

CareTech Community Services Limited

Tewin Road

Inspection report

1 Tewin Road
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Hemel Hempstead
Hertfordshire
HP2 4NU

Tel: 0144214796

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18 February 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 18 February 2016 and was unannounced. At our last inspection on 29 November 2013, the service was found to be meeting the required standards in the areas we looked at. Tewin Road provides respite (short stays) accommodation for up to six people. At the time of our inspection six people were staying at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people were not having best interest meeting to ensure their choice and the least restrictive options.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People and relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and

compassionate way.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and people were complimentary about the manager, deputy manager and how the home was run and operated.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

Accidents and incidents had not always been updated accurately to identify trends that could help in providing better support.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People did not have their capacity assessed and best interest decisions had not been completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Requires Improvement ●

Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff

Good ●

that knew them well and were familiar with their needs.

People and relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement. However, accidents and incidents were not always accurately recorded.

People and staff were very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Tewin Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 18 February 2016 by one Inspector and was unannounced. Before the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who lived at the home, two relatives, three staff members, the manager and deputy manager. We looked at care plans relating to two people and two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person told us, "I feel safe here; they [Staff] look after me here." One relative said, "They are safe when they stay there, we have no concerns."

Information gathered in relation to accidents and incidents that had occurred had been documented by staff and a record was kept in people's individual support plan. However, when we looked at the accidents and incidents logs these had not been updated. The registered manager confirmed that their usual practice was after each month they went through the support plans as part of their checks and updated the incident file. This had not been completed for January. We also looked at the incident and accident files for 2015 and we found an example of an incident that had not been recorded in the accident and incident file for 2015. This meant the system in place did not accurately reflect all accidents and incidents and therefore meant that the information was not readily available to assist the registered manager to identify trends that could help in providing better support.

The registered manager confirmed that following the inspection they have change the procedure to document incidents. All documented accidents and incidents are now to be entered straight into the incident file before being placed in individuals support plans. This will ensure the accident and incident file is up to date. The registered manager confirmed to us after the inspection that this has been discussed with staff to ensure that the new procedures are implemented immediately. This meant that the incident file should reflect the actual incidents and support the manager with identifying risk.

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. One staff member told us, "If I had any concerns I would report them to the manager." Staff were able to explain signs of abuse and told us about the things that would concern them. For example, changes to people's behaviour. Staff were aware of how to escalate concerns and report to outside professionals such as the police or the Care Quality Commission.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff felt there was enough staff to meet people's needs. One staff member said, "We have good team here and there is always enough staff." The registered manager told us that they had an additional staff member for support to help with busy periods and this worked well. We saw on the day we inspected there was enough staff to meet people's needs.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and

reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely for example, one person who was at risk of choking had clear guidance for staff in their support plan on how to manage this. We asked staff how they would support this person when supporting them with their oral hygiene. All staff were aware of what was required to keep the person safe.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their medicines by staff that were properly trained and had their competency assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. A staff member told us, "We complete regular stock checks and the manager completes there checks." We saw one person who was supported to take their medicine. This was done in private by staff that spoke to the person in a respectful manner and maintained their dignity.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw there were 'Grab sheets' to be used in the event of an emergency which provided medical details and relevant information about the individual to maintain continuity of safe care.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA and found that they were not.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "We promote people's independence so they are not deprived of their liberty." Throughout our inspection we saw that staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "They [Staff] are friendly and they always tell me what they are doing."

However, we saw that where people lacked capacity, assessments had not been completed or best interest meetings had not been held to ensure the choices made for people had been in their best interest and were the least restrictive option. Instead the registered manager accepted the guidance given from family members and did not seek to establish the individuals choices. For example, one person who did not have capacity had bedrails in place for their safety. The person had not been involved in this decision. Other least restrictive options had not been considered.

Following our inspection they have informed us that they will now be completing these processes and ensuring people are involved in decisions and capacity assessments and best interest are completed.

Not working in accordance with the Mental Capacity Act, was a breach of Regulation 13 of the of the Health and Social Care Act (Regulated Activities) 2014.

Staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and infection control. A staff member said, "I did an induction when I started and I also received shadowing (This meant they worked with an experienced staff member until they were competent to work unsupervised) I felt supported to develop and I have asked to go up to grade two which means I will have more responsibilities."

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development was reviewed. A staff member commented, "I have a voice, we are quite vocal and we voice what we would like to happen."

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who required feeding through a percutaneous endoscopic gastrostomy (PEG) feeding tube. A PEG is used for people who cannot maintain adequate nutrition with oral intake. Staff we spoke with felt confident in their skills and confirmed they had received training they needed to do their jobs.

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. People were asked what they wanted to eat. One staff member said, "If they change their mind on the day it not a problem there is always alternatives for people to have." One person said, "I like the food here." Another person commented, "The food is nice." People had daily diaries kept that recorded what people ate. These were taken back home after their stay. This meant there was good communication about what people had eaten during their stay which helped to ensure that people were maintaining a healthy balanced diet.

People received care, treatment and support which promoted their health and welfare. People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. People had access to GP's dentists and other care professionals when required. The manager told us that when any previous clients came back that they would communicate with the family or the person where appropriate to check if there had been any changes to the person's needs.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "Staff like me they know me and help me. They are friendly; they let me know what they are doing." A relative said, "[Name] is really happy there. We would know if they were not happy by [Names] behaviour. They are always happy when they come back home." Another person said, "I like staff, they help me."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promote people's dignity and respect by closing doors and good communication. We saw staff knocking on people's doors and one person who required PEG feeding was taken to their room to ensure their privacy and dignity. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "It's the nicest place I have ever worked, you just get personal care. We have a good team here." Another staff member commented, "We promote people to be independent. We always knock on people's doors and wait for a response. We always communicate and explain what we would like to do."

People stayed at Tewin Road for respite to give friends, family and the person a chance to have a break. One person told us they loved staying at the service as they really enjoyed the disco on Friday nights. Although the stay could be short people returned on a regular basis and relationships were formed and people were coming back to familiar surroundings. A relative said, "[Name] looks forward to going there. They love the disco. They always ask me when I am going back."

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "We have been involved with the care plan reviews. We have sat down as a family with the manager and social worker to talk about their care." Another relative confirmed they and their relative had been involved in meetings to discuss their likes and dislikes and were happy with the support they received.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took account of their background history and personal circumstances. We saw staff deliver care that followed the guidance. Staff we spoke with were able to answer questions about people's required support. This showed staff knew people's needs. Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs.

One person told us, "I like the staff they always talk to me and they ask me if I'm happy and look after me." Care plans were personalised captured the individual well and all the little details that mattered to that person were included. For example their likes and dislikes, individual cultural and religious needs were also documented.

Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health. For example pre assessments were completed when people came to use the service and on returning there would be a review prior to each stay to see if there were any changes to the person's needs. Staff we spoke with knew the people they supported.

People were supported to maintain their interests and to take part in activities which they enjoyed. For example, people were supported to attend their day clubs. One person told us, "I went to my day club it's nice and big." On the day of our inspection most of the people who used the service were out at their day clubs. People also attended the Friday disco where they could meet and socialise with other people. One person said, "I go to the disco on Friday, I love it there." The registered manager told us, and staff confirmed that people were supported to access the community. One relative said, "[Name] is supported to go to work when they are staying there and we have never had any problems."

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived at the home. One person told us, "The manager is wonderful they told me that if I have any problems to talk with them. I had a problem and they helped and I feel better about this now." One staff member said, "We have one to one time with people and we always make sure everything's alright." A relative said, "The manager communicates well and I feel I can just pick up the phone if I had any concerns."

Is the service well-led?

Our findings

People who stayed at the home, relatives and staff were all very positive about how the home was run. They were complimentary about the registered manager who was described as being approachable and supportive. One staff member said, "The manager is approachable and they will tell you when you are wrong. If I am not sure about anything I will go and see my manager. We all communicate really well as a team."

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. The ethos was promoted through the induction process and in staff meetings and supervisions. One staff member said, "We have a good team we communicate well." Staff confirmed they had received supervisions and we saw this had been documented. The registered manager said, "My door is always open and anyone can come see me when they want to."

The registered manager and deputy manager were very knowledgeable about the people who were used the service, their complex needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "We have handovers at the start of every shift and I know my responsibilities for the day."

The registered manager received support from their area manager and they had regular meetings to support learning. They met quarterly with other managers to discuss ideas and share knowledge. The registered manager said, "Yes I feel supported, I am listened to. I have supervisions and I can just pick up the phone when I need to talk." The registered manager told us they used the internet to search information and they were also sent best practice updates from the quality assurance team. They were members of organisations that supported with the service learning and updates of relevant changes.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The views, experiences and feedback obtained from people who used the service, their relatives and staff had been actively sought and responded to in a positive way. The registered manager told us that the last surveys that were sent out had no responses returned. However, we saw feedback forms from people's family that had positive feedback for Tewin Road. We saw one to one feedback forms that used pictures to establish how people were and how they felt about different aspects of the service. For example, do you feel involved with the running of the service and how do you like to be involved. The person answered "I help with cooking the dinners." This demonstrated that the service valued people's views.

Audits were carried out in areas such as medicines, infection control, care planning and record keeping. The registered manager was required to gather and record information about the homes performance. The manager also carried regular checks of the environment, performance of staff and quality of care and support provided. There were independent audits completed for health and safety that ensured best

practice. Where issues were identified, action plans were developed to improve the service. This showed that there were systems in place to monitor the quality of the service. Where we found problems with the way accidents and incidents had been recorded the registered manager had changed the way this was recorded and held a meeting with staff to ensure a safer practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People who lacked capacity did not receive best interest meeting to promote their choice.