

CareTech Community Services Limited

Vancouver Road

Inspection report

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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

About the service

Vancouver Road is a care home that provides care and support to up to seven people with a learning disability. At the time of our inspection there were seven people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People and their relatives told us they felt safe using the service. The provider supported people to take their medicines safely. There were adequate infection control processes in place to reduce the risk of harm. There were sufficient staffing levels at all times to maintain people's safety and ensure their needs were met.

People's needs were holistically assessed, and plans put in place to meet these. The provider met people's nutritional and hydration needs and supported them to have a balanced diet. People were supported with their physical and mental health needs and care records contained good information on these.

People told us the registered manager and staff were kind and caring and knew people well. People were treated with dignity and respect. People's religious and cultural needs were met.

We received positive comments about overall management of the service. The registered manager organised a range of events and activities to increase engagement of people receiving care and their families. The service actively sought feedback and ideas for improvement from people receiving care so they could continue to improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

Rating at last inspection

The last rating for this service was good (published 29 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led,

Details are in our Well-led findings below.

Vancouver Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Vancouver Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This first day of the inspection was unannounced. The registered manager knew we would be returning to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people receiving care and support and three relatives. We carried out observations of

people's support and interactions with care workers. We spoke with the registered manager, the deputy manager and three support workers. We also got feedback from a visiting health and social care professional who worked with the service to plan and review one person's care and support.

We reviewed the care and medicine records of five people and we looked at five staff files in relation to recruitment, induction, supervision, and training. We also looked at policies and procedures and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were well managed. People and their relatives told us the service was keeping them safe. We received comments such as, "I know they keep everyone safe here" and "I never have to worry as I know (my family member) is 100% safe."
- Risks to people were identified, assessed and reviewed regularly by experienced staff. We saw a range of risk assessments that were devised to enable people to take part in activities whilst mitigating potential causes of harm. Staff showed a good knowledge of the potential risks to people and what they needed to do to ensure their safety was maintained at all times.
- The management conducted regular health and safety audits of the service and resolved maintenance issues that may cause people harm.
- Personal emergency evacuation plans were in place to give staff guidance on what support people required in the event of a fire. The plans included how people normally responded to the fire alarm and actions staff should take to support the person to leave the house safely.

Learning lessons when things go wrong

- There were appropriate systems in place to record accidents and incidents. Staff understood their responsibility to report all accidents and incidents and the registered manager ensured all necessary steps were taken to maintain safety after incidents occurred. These included updating support plans and risk assessments or making referrals to external professionals for additional input and guidance.
- The manager used staff meetings to discuss previous safety incidents to ensure the whole team learnt from accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to ensure people receiving care were protected from harm or abuse.
- Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves.

Staffing and recruitment

- There were enough staff to ensure people's needs were safely met. The registered manager told us they consulted with local authorities when people's needs changed to obtain more one-to-one hours to ensure people had enough support.
- The service followed safe recruitment processes. There was a system in place to ensure all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed well. Staff who supported people to take their medicines, had completed appropriate training and had been assessed as being competent in this area. Competency assessments were refreshed yearly.
- People's medicines were checked regularly by the registered manager and any issues were promptly investigated. The service checked that medicines were stored securely and at the right temperature.
- Samples of medicine administration records (MARs) we reviewed had been completed correctly and daily checks were in place to minimise any errors.
- We saw evidence that the service worked in close collaboration with people's GPs and psychiatrists around the management of people's medicines.

Preventing and controlling infection

- The service ensured infection control was well managed and the environment was kept clean and tidy. There was a cleaning rota in place and Infection control was discussed during team meetings and actions agreed to ensure high standards were maintained.
- Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons. We observed the appropriate use of PPE during our inspection and we found the service to be clean and free from any unpleasant odours.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with learning disabilities. The service had systems in place to ensure training was refreshed regularly so staff would be kept up to date with best practice guidelines.
- Staff told us they received appropriate training for their roles. One staff member told us, "Caretech have given us loads of useful training such as behaviours that challenge and positive behaviour support, so I am confident to work with people here."
- The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge. These included a 'lead to succeed' course for managers and staff looking to become managers. There was also a senior support worker programme for supporting staff to build on their existing knowledge and develop their careers further.
- Staff we spoke with said they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this.

Adapting service, design, decoration to meet people's needs

- The home was accessible to people who used the service. Each person had their own bedroom with an en suite shower and their own lounge. People's rooms were decorated to suit their needs and preferences.
- There was a communal kitchen, dining area and access to a rear garden.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to ensure the service could provide effective care and support.
- We saw evidence that care guidelines were devised in consultation with people and their relatives and reviewed on a regular basis.
- The provider had guidance and best practice information from the NHS about people's health conditions, which included mental health conditions, epilepsy and diabetes.
- The service devised care plans to help reduce behaviours that challenged and reduce PRN (when required) medicines. One health and social care professional told us, "I feel the staff are skilled in supporting particular needs and behaviours that may challenge" and "The support has meant a noticeable reduction in PRN medication."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. People were given lots of choice of what to eat, whether to eat alone or join others for a shared meal.
- The service worked with dietitians and speech and language therapists for professional guidance and advice when people needed specific guidance or had difficulties with eating and drinking. People were supported to prepare food of their choice and they told us they were happy with the choices available.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a range of health and social care professionals to ensure people's needs continued to be met. This included GPs, district nurses, psychologists, and social workers.
- People and their relatives told us the service helped them stay healthy and ensured they got medical attention when they needed it. One relative told us, "They have a close relationship with the local GP, so I know they look after their health."
- Hospital passports had been developed for everyone using the service. These contained detailed personal health information about people which could be shared with hospital staff if they were admitted to hospital. There were also detailed guidelines in place to show how people with no verbal communication expressed pain or discomfort, so all staff would be able to know when people needed medical attention or pain relief.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We saw the provider was meeting their obligations.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- The service had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. We observed staff offering everyday choices such as what activities to do that day.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people were well treated. Relatives told us that staff were kind and caring. We received comments such as, "Oh yes, the staff are kind and caring" and "The staff are lovely, so happy and committed."
- We observed positive interactions between people using the service and staff and this was confirmed by a health and social care professional who worked with the service. They told us, "Overall we are very happy, the staff give good support with good structure and routines."
- The provider respected people's equality and diversity. Care plans contained information about people's religious and cultural needs. Staff explained how they supported different people in different ways. For example, one person had recently required support from a specific gender support worker so they could attend a family religious ceremony as this was the custom in their culture.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew how best to communicate with people. People's care plans contained information on what approaches worked best with people and what could upset and irritate people. There was clear information on how best to respond if people became agitated.
- The registered manager told us how they regularly consulted people and their family members on day-to-day aspects of their care and relatives we spoke with confirmed this. One relative said, "I am here pretty regularly but the manager and staff will call me up they need to."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and respect. Staff we spoke with described how they maintained people's privacy and dignity. One staff member told us, "We are always really careful about ensuring people's privacy and dignity. We never discuss personal information if other people can hear us."
- Care plans had clear information on what people could do for themselves, so staff could ensure their independence was maintained. On the day of our inspection we observed staff support some people in their regular activity of cake baking.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed and personalised information about people's history, likes and dislikes and needs in all aspects of their care and support so that staff had a full understanding of people's individual needs.
- People were allocated keyworkers who took more responsibility in key areas of people's care and support including communicating with family members and other health and social care professionals.
- There was detailed information on people's mental health needs and guidance for staff if they were concerned that people's mental health was deteriorating. Positive behaviour support plans had been developed which focused on what was important to them in their lives to help reduce behaviours that challenged. The plans also detailed what situations and circumstances people found difficult to manage so staff would know to avoid these where possible.
- Staff we spoke with could demonstrate examples of how they adapted their approach to offering choices. One staff told us, "We need to be careful about when we discuss choices with some people. If it's too far in advance it causes anxiety. Because of this we often leave things to nearer the time, so people won't get upset or worried."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting people's communication needs. People had access to information in accessible formats. Key information such as one-page profiles and life story work were available with pictures and were easier to read.
- Care plans contained detailed information about people's communication so that staff could understand and communicate with them better. Staff explained how they adapted their communication to meet the needs of different people's skills and abilities. One member of staff told us, "Some people do not have any verbal communication, but they can understand visual cues very well. If it is time for a shower we show them the bath towel and they understand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided regular activities to ensure people were occupied and stimulated throughout the

week. Regular activities included, visits to the pub, cycling in local parks, swimming in the local pool. The service had also organised recent outings to the London transport museum and seaside resorts.

- People and their relatives were happy with the activities. We received comments such as "They offer a very good programme of events" and "(family member) likes to keep busy and there are lots of activities on offer" and "People are doing purposeful activities in the community."
- People's religious needs were met, and people were supported to attend the place of worship of their choice. The service supported people to celebrate a range of cultural and religious celebrations. We saw examples of Christian and Muslim festivals being celebrated by everyone at the service. One person had been supported to become baptised at their local church which enabled them to engage more in church services and activities.
- One person had also requested to have staff from their own cultural background, so they could "speak their own language". The manager successfully recruited a suitable person that met this need. A health and social care professional told us, "This has really helped the person connect to their culture. It also helps with communication with the person's family."

Improving care quality in response to complaints or concerns

- The service responded to complaints and acted to address issues when they arose. The manager kept a record of complaints which showed what action had been taken to resolve issues that had occurred.
- There was a complaints policy that was discussed with people and their relatives regularly, so they knew how to complain. Relatives of people using the service were satisfied they would be listened to if they voiced any concerns. One relative told us, "I never had to complain but if I had any issues I would speak to the manager."

End of life care and support

- The service had an end of life policy and staff had training in attending to end of life care needs.
- The service supported people to devise end of life plans which contained information about their funeral wishes including religious and cultural needs they wanted to be addressed. Not all people had chosen to make plans but there was evidence that they had been given the opportunity and had declined.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The service worked to achieve positive outcomes for people. Relatives told us, "We are honestly really happy with the care and support they provide. We have got great faith in the manager and the team" and "(Family member) really struggled when they first came here but thanks to the manager and the staff they are doing really well now."
- Staff were positive about the culture of the team and told us the management supported them to progress. We received comments such as "This is a good team. We all work together" and "The manager has been really supportive. I have gained so much confidence and I am working towards becoming a senior."
- People and their relatives were happy with how the manager led the team to ensure people received a good service. We received comments such as, "The current manager is the best they have had really, and the core staff are great" and "There has been lots of changes since my [my relative] came here, all positive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and other members of staff were clear about their roles. The registered manager understood her responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care.

There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service communicated well with people's relatives and asked for feedback by sending out satisfaction surveys every year. The service analysed the results of the survey and made an action plan to ensure improvements were made. For example, people recently said that they wanted more opportunities to meet and make new friends and relationships. As a result, the service had introduced more evening activities to

give people greater opportunities to meet new people.

- Relatives told us they were satisfied the service communicated with them when they needed to. One relative told us, "The manager is very good at communicating. She always keeps me informed."
- The service also conducted an annual staff survey, so staff could provide feedback on how the service was doing and give suggestions for improvements.
- The registered manager organised a range of events at the service to engage people receiving care, their families and others. These included social events such as discos, Valentine's day celebrations, summer barbecues as well as an annual conference day that was attended by people from another service. One family member told us, "The manager is always organising special events to keep things interesting and keep people engaged."
- The registered manager convened regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information. One member of staff told us "We have regular team meetings. It gives us a chance to get together and discuss any ongoing issues and make plans for the next month."

Continuous learning and improving care; Working in partnership with others

- There were regular quality assurance audits of the service which looked at key areas such as people's medicines and finances, health and safety of the building and equipment and infection control. Audits contained action plans to ensure shortfalls were addressed.
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs. The service worked with social services teams, behaviour specialists and psychologists and other healthcare specialists as needed.
- The service had also co-produced bespoke staff training with psychologists to ensure staff had the right skills and knowledge to support people who had behaviours that challenged.
- The registered manager had recently introduced an awards ceremony day for people receiving care and support. The aim of the day was to help people celebrate their personal achievements. The service had also forged links with the Mayor of Croydon and had recently supported people to attend the mayor's Diwali celebrations in the town hall.