

CareTech Community Services Limited

CareTech Community Services Limited - 82 Chaucer Road

Inspection report

82 Chaucer Road
Bedford
MK40 2AP
Tel: 01234 216319

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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 

Overall summary

82 Chaucer Road is registered to provide accommodation and support for up to eight people with learning disabilities and complex needs. On the day of our visit, there were eight people living in the home.

Our inspection took place on 14 and 18 May 2015 and was unannounced. At the last inspection in April 2014, the provider was meeting the regulations we looked at.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks both for people and within the service.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The service had a recruitment process which ensured that suitable staff were employed to look after people safely.

Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it.

Staff received support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a balanced diet and adequate amount of food and drinks of their choice.

The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported.

There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were current risk managements plans in place which were intended to promote people's safety.

Safe recruitment procedures were in place and staff rotas were organised to ensure people received support which met their needs.

People's medicines were managed so that they received them in a safe way.

Good



Is the service effective?

The service was effective.

People received effective care from staff that had the right skills and knowledge to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

People's privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

The service had a complaints process and people were encouraged to raise concerns.

Good



Is the service well-led?

The service was well led.

People lived at a service that promoted a positive, open and inclusive culture.

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

Good



Summary of findings

The registered provider had effective systems for monitoring the quality of the service to ensure people received the support they needed to meet their care needs.

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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 and 18 May 2015 and was unannounced. The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities.

We spoke with four people who used the service to gain their views about the quality of the service provided and observed four others to ensure they received safe and appropriate care. We also spoke with the registered manager and three care staff, to ensure that the service had robust quality systems in place.

We reviewed the care records of five people who used the service to see if their records were up to date and reflected people's needs. We also looked at other records relating to the management of the service, including quality audit records.

Is the service safe?

Our findings

People felt safe and protected from harm. One person said, "I feel safe here." Another person told us, "Yes, they look after me and I am not scared here." Our observations showed that people were relaxed with staff and had the confidence to approach them when things were bothering them.

Staff confirmed they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. One staff member said, "We have safeguarding training which helps us to know what to do." The registered manager told us that they and staff worked hard to ensure there were effective systems in place to keep people safe, both within the home and when out in the community. Staff understood the lines of reporting within the organisation and told us that any allegations would be fully investigated.

Records showed that safeguarding concerns had been documented and referred to the local authority for investigation when required. We found that the safeguarding policy was displayed within the service and was accessible to people, in a variety of formats. Safeguarding was also discussed within service user meetings and staff meetings, so that people were not worried about discussing it. There were effective systems for ensuring concerns about people's safety were managed appropriately.

Staff told us that risks to people's safety had been fully assessed and included those associated with safety within the home, traveling in transport and engaging within the community. They confirmed that it was important to have robust risk assessments for people because it helped to keep them safe. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to people. These were reviewed regularly so they remained reflective of people's needs and helped staff to determine the support people needed if they had a sudden change of condition or experienced an increased risk. Staff had the knowledge to deal with emergency situations that may arise so that people received safe and appropriate care in such circumstances.

The registered manager told us that the service had emergency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak. Staff told us that

they were made aware of the plans and we saw that records confirmed this. There were contact details of emergency telephone numbers displayed in the service, which were accessible to staff should they be required.

The registered manager told us that it was important to monitor accidents and incidents within the home. Staff understood that they should always report an accident, no matter how small, so that correct action could be taken. We found that all accidents and incidents were logged on a computerised system which analysed them for any specific patterns or triggers. Learning from incidents and accidents was then discussed at team meetings and shared with staff through the communication book and within staff supervisions. Records confirmed that correct action had been taken by staff and that appropriate documentation had been completed where accidents and incidents had occurred.

People told us that there was enough staff. One person said, "Yes there are enough staff, they always help me." Staff we spoke with told us that staffing was adequate to meet people's needs and to keep them safe. One staff member said, "There are enough staff and if we need more then we can use bank or agency to help cover." During our inspection we saw that staff were available at all times to support people and to respond to their requests and needs. There were systems in place to cover staff leave which included accessing bank staff or asking off duty staff to cover. People were supported by enough staff to ensure that each person had 'one to one' support in line with their care plans, both in the home and when out in the community attending activities.

The number of staff on duty for each shift was detailed on the rota which was prepared in advance. Staffing levels were reviewed regularly and adjusted when people's needs changed. Staff numbers were based upon people's dependency levels and were reviewed on a regular basis. The registered manager was included as an additional member of staff within the numbers of staff on duty, so that they could be 'hands on' if required but also undertake their management role, whilst providing on-going support for staff.

Staff underwent a robust recruitment process before they started to work at the home. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting

Is the service safe?

checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People were supported by staff to take their medicines safely and in a way that was right for them. One person told us, "I get help with my medicine." Staff told us that they worked with people to make sure they got their medication on time and that they monitored it to ensure it remained effective. Staff told us they had been trained in the safe handling of medicines and always ensured that people received their medicines as prescribed. The registered

manager told us that medicines were administered to people as needed and not used to control people's behaviour. We saw evidence that people's medicines had been reviewed by the GP on a regular basis.

We looked at two Medicine Administration Records (MAR) and saw that they were completed correctly. We saw that records were in place to instruct staff in what circumstance medicine prescribed as 'when required' should be given. This prevented people being given medicine when it was not needed. Systems and processes were in place to ensure that people received their medicines as prescribed to ensure good health. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed.

Is the service effective?

Our findings

People told us that they thought staff had the appropriate skills and knowledge to meet their needs. One person told us, “I’ve been here for a long time now. I was in other places before but the staff know me here.” People were confident that their needs were met by staff that were competent and able to carry out their roles and responsibilities.

The registered manager told us that all new staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. Staff also told us when they were first employed they had received induction training. Records confirmed that all new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with other relevant training to ensure that they could meet people’s assessed needs.

Staff told us that they received training, supervision and on-going support. Staff told us and the training matrix we looked at confirmed that they had either received all the training they needed or it had been highlighted that the training needed to be arranged. One staff member told us, “We definitely get enough training and it gives the right knowledge.” Staff had received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. The training offered by the service was useful in ensuring that staff were equipped with the knowledge necessary to provide care for the people they supported.

Staff felt well supported by the registered manager and team leaders. One said, “Yes we all have supervisions but we don’t need to wait until then to get support.” Staff received regular supervisions and an appraisal each year and used this time to identify and address developmental needs. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

People told us that staff asked for their consent before they carried out tasks. Staff told us that it was important they did not provide support without asking first. We observed staff asking people’s permission before care or support was given.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people’s capacity had been assessed and found that appropriate documentation was in place. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that some people in the service were subject to DoLS authorisation and records confirmed this. Our conversations with the registered manager demonstrated that they understood their responsibilities under DoLS arrangements.

We did not observe a main meal time as most people were out of the service undertaking activities. All the people we spoke with told us that they enjoyed the food and drinks offered and had a choice of what to eat. One person told us, “The food is alright, we do get a choice.” During the morning we heard staff discussing with people what they would like for their lunch. We saw that mealtimes were flexible and responsive to meet people’s preferred daily routines. Menus were planned in advance and staff told us that a different meal was available for people every day. People were supported to select their choice of meal with staff and they did not want what was on offer, we observed that a range of alternatives were available.

People’s care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. One person said, “If I want support then staff will help me.” Staff supported people to attend required appointments when needed and were swift to act when people’s care needs changed. Records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included specialist health care teams, and speech and language therapists. People received on-going support from healthcare professionals in line with their needs because staff were guided within the records about how to meet people’s care needs when their needs changed.

Is the service caring?

Our findings

Positive relationships were apparent between staff and people. All the people we spoke with told us that the staff were friendly and caring. One person said, "I like the staff." Another person told us, "They're ok." Staff wanted people to feel supported and cared for in a settled environment. People were happy with the care and support provided.

People told us that staff were polite towards them. During the day we heard staff speaking to people in a respectful way. We observed staff interactions with people. We saw that staff greeted people when they got up and that they exchanged pleasantries, passing the time of day. Staff had patience with people and took time to listen to what people said to them. This made the service calm, relaxed and welcoming. Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care. People were enabled to build meaningful and caring relationships with the staff.

There was a homely atmosphere and people considered that the service was their home. On arrival people wanted to know why we were there, giving us their thoughts on the staff and home. People told us they felt relaxed and we observed that they had the freedom to do what they pleased. One person had just returned from town whilst another was playing pool with a member of staff. Support was offered in a calm way and people were open and trusting of staff, sharing a laugh and a joke. Our observations confirmed that staff had positive relationships with the people they supported.

People told us they were involved in the planning of their care, both through talking with staff on a regular basis and in attending review meetings. People told us that the care they received was person centred, and given according to their needs.

Staff and the registered manager told us that access to advocacy services was available to people and had recently been used for one person. We found clear information on advocacy within people's care records, so that they could use this when appropriate.

People told us that the way in which staff related to them, made them feel respected and ensured their dignity was maintained. Staff had a good understanding of the role they played to make sure this was respected. They knocked on people's doors before entering their bedrooms and always gave support in a private area. We observed this happening in practice. The service had clear policies in place for staff regarding respecting people and treating them with dignity. People were treated with dignity and respect.

The registered manager told us that care records detailed how each person communicated and gave staff information so that they could meet their needs. We saw that staff were able to communicate with people in a way that they understood. We observed staff communicating with people in different ways both verbally and non-verbally, using hand signs. People understood what staff were communicating to them and responded appropriately.

Staff told us that they liked to encourage people to support themselves and records confirmed that where possible staff should encourage people to be as independent as possible regarding their daily living tasks. Some people told us that staff supported them to clean their rooms and do their laundry, whilst other people went shopping for food and prepared their meals with staff support when needed. Staff worked to ensure that that people's independence was maintained.

People were encouraged to make their own choices regarding their daily routines and what they wanted to eat. We heard staff asking people what they would like to do and what they had planned for the day. We saw people going out into the community and returning with support from staff. Staff knew it was important to enable people to make choices and decisions about how they lived their lives.

Staff told us and records confirmed that people had been asked about their cultural and religious needs. One person liked to attend a religious service with their family members and staff supported this. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

Is the service responsive?

Our findings

People had lived at the service for some time and could not recall if an assessment of their needs had been carried out before they came to stay in the home. Records however confirmed that information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People told us they had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. They were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. We looked at care plans for five people and saw they contained detailed information about people's health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

People had access to a full range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities in the evenings and weekends. These included cinema visits, theatre trips and social clubs. One person told us they had been to town on the day of our inspection; another had just returned from holiday.

Staff supported people to raise concerns if they had any. We found information in people's care records and displayed on notice boards, that explained how they could complain and who they could talk to. People were aware of the formal complaints procedure in the home and told us they would always tell a member of staff if they had anything to complain about. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. The complaints log showed that complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

The service was well led by an established team of staff. There was a registered manager who was supported by a deputy manager. Further support was given by management staff within the wider organisation. Staff told us that the registered manager was really approachable and had the right skills to fulfil the role. We observed staff asking numerous questions of the registered manager during the day, and being given constructive support.

During our inspection we saw there was a positive, forward thinking and open culture within the home. Staff found the staff team were close and worked well together, all having a common goal. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

The provider had a clear leadership structure that staff understood. There was a registered manager in post. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of. One staff member said, “The manager is really very good. They are always approachable and willing to give support.” Staff told us that out of office hours support was always available. They explained the on call process and who they needed to contact in an emergency.

Staff used a pictorial questionnaire to ask each individual for their views on the service they received. There were questions about safeguarding, food and activities and how happy people were with the other people they lived with. People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received.

People, relatives, staff and professionals were consulted regularly about the delivery of service. The registered manager told us that people and their family members received a satisfaction questionnaire to complete on a regular basis, which enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. Where comments had been made, we found that action plans had been developed so that action could be taken.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people’s care and support. Staff felt able to challenge ideas when they did not agree with these. Communication was good and they were enabled to influence the running of the service.

The service monitored the quality of people’s care and health and safety aspects of the home. Audits had been completed in areas such as infection prevention and control, medicines administration and fire safety and where action was required to be taken, it was to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The provider worked hard to identify areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service.