

# Caretech Community Services (No.2) Limited

## Caretech Community Services (No 2) Limited - 100 Woodcote Grove Road

### Inspection report

100 Woodcote Grove Road  
Coulston  
Surrey  
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Tel: 02087634256

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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 the 14 September 2017 and was unannounced.

Woodcote Grove Road is a care home that provides accommodation and personal care for up to six people with a learning disability. The accommodation includes six single occupancy bedrooms of which two are self-contained flats. There were six people using the service at the time of our inspection.

At the last inspection in May 2015, the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People's needs were assessed and reviewed to ensure they received all the support they needed. The care plan records included important information on how each person liked to live their life. People were encouraged to set personal goals and were supported to achieve these.

Risks to people's health and well-being were assessed and kept under review. Staff took action to minimise these risks and keep people safe. Care plans provided guidance for staff to support the positive management of behaviours that may challenge the service and others.

Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse. The provider followed an appropriate recruitment process to employ suitable staff.

People were supported to keep healthy and take their medicines safely. Any changes to their health or wellbeing were responded to quickly. Referrals were made to other professionals as necessary to help keep people safe and well.

There were enough staff to support people's needs and staff worked flexibly to support people with their preferred interests, activities and hobbies. People enjoyed varied social and leisure activities and had opportunities to try new ones.

The service continued to be kept clean, well maintained and furnished to comfortable standards. The standards of décor and personalisation by people who used the service supported this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff showed understanding, patience and treated people with respect and dignity.

There was an established registered manager who continued to provide effective leadership. Staff felt supported in their roles and kept their knowledge and skills updated through ongoing training. The

registered provider had values for the service, which were known and shared by the staff team.

There was an open and inclusive atmosphere and effective communication. People, their families and staff were encouraged to share their views and contribute to developing the service. People knew how to complain and make suggestions, and were confident their views would be acted upon.

The provider continued to use effective systems to monitor the quality and safety of the service and make improvements when needed. Action plans were followed to address any areas that required attention.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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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 14 September 2017 and was unannounced.

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 also reviewed information we held about the service. This included any safeguarding alerts and outcomes, complaints, information from the local authority and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also reviewed previous inspection reports.

This inspection was carried out by one inspector. We spoke with three people using the service, the registered manager, deputy manager and two members of staff. We observed the interactions between staff and people and reviewed care records for three people.

We looked around the premises and checked records for the management of the service including quality assurance audits and checks, meeting minutes and health and safety records. We checked recruitment records for one member of staff and information about staffing levels, training and supervision. We also reviewed how medicines were managed and the records relating to this.

Following our inspection visit, the registered manager sent us quality assurance information we had requested. We also contacted two professionals involved with the service to obtain their views about the care provided. They agreed for us to use their feedback and comments in our report.

# Is the service safe?

## Our findings

People told us they felt safe and comfortable with the staff that supported them. People knew how to raise a concern and were given information about how to do this. Picture posters were displayed in the home to promote awareness and understanding of preventing abuse. Contact details were available for people, staff and visitors to report any safeguarding concerns to the local authority. There were appropriate systems in place to help support people to manage their money safely.

Staff knew what action to take if they had concerns about a person's welfare or safety and completed safeguarding training every year to keep up to date with best practice. Records showed the service had made safeguarding referrals to the local authority when required and action had been taken to protect people and reduce the risks of incidents happening again.

People were supported to take planned risks to promote their independence. Staff spoke knowledgeably about the risks associated with people's care, such as their behaviours and accessing the community. People had individual risk assessments that were personalised and kept under review. Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence.

People continued to live in a safe, comfortable environment that was kept clean and well maintained. Staff completed health and safety checks to ensure the building and the equipment were safe for people to use. These included making sure that hot water temperatures were safe and electrical and gas appliances were checked. Fire alarms and other fire equipment were routinely tested and fire evacuation drills were held regularly involving both people using the service and staff. Records of accidents and incidents were fully completed, reviewed by the registered manager and reported to the provider every month. This was to check for any themes or trends.

At the time of our inspection, there was enough staff on duty to keep people safe and meet their needs. Staffing was planned flexibly to take account of people's planned activities and the level of staff support required. Some people had been assessed as needing one to one support when at home and in the community. Allocation records showed that staffing was planned according to their needs. There was an established registered manager and staff team which meant that people experienced consistent care and support. People confirmed that their keyworker staff spent time with them on a one to one basis and to do their chosen activities.

People were protected from those who may be unsuitable to care for them. The provider continued to follow a robust recruitment process and people using the service were involved in this. Staff did not start work until satisfactory employment checks had been completed. Records for a newly recruited staff member included evidence of all the required checks, including one with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record.

People continued to receive their medicines as prescribed and had regular medicine reviews with relevant professionals to promote good health. Information about people's medicines was accurate and explained how people preferred to take them. Where people needed medicines 'as required' or only at certain times, there was additional guidance about when and how they should be administered. One example related to emergency medicines for the management of epilepsy.

Medicines were managed, stored and disposed of safely. We saw up to date records to support this. Staff were trained in how to manage medicines safely and their competency to administer medicines was assessed every six months.



## Is the service effective?

### Our findings

People continued to experience effective care and support and staff had the skills and knowledge to meet their needs. A professional involved with the service spoke of a "good working relationship with the management and staff" and described staff as "very skilled."

Records showed that training was frequent for staff and included a structured induction that was aligned to the Care Certificate (a recognised set of standards). Additional learning had taken place so that staff knew how to support people's assessed needs. This included training on positive behaviour support, epilepsy and autism. A dietician and dental hygienist had visited to provide staff with advice and guidance around healthy eating and effective dental care for people. To ensure staff were up to date, the registered manager used an electronic plan which identified what training had been completed and when it should be renewed.

Staff told us they felt fully supported by the registered manager, received regular supervision and yearly reviews of their work performance. We saw records to support this and that the manager made sure staff were competent in their roles through directly observing their practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service continued to work within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met.

Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff understood people's individual communication needs and how they expressed themselves. Care plans explained where people could not give consent and what actions were needed to protect and maintain their rights. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interests. Staff completed yearly training in MCA and DoLS. They were aware of the legal requirements and how this applied in practice. Policies and guidance about the principles of the MCA were clearly displayed for staff to reference.

The registered manager had assessed where people were being deprived of their liberty and made appropriate referrals to the supervisory body. For example, where people required staff supervision because it was unsafe for them to access the community unaccompanied. Records demonstrated the correct process had been followed. The manager maintained a monitoring record to track when authorisations were approved and when they should be reviewed.

People were supported to have a balanced diet, and were provided food and drink of their choice. People told us they planned their menus each week and helped with food shopping, preparation and cooking. One person discussed their favourite meals with us and this corresponded with what was recorded in their care plan. We observed individuals being supported to choose their lunch and prepare drinks or snacks as they wished. Staff were familiar with people's food likes/dislikes and dietary needs. Care plans contained

information about any risks associated with eating and drinking. For example, where people could be at risk of choking and needed their food prepared to the right texture.

People had health action plans which included personalised details about their past and current healthcare needs. Plans described how people would be best supported to maintain contact with health services or in the event of admission to hospital. People saw other external professionals when necessary, to make sure their needs were met. Records of all health care appointments were maintained. These detailed the reason for the visit or contact and any actions or recommendations from these. Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

# Is the service caring?

## Our findings

People continued to experience a caring and supportive service and their feedback supported this. One person told us, "I like living here; (name of staff) is kind and takes me out." Comments from a professional included, "The staff appear to know their service users really well and are very caring towards them" and "From what I have observed (person) is supported in a dignified manner and all his support needs are met." Another professional told us, "I have found the staff to be very welcoming to me and always make time for me when I visit."

Our observations supported what people told us. We saw from how people approached the staff, that they were happy and confident in their company. People were relaxed and happy with staff, laughing and chatting with them. Staff were able to tell us about people's backgrounds, preferences and interests and knew what was important to them. Staff were attentive and alert to changes in people's well-being. One person had been unwell when we visited and staff regularly checked how the person was feeling and monitored for any further signs of ill health.

People maintained relationships with their families and friends. Staff supported people to keep in regular contact and visit their relatives. Records showed relatives were welcomed in the home whenever they visited and invited to social events such as parties and other celebrations.

People were supported to express their views about their care and be involved in decision making. Care plans provided information about whom and what was important or meaningful to the person. One person spoke with us about their interests and favourite activities. Their care plan reflected what they told us and gave a good overview of the support they wanted and required. We saw that bedrooms represented people's individuality and people had furnished them as they liked.

People's communication needs were clearly recorded and informed staff how to meet individual needs. This included using clear language, signs and pictures and being aware of people's body language. A representative from the local hospice team told us they had met with staff to develop assessment tools for identifying when people with limited verbal communication became distressed and could be in pain.

Information about the home had been produced in accessible formats for the people who lived there. This was displayed throughout the home to help people make choices and decisions. For example, there were easy read leaflets about making complaints and reporting abuse.

People felt confident that staff respected their privacy, dignity and independence. Two members of staff had been assigned as champions in dignity in care. Their role was to reinforce staff's understanding of key issues around respecting people's dignity and how to do this. We saw staff respected people's personal space and knocked on bedroom doors before entering. Staff were mindful of the need for confidentiality when they spoke with us about people's care and support needs. Records were kept securely and meetings where people's personal information was discussed were held in private.

People were supported to make decisions about how they wanted to be cared for at the end of their life. The service was working towards the "Steps To Success" accreditation for end of life care in residential care homes. Advanced care plans were being developed with people to ensure that their end of life wishes would be respected. Training for staff was facilitated by the local hospice team to give them the skills and knowledge they needed to care for people appropriately. A representative from the team gave positive feedback about the service and the staff's interest in the programme.

## Is the service responsive?

### Our findings

People told us they continued to receive the care and support they needed or wanted. One person had moved to Woodcote Grove Road since we last inspected. The admission had been managed in a planned way to make sure the person's needs were fully assessed and the home was suitable for them. We saw detailed assessment records to support this.

People's care records provided comprehensive information about the care and support they required, as well as their preferences and daily routines. Diverse needs were understood and supported and people's care plans included details about individuals' needs in relation to age, disability, gender, race, religion and belief. There was a profile summary which provided essential detail about what the person liked and did not like, what was important to them and how best to support them. Records were person centred with photos and pictures to help people's understanding and participation.

Ongoing reviews focussed on what was working well for the person and what wasn't. Keyworker staff met with people every month to discuss their care and support. Where needs had changed, appropriate action was taken. This included consultation with other relevant professionals and making any necessary updates to people's care and support plans. A professional told us, "I have weekly contact with the home concerning my client and am always kept up to date with incidents and information that needs to be fed back to myself." Another professional told us the service had "very thorough documentation in place."

Staff had a clear understanding of the support planning process and of the outcomes they were supporting people to achieve. This included social, emotional and health related needs and goals. Daily records continued to be well maintained and reflected how people had spent their day, what they had enjoyed doing and any changes in their wellbeing.

People continued to be supported with their hobbies and interests both in the home and the local community. People told us about the activities they enjoyed with their keyworkers including bowling, art classes, cycling, trips to the cinema and shopping. At the time of our visit people were engaged in their chosen activities.

New experiences and activities had been introduced for people since our last inspection. These included trying out different sports at a local centre and attended more college courses. People were learning about road safety and danger awareness. This session was organised through the local authority and held monthly. The provider had purchased an outdoor trampoline and people were involved in growing their own vegetables in the garden.

Monthly meetings gave people opportunities to talk about their care and support. Records showed that staff took action in response to people's feedback by considering activities, menu ideas and any other issues. At a recent meeting people had planned their holiday together and chosen to go to Center Parcs later in the year.

People knew who to speak to if they had a complaint or were unhappy with any aspect of their care. The complaints procedure was displayed within the service and available in picture format to help people understand the information. There had been two complaints about the service in the last twelve months. Records confirmed how the service had responded to each complaint along with details of the outcome and any action taken in response.

## Is the service well-led?

### Our findings

The service continued to be well led and the same registered manager was in post since our last inspection. 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.

The registered manager also managed another of the provider's services. She divided her time effectively between the two homes and was supported by a deputy manager. At this inspection there continued to be a relaxed atmosphere where staff communicated well with people and promoted an inclusive, supportive environment. One person described the registered manager as "lovely" and told us they could discuss any worries with her.

The staffing structure provided clear lines of accountability and responsibility and all members of the staff team had designated duties. We observed effective team work and communication between members of staff and the registered manager during our visit. Staff told us they were confident to report any concerns to the registered manager. Information about the provider's whistleblowing procedure was clearly displayed in the office.

Staff meetings took place every month and the minutes of these meetings were shared with staff for discussion and learning. Meetings focused on people's needs, the day-to-day running of the service and information sharing within the organisation such as training, policy updates or changes. Additional meetings were held when needed. Staff had met with the local hospice team to discuss the end of life care programme and training.

The provider's arrangements for monitoring and assessing the quality of the service remained effective. These monitored how the service was performing against objectives set for the service by the provider and CQC's fundamental standards of care. For example, the locality manager carried out a quarterly audit based on the five key questions and the experiences of people using the service. There was a service development plan based on findings from these audits. This identified planned improvements in the service, the actions to be undertaken and timescales for completion. We found the plan was used effectively with achievements and progress updates recorded.

The registered manager carried out checks to assess how well the service was running and reported their findings to the provider every month. The report covered information about people's care, finances, staffing levels and training requirements, any accidents or incidents, safeguarding matters and complaints. This meant the provider had an overview of the service and allowed for any themes or trends to be identified and acted on.

The service promoted and encouraged open communication between people, relatives and staff. Surveys were carried out to gather views of people, their relatives, staff and other stakeholders. Information from

questionnaires was used to help improve the service and the quality of support being offered to people. The latest survey results were all positive about the service.

The PIR provided clear information about the service and what improvements had taken place or were planned. Our findings from this inspection corresponded with what the provider told us in their PIR.

The provider had clear vision and values about the way care and support should be provided. Staff were aware of these values and demonstrated this by promoting people's rights, independence and quality of life. Management checked that staff applied values in their practice through ongoing supervision.

The registered manager and staff worked positively with external professionals and their feedback comments supported this. One professional told us, "I have no concerns with Woodcote, management or staff and would be happy to recommend the home in the future for new clients." The local authority carried out a monitoring visit in January 2017 and their report found no actions required.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events and the rating from the previous inspection was displayed in the home.