff knew peoples individual communication skills, abilities and preferences. Staff supported people to choose activities they liked. People had taken part in activities in the community and holidays with staff. People were supported by sufficient staff and they were able to access the community with them.

Staff were aware of the Mental Capacity Act 2005 (MCA) to protect people when they needed support for certain decisions in their best interest. Care plans included people's mental capacity assessments and identified how choice for each person was displayed by them. Most people made everyday decisions as staff knew how to effectively communicate with them. The service was working within the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) and conditions on DoLS authorisations to deprive a person of their liberty were being met.

A range of social and healthcare professionals supported people. They told us the support provided to individuals clearly reflected a person centred approach and staff were knowledgeable about people's needs. Medicines were well managed and given safely. People's care plans identified how people liked to take their medicines. People were supported by staff that had the skills and knowledge to meet their needs. There was a choice of meals and people went shopping with staff for fresh produce they could choose.

Quality checks were completed and examples told us that action plans identified where changes were made to address any shortfalls. Relatives and health and social care professionals were asked for their opinion about the service. The registered manager was accessible and supported staff, people and their relatives through effective communication.

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 safeguarded as staff were trained to recognise abuse and to report any risks associated with abuse.

Risk assessments were completed which reduced risk for people helping to keep them safe and as independent as possible.

People's medicines were given, managed safely and kept under review to ensure people were receiving appropriate medicines.

People were protected by thorough recruitment practices.

People were supported by sufficient staff and were able to access the community with them.

Is the service effective?

Good

The service was effective.

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People were supported to make decisions about their care. Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest.

People had a choice of meals and their dietary needs were met. They went shopping most days to choose fresh produce.

People had access to healthcare professionals to promote their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

Staff respected people's personal wishes and treated them as individuals.

People were involved in making decisions about their care and support and encouraged to be independent.

Is the service responsive?

Good

The service was responsive

Staff knew people well and how they liked to be supported and cared for. People were involved in decisions about their care and activities.

Staff responded well to people's needs and supported and cared for them with compassion.

People took part in a variety of activities and planned trips out with staff in the community.

Is the service well-led?

Requires Improvement

The service was mostly well led.

Some notifications had been reported to the commissioners and the local authority safeguarding team but not to CQC. We recommended the service considered it's responsibilities around meeting regulatory requirements for notifications.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

The home was managed well and regular quality checks ensured that improvements were made.

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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 30 November and 1 December 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the registered manager, the deputy manager, three care staff and three relatives. We also spoke briefly with the five people living in the home. We looked at three care records, three recruitment records, the staff duty roster, staff training information, quality assurance and maintenance records. We contacted health and social care professionals for their view of the service.

Good

Is the service safe?

Our findings

Incidents and accidents were well recorded. People involved in accidents and incidents were supported to stay safe. The records were detailed and staff looked at preventative measures. All accidents and incidents were audited monthly by the provider. The registered manager planned to look more closely for any trends in the records each month with regard to additional preventative measure.

Staff had the knowledge to protect people from the risks of potential abuse and report any allegations. Staff told us they had completed safeguarding adults training and explained how they kept people safe and their role in reporting any concerns. They said they would report any allegation of abuse to the registered manager. There were clear policies and procedures for safeguarding people and 'whistle blowing' for staff to follow. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. The Safeguarding procedure was available in the office and on the home computer. Staff had annual updates to their safeguarding adults training and completed quizzes to test their knowledge. Safeguarding incidents had been investigated thoroughly and reported to the commissioners and the local authority safeguarding team by sending a written report to them. We looked at the two safeguarding incidents one incident was discussed at a staff meeting to reflect on best practice. The registered manager took correct action when the other incident was reported to them and investigated it thoroughly to ensure the person was protected and a staff member had additional training.

The maintenance of the service with regard to health and safety was checked at intervals throughout the year for example water temperatures were checked three times a year to prevent the disease Legionella and the completion of fire safety records were checked by the provider quarterly. Weekly spot checks identified any issues and the registered manager told us the maintenance person completed urgent action quickly. All bedrooms had been decorated in 2016 and people had chosen the colour of their new carpets. Two people proudly showed us their bedrooms and they were clean and well personalised with the things they valued. One person had a double bed. The maintenance record identified one person's bedroom required decorating again and several items needed to be replaced. The person had chosen the paint they wanted. There were plans to decorate the communal corridors and replace a new chair in the lounge area. Friends and relatives told us the home was always clean. There was a business continuity plan for staff to know what to do in the event of service interruption.

Medicines were safely stored and administered. Staff were trained to administer medicines and their competency was checked six monthly. There were clear protocols in place when medicines were given 'as required' to ensure all staff made the correct decision of when to give them. The 'as required' medicine was counted every day to check compliance. Two medicines given to one person hidden in a drink had been agreed by the GP but needed further information on the administration record to ensure they were given as directed. Senior staff checked medicine records daily and audited them quarterly. A medicine error had been correctly dealt with and the GP was informed. There was no harm to the person. The medicine procedure required some minor revision.

Risks to people's personal safety had been assessed and clear plans were in place to minimise these risks.

People's individual risk assessments were completed and reviewed monthly or sooner when required. The examples we looked at were for one person travelling in a vehicle with others, tidying their bedroom and swimming. People's personal money transactions were recorded, checked daily and audited monthly using a clear system to protect people from financial abuse.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The staff were deployed in line with each person's individual funding and their preferred activities. The registered manager was not included in the staffing numbers and the deputy manager had two days supernumerary each week. There was an on call system during the weekend for staff to call for support. Two new staff were in the process of being recruited. Agency staff were used regularly but the same staff usually came from the agency to support people and knew them well. There were two agency staff at the home during the inspection one knew people well and went out with them and the other agency staff member was completing less complex duties for example cooking and cleaning. One staff member told us there was always enough staff but agency staff were used and the registered manager helps out when required.

The registered manager told us they planned to recruit more staff than was required to help ensure staff holidays and sick leave were covered by staff people knew well. The Commissioners had completed people's annual reviews and the registered manager contacted them when a person's needs changed to ensure there were sufficient hours of staff support. One relative told us the staff there were settled but there a lot of agency staff still being used. We looked at an agency staff members training record and it was up to date. One staff member told us the home still need permanent staff but the agency staff were good.

Safe recruitment practices were followed before new staff were employed. The correct checks had been made to safeguard people and ensure staff were suitable and of good character. The recruitment records we checked were complete and enhanced Disclosure and Barring Services checks were completed to check criminal police records. Potential new staff were introduced to people in the home to see how they engaged with them and people were asked their opinion. Interviews were recorded and there were usually more than one interview. The registered manager told us they prefer to take time and find the right staff with an aptitude for caring for people with complex needs.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to meet people's needs. The registered manager told us new staff shadowed experienced staff until they were competent and knew people. The provider's mandatory four day induction programme was completed. The induction training included for example moving and handling, food safety, fire safety and training which was used for understanding, re-direction and defusing behaviours that may challenge others. All staff were enrolled on an e-learning system on computer.

Staff also completed other training to include autism and epilepsy awareness courses directly related to the people supported. The majority of training was on computer but some specific training was completed face to face, this included positive behaviour skills and additional safeguarding. Annual updates were completed to help ensure staff maintained their skills. One member of staff told us they and three other staff had recently completed an advanced autism training course. They told us they were happy with the training they had completed. The registered manager accessed the staff training record on the computer and knew which staff had training outstanding to complete. Staff were prompted to complete their training and three staff had to renew or update some of their training. Six staff had completed either a NVQ level two or three qualification in health and Social care.

One staff member told us their formal individual meeting with the registered manager called supervisions were completed every two months. The supervision meetings had enabled them to discuss their training needs or concerns. The registered manager had a record of the supervision meetings completed and mainly staff had supervision meetings every two or three months. Most staff were up-to-date with their supervision meetings. Staff also had annual appraisals with the registered manager.

People's mental capacity was assessed in relation to specific decisions relating to their care and support. There were guidelines for staff with regard to the Mental Capacity Act 2005 (MCA) and 'best interest' decision's. Staff were able to access all policies on the computer and some were printed for easy access. Staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person had an Independent Mental Capacity Advocate (IMCA) to help them make a decision about their bed as they had no family to support them.

Care plans recorded how choice for each person was displayed by them. People made everyday decisions as staff knew how to effectively communicate with them. We found correct best interest records for people to help keep them safe. One person had a best interest record for possible future accommodation where they would live with less people and be more relaxed.

People had a Deprivation of Liberty Safeguard (DoLS) in place. 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS and whether any conditions on authorisations to deprive a person of their liberty were being met. Conditions included keeping the front door secure to prevent access onto the busy road. People had free access to the back garden. The registered manager knew when the DoLS for each person would be reviewed.

People had a choice of meals and their dietary needs are met. We observed people choosing their lunch time meal and what they wanted in their sandwiches as their main meal was in the evening. Three staff were eating with four people at the dining room table and there was a relaxed and friendly atmosphere. Staff were asking people about their trips out and what they had purchased. One person had purchased a takeaway meal for lunch while they were out and ate it while walking around, as they usually did. One person chose to have a sugar free diet and drinks as they were keen to look after their teeth. There was a two week menu where a variety of food and choices were planned by people with their preferences taken into consideration. One staff member told us the menu was a guide and people can have what they want. Meals were home cooked and there were seasonal options. Staff told us they offered people a choice if they didn't want what was on the menu. People also had meals out in the community with staff. Staff told us they go shopping with people to buy fresh food to cook. There was a cleaning schedule for the kitchen and fridge temperatures were recorded to ensure food was safely stored. One staff member told us they had themed special days, for example a Mexican day where there was Mexican food and music.

People had access to health and social care professionals and attended appointments when required. One person had been supported by a physiotherapist and advised to continue their swimming activity. There was an annual review from a psychiatrist for one person and each person had an annual health review with their GP. People had a health action plan which described the support they needed to stay healthy and a record of their appointments with healthcare professionals. Medication reviews were completed as required by the Community Learning Disability Team (CLDT) or with the person's GP. People's families or those important to them were notified of important meetings and encouraged to participate. The provider information return told us that should family members struggle to make meetings the registered manager offered home visits with support from CLDT. People had person centred profiles which explained positive aspects of their life and how they like to be supported.

Good

Is the service caring?

Our findings

People had positive relationships with staff. Each person had a 'keyworker', a keyworker is a member of staff who had made sure people had all the things they needed. Keyworkers talk to people monthly to review their care support plans and risk assessments but people knew they could talk to them anytime. They also made sure people attended health appointments and made sure their goals were met. One person's goals were to complete healthy activities and go out more. During the person's 'talk-time' with their keyworker they said they were happy to go swimming on Mondays. They also said they were happy with the staff and liked going out in the minibus.

People's relationships with their families and people important to them were well supported by the staff. Strong links with people's families were maintained and they were involved whenever appropriate. Regular communication with family members was encouraged and trips home for family occasions were organised and extra staff support was offered where required. One relative told us, "I am very happy with the whole thing [the service]."

We observed staff responding to people in a calm and compassionate manner consistently demonstrating respect. When people were anxious staff redirected them to another topic of conversation or activity. The registered manager gave us an example where one person can become fixed on having certain items and loved to go shopping. They had wanted a certain item from a market stall and the registered manager made sure they returned to get the item. People's privacy was maintained and staff knocked before entering their bedrooms. Staff were trained in equality and diversity and there was guidance for staff on the subject. One staff member told us, "It's all about the people here, they are all different and like doing different things."

The staff supported people with kindness and staff respected their natural boundaries. They knew how changes affected people and how to support them. One person could become very anxious when there was a lot of people and noise. We observed staff responded well on one occasion and took the person out alone, as they frequently did, to help them with their anxiety. Staff wrote respectfully about people in the records. People were well presented in age appropriate clothes. The engagement between people and staff was patient and caring and people responded well to the staff and looked cheerful and content. A quiet banter was observed between staff and people who responded positively. One person told us he liked a particular member of staff "all the time." Their talk-time with staff was recorded and they said they were happy with the staff and liked their activities.

The staff team know people well and usually noticed when they may need support with any anxieties. We observed a staff member responded with empathy and kindness when one person was anxious about going out for a take away drink straight away. Staff were sensitive to boundaries when people demonstrated affection or unacceptable interaction. They knew people's individual communication skills, abilities and preferences. One staff member told us people were able to do varied activities and were encouraged to do as much as possible.

Good

Is the service responsive?

Our findings

The service supported people with learning disabilities and autism. People had person centred care plans and staff supported them to be involved in making decisions about their care as much as possible. Each plan had information about the person's likes, dislikes and people important to them. Care plans detailed daily routines specific to each person. There were support guidelines for all areas of a person's care. One person's care plan described in detail how they may become anxious to know everything that is going on in the home. Their care plan informed staff to go with the person to their bedroom until their anxiety had reduced. One person was supported to telephone their family every evening. The persons care plan directed staff to speak clearly to them and not invade their personal space. One staff member said how people were approached by staff made a difference to their wellbeing. They told us new staff were taught how to respond to people's individual strengths and weaknesses when they completed 'shadow' shifts to observe with experienced staff. People had one page profiles to share with staff what was important to them, the best way to work with them, their goals and dreams, the good things about them and their favourite activities. This was very useful information for any agency staff and visitors.

People and their relatives or supporters were involved in developing their care and support. Daily diaries for each person recorded what people had to eat, the activities they took part in, their mood and any communication with their family. Monthly summaries in the care plans identified progress in all areas which included what support people needed and how independent they had been, their health, social activities, how the person felt about what they had achieved or taken part in and any future plans. One person's monthly summary recorded the regular rambling trips they completed weekly and the avoidance of sugar laden foods to keep healthy. They had been to a college cookery class and to Wookey Hole with staff. They had been to see their GP with ear ache but had been generally happy during the month and had been to Wales on holiday and planned to go to Scotland next. The person washed and dressed independently but sometimes rushed and the plan was to slow down and be more thorough.

People had six monthly and annual reviews of their care and support where their relatives or supporters were involved. One supporter told us they had been to two reviews and no changes were needed to improve the care and support given. The supporter told us, "The staff are excellent and sensitive to their needs. [name of person] is always happy and I have lovely conversations with them." Future plans were discussed at everyone's reviews and things important to the person were planned and what had not worked well was looked at to improve their experience. 'Talk time' with people was recorded and one person recently wanted their bedroom changed. Furniture had been discussed and the colour they wanted for a new rug. The person's family told us they were pleased with the planned revamp to the bedroom. One relative told us the staff always communicated with them when necessary and they were confident should there be a problem they would be informed.

Each person had a health passport book to take to hospital should the need arise. This helped to ensure that moving between services was a good experience and individuals were supported consistently. We saw one person living with epilepsy had a protocol in their care plan to instruct staff when to call the emergency services should they have a seizure.

People were supported to follow their interests and take part in social activities. Activities were planned within people's capabilities and wishes in line with their risk assessments and to promote their safety and others. People took part in a variety of activities to include, bowling, trips to the pub, the cinema, music, art, swimming, lunch out, watching DVD's, walks in the countryside, shopping, a local disco club and visits to places of interest for example, Wookey Hole. One person liked to do chores in the home and feel they were helping. People visited their relatives and stayed for weekends. One relatives told us how pleased they were that one particular member of staff carefully packed the persons clothes to go home for the weekend. They said not all staff were quite so careful. The registered manager told us peoples evening activities had improved but further musical entertainment was planned. One relative told us the person had, "lots of individual care." One staff member told us about the art and cooking activities they organised in the home and said one person liked cooking and helped with the evening meal sometimes. They said two people had been on a holiday abroad with the staff.

The complaint procedure was accessible in the office. Relatives knew how to complain but had not made any formal complaints. One relative told us they knew the staff well and would talk to them if they had any concerns about the home.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had not notified CQC of all incidents. The commissioners and the local authority safeguarding team had not been concerned as the service had managed any incidents well and where necessary improvements were made. The registered manager was fully aware after we discussed the incidents that they should be reported to CQC but we could not assess whether any action they said they would take was sustained. Since the inspection we had received notifications as required from the service. We recommend the registered manager consider their responsibilities around following the regulatory requirements for the notification of incidents to the CQC.

People and staff were supported by a representative of the provider the locality manager. The registered manager, deputy manager and locality manager met regularly at team meetings and had individual monthly meetings. Staff told us they felt well supported by the registered manager and deputy manager and had seen positive improvements in how people were supported. One staff member told us the registered manager and locality manager were supportive and approachable. Another staff member told us the new registered manager had made a difference with their gentle approach. The registered manager was available for staff and people to talk with and their office door was usually open for this to happen. We found the registered manager enthusiastic and they described the service as providing person centred care. One relative told us, "I am very pleased with the manager." Another relative said, "The manager is doing a good job."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. 'Talk-time', where people's keyworker asked them about the service, helped with their feedback to staff about the home. What people said was recorded in their care plans. For example one person said they liked the activities and they were happy with the staff. Three families responded in the 2015 survey. One relative said, "I can approach staff if I need to suggest anything." Another relative wanted less agency staff used which the new registered manager had been working on but wanted to make sure the most suitable staff were recruited which they said took time. The registered manager had told us in the Provider Information Return in March 2016 they wanted to create and promote a survey for family members so that feedback could help improve the service. Two families told us they had completed a quality survey in 2016. One relative told us they had mentioned about appropriate clothes for the person when it rained and this had been dealt with. Another relative told us they had completed a questionnaire and had complete confidence in the staff team to look after the person well.

Health and social care professionals had completed quality surveys about the home in September 2016. All but one answer to the eleven questions were 'good' from both professionals with communication from one professional rated as 'excellent'. Comments from the professionals in the surveys included, "The support provided to individual clearly reflects a person centred approach", "Communication has always been very good between myself and staff at Brooklyn Road, staff present at support plan meetings were very knowledgeable of individual needs" and
"There is clear evidence that risk has been assessed and minimised in ways that are least restrictive to the individual."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal audits were completed monthly and included care plans and medicines. Daily, weekly and monthly audits were completed to include the registered manager's
weekly 'spot checks'. We looked at four weekly spot checks where all areas in the home were checked for cleanliness and organisation. People's daily diaries and monthly summaries were also checked. Actions had been recorded and highlighted when completed. The fridge and a kitchen cupboard was replaced the following day when they were identified as broken.

The locality manager also audited the service and a 'monthly report' was sent to the provider for review. Internal compliance visits generated an action plan for completion. A member of the provider's compliance team had also completed a visitor's comment in February 2016 about the welcome and attitude of the staff at the home. They commented, "This was a warm and welcoming visit and I was greeted by staff and service users as I came in, I was given drinks and offered food. This was a vast difference noted since my last visits." The locality manager had checked the action plan at regular monthly visits.

The registered manager sometimes sent staff memos to keep them up to date or had staff meetings. The staff meeting minutes for May and June 2016 recorded discussion regarding the plans for a person's holiday and the complexities of their medicines were to be discussed with the family and the CLDT professionals. The reduction in safeguarding incidents was commended which showed the great work of staff as a team. The registered manager sent staff a memo in August 2016 reminding them of peoples Deprivation of Liberty Safeguard (DoLS) review which he and the deputy manager would be involved in. Staff were reminded to look up any information they were unsure of in relation to DoLS but the memo told staff they were up to date with their DoLS training. The memo also reminded staff a person's birthday party was coming up and they may need extra support with their lists as this can be complicated for this person and make them anxious.