

Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 42 Russell Lane

Inspection report

The Oaks
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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

Caretech Community Services (No 2) Limited - 42 Russell Lane is a care home and is registered to provide care to up to six people with learning disabilities and complex needs including mental health and autism.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safe at the service. Staff knew how to identify abuse and understood the safeguarding procedures to follow to protect people from abuse. Risks to people's health and well-being were assessed and managed. Appropriate risk management systems were in place which ensured staff delivered safe care.

People's needs were met in a safe and timely manner by a sufficient number of staff. The provider followed appropriate recruitment procedures to ensure they employed staff who were suitable to provide care. People received their medicines when needed. Medicines were administered and managed safely by staff who were trained to perform that role. Health and social care professionals were involved in the planning and reviewing of people's care to ensure support provided met best practice guidance and legislation.

Staff provided care that was responsive to people's needs. Lessons were learnt from incidents and accidents. Staff were supported and trained to undertake their roles.

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. People gave consent to care and support.

People were happy that staff delivered their care in a kind and caring manner. People had developed

positive working relationships with the staff who supported them.

Staff involved people in planning their care and knew their likes, dislikes and preferences. People were treated with respect and their confidentiality maintained. Staff promoted people's privacy and dignity.

People were provided with a healthy and balanced diet. Staff ensured people had sufficient amounts to eat and drink. People's health needs were met.

People took part in a range of activities. Staff supported people to develop and maintain their daily living skills.

People using the service and their relatives' views were sought about the service. The provider welcomed their feedback and made changes when necessary. People knew how to make a complaint and were confident their concerns would be resolved.

People and staff commented positively about the registered manager and how the service was managed.

There was an open and transparent culture at the service. People received care that was focussed on meeting their individual needs.

Regular audits and checks were carried out on the quality of care people received.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

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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 28 February 2018. Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We also spoke to the main commissioning body for the service.

The inspection was carried out by one adult social care inspector and an Expert by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning relatives to ask them their views of the service.

There were five people using the service at the time of our inspection visit. During the inspection, we spoke with two people and two relatives. We also spoke to three support staff and the registered manager. Following the inspection we also spoke to one health care professional to get their feedback.

We reviewed the care records for two people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for three members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including audits, complaint and safeguarding records, to see how the service was run.



Our findings

People we spoke with told us how they felt safe within the service. One person said, "I am happy here and safe." A relative told us, "Oh yes, I trust the staff. They look after him carefully. I've never seen anything to suggest he's not safe."

Staff remained up to date with their knowledge of safeguarding through attending training and refresher courses. Staff understood their responsibilities and followed safeguarding procedures in place to identify and report abuse. Staff had access to safeguarding and whistleblowing procedures to guide their practice. The registered manager worked closely with the local authority safeguarding team regarding concerns about people's safety and well-being. People were protected from the risk of avoidable harm. Risks to people's health and well-being continued to be assessed, reviewed and managed. Records showed staff followed guidance in place to support people in a safe manner while they protected their safety in a positive way. Risks identified included managing their medicines and finances, meal preparation and accessing the community. Risk assessments and management plans were updated to ensure they reflected people's needs and the support they required.

We saw that staffing levels ensured sufficient staff were available to enable people that required support to shop, cook and attend appointments. Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two support workers when in and out of the service and that there was always enough staff on duty. The number of staff working with each person was outlined in their care plan and staffing numbers matched what each person required.

The registered manager told us that recruitment was managed centrally at head office. We saw in staff files that all members of staff had relevant and in-date Disclosure and Barring Service certificates [DBS]. This meant staff were considered safe to work with people who used the service.

People were supported to take their medicines. The registered manager carried out assessments on each person's ability to self-administer their medicines. Suitable arrangements were in place to ensure people who self-administered their medicines did so safely. Staff involved healthcare professionals when a person constantly declined to take their medicines to ensure they received support. Medicines were administered, stored, managed and disposed of in line with the provider's procedures. Staff were trained and assessed as competent to manage people's medicines. Medicines administration records (MARs) were completed and

contained no gaps or omissions in signings, which indicated people received their prescribed medicines as required. Regular medicines audits ensured that there were no concerns.

People continued to receive care in a clean and well-maintained environment. Infection prevention and control systems were effectively used to minimise the spread of germs. Staff followed a cleaning schedule, which the registered manager reviewed regularly to ensure good standards of hygiene were maintained. Staff used personal protective equipment such as gloves, aprons, hand soap and gels to prevent and reduce the spread of infection. Staff had received training in infection control and had access to the policy for guidance. Waste disposal was done safely. The accommodation was tidy and free from unpleasant odours.

People received care in a manner that minimised the risk of a re-occurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents such as injuries, falls and constant decline of personal care and mental health. Behavioural charts were analysed and used to identify any patterns and ways of reducing incidents from happening. The registered manager monitored and reviewed incidents to identify any trends.



Our findings

People's needs continued to be met effectively. People had their needs assessed before they started to use the service. The registered manager involved other health and social care professionals in assessing people's needs. This was to ensure the suitability of the home and to determine the staffing levels and staff skills required to provide effective care. Staff had sufficient information about delivering care that met people's needs. Care plans included guidance received from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation. Care plans were reviewed and updated to ensure staff supported people appropriately.

People were supported by trained and competent staff. One relative told us, "All staff that work upstairs has recently been trained. They had special training due to the challenging behaviour of one particular service user. The service users all appear well looked after." Staff attended the provider's mandatory training to equip them with the skills needed to meet people's needs. The training included safeguarding, Mental Capacity Act 2005, infection control, food hygiene, fire safety, epilepsy, health and safety and positive behavioural support. Staff attended regular supervisions with the registered manager. Supervision records showed they discussed teamwork, the support they required and the skills they needed to develop to improve their practice.

People continued to receive a healthy and balanced diet. A relative told us, "He enjoys the food. He goes out for a meal on Fridays and they take him shopping whenever they go."

People were involved in menu planning, purchasing ingredients and meal preparation. Staff had information about people's dietary needs, likes and dislikes and preferences and considered these when preparing meals. People had access to refreshments, snacks and fruit. Staff encouraged people to eat healthily and to include vegetables and fruit in their diet.

People continually accessed healthcare services to maintain good health. Staff monitored people's health and made referrals to healthcare professionals if they had concerns. Records showed people attended appointments, check-ups and health reviews with their GP, community mental health team and care coordinators. People had health action plans, which identified their individual healthcare needs and the support they required to maintain this. The registered manager ensured staff maintained up to date records of healthcare appointments attended, the outcomes and followed guidance provided. This ensured that people's health needs were effectively met.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw evidence of DoLS authorisations on the care records we looked at, as well as detailed instructions around how a person should be supported in relation to this. Staff had a good understanding of the MCA and confirmed that they had been provided with training. They said they recognised when a person's capacity to take specific decisions may need to be assessed whilst at the same time, "enabling the person to take measured risks." One member of staff said they understood the need to seek people's consent before carrying out support and they demonstrated a good understanding of peoples' rights regarding choice. They told us, "We make sure we ask them about everything, we are here to enable and support them."



Our findings

People who used the service and their relatives were positive about the attitude and approach of the staff who supported them. Comments included, "Yes, staff are caring and kind. He's not complained. He goes on the tube to go out, staff are very patient with him" and "They have great respect for his dignity, they are very strong at keeping him and his clothes clean, e.g. when he regurgitates food or soils his clothes. I've never seen him in a poor state."

Staff were clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their independence was, "paramount." Staff told us that they would involve people in their day to day tasks according to their ability including light domestic tasks and laundry.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the person centred support plans we looked at that staff encouraged those who used the service to be as independent as possible.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed occasions where staff noticed when people had the potential to become anxious. Staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated.

Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they supported and encouraged people in closing their bathroom and bedroom doors to maintain their privacy.

Staff told us that they were praised and rewarded by management for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people..

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. A relative told us, "He has a support plan. I attend a meeting every year and input to his review. It's a review of how the past year went, how effective things that have been put in place are. He has a nurse that attends this.....she's known him for 30 years."

We saw that staff did as much as they could to support people to maintain contact with their family. People had their religious and cultural needs respected and people's spiritual beliefs were recorded in their care plan. A relative told us, "Sometimes he goes to the Synagogue on Friday night. He chooses which staff go with him. His religious and other cultural wishes are respected and supported."



Our findings

We found that people who used the service continued to receive care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

Care plans were very detailed; pictorial, person centred and provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. Whilst there was a lot of information on record, it was easy to locate, as the files were separated into individual sections for ease of access. Each person had a Life Story document, which ensured their unique information and life stories were written down in one place, including choices and preferences and how they wished to be supported. People also had a Hospital Passport which outlined their communication and dietary needs likes and dislikes and how to recognise if they were in pain. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at home or in hospital. This was especially useful for people with communication difficulties as it minimised the risk of them receiving inappropriate care.

Staff had information about the triggers to the person's behaviours and the action they had to take to support and keep them safe and protect others. The provider ensured staff had received positive behavioural support training to help them to understand the reasons for the person's behaviours and how they could meet their needs. Support plans were detailed and provided guidance to staff on what action to take when a person showed signs of a decline in their mental health. This included giving them space to be on their own, watching television, going out for a walk and involving health and social care professionals for interventions.

People's individual activity programmes were detailed on a weekly timetable and included a range of different activities, including day centres, sports centre, shopping and eating out. Some people had also been on holiday with staff support. A relative told us, "In the past he's been on some amazing holidays, all around the world, last year he went to Toronto. He has been to Norway, Philippines, Orlando, Spain, and Paris." Satisfaction levels for activities were regularly monitored. We saw that people's moods following activities were described in daily logs.

People using the service and their relatives knew how to make a complaint if they were unhappy about any aspect of the service. A relative told us, "I've never made a complaint so can't say how it would be handled. Yes I would know how to and who to complain to." There had been no complaints received since our last

inspection. The service had received many compliments since our last inspection, which showed people using the service and their relatives remained happy with how the staff provided care.



Our findings

People continued to benefit from a culture of openness and transparency at the service. There was a new registered manager in post. 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 provider sought the views of people using the service, relatives and staff in different ways. We saw that regular service user and relatives meetings were held. Annual surveys were also recently sent out to people using the service and the provider was in the process of collecting the responses.

People received person centred care to meet their individual needs. Relatives and staff told us the registered manager was, "highly visible", "hands on", "approachable" and "easy to talk to." The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and could see that they were working to improve the service. Relatives confirmed that they felt able to feedback to the manager as and when they needed to and that the manager was responsive to their ideas and suggestions.

The Registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service.

People told us the service was well run. A relative told us, "The management is very good. The new manager is definitely approachable. She's not stuck in the office she comes out and is hands-on." We had a 60th birthday party and she put on a really good spread. All the staff attended. It was a happy occasion. There seems to be a lot of staff interaction and positive teamwork."

Staff spoke highly of the registered manager, comments included, "The manager has improved a lot of things, she is very knowledgeable and gets things done" and "She makes sure you understand things and that everyone is involved, I get all the help I need."

The service worked in partnership with other agencies to support care provision and development. This included the community mental health and learning disability teams, day centres and drug and alcohol

services.

People's care delivery continued to be of good standard. Audits and checks were carried out to monitor the quality of the service. The quality assurance systems were effectively applied to review the care provided. This included regular audits of medicines management, activities, health and safety, infection control, care plans, housekeeping, supervisions and learning and development. Regular visits were also made by the provider's head office and we saw that regular quality assurance assessments were also undertaken by them.

The registered manager told us she regularly attended locality managers meetings and leadership forums and received on-going support from the operations manager. She also told us that she worked closely with the local authority and attended regular provider's forums.