CareTech Community Services Limited

CareTech Community Services Limited - 25 Garrads Road

Inspection report

25 Garrads Road
Streatham
London
SW16 1JS

Tel: 02088358173
Website: www.caretech-uk.com/

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 23 January 2019 and was unannounced. At our last inspection of 6 November and 28 December 2018 we found improvements were needed in relation to the consistency in the management of the home, and the robustness of the staff team. At this inspection we found that the required improvements had been made.

Caretech Community Services Limited – 25 Garrads 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 care home accommodates up to 14 people in one adapted building. There are bedrooms on the ground and first floors of the main house in which people live, as well as a self-contained flat on the second floor and a self-contained bungalow within the grounds. People living at the home had learning disabilities, and required support to maintain their mental health. Some people also had physical disabilities. At the time of our inspection eight people were living at the home.

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.

There was now a registered manager in post at the home. 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 home had a permanent registered manager and deputy in post, with a management structure that had implemented and developed positive changes to the service. The staff team was now settled, and whilst there were some vacancies; a regular cohort of agency workers were used to ensure consistency across the home.

Staff were safely recruited, with full verification checks completed prior to people commencing their employment. Safeguarding processes were robust in ensuring that any allegations were promptly identified and reported accordingly. Incidents and accidents were investigated in a timely manner. There were infection control measures in place to ensure that hygiene levels were maintained, alongside the regular review of health and safety compliance. People's medicines were administered safely to ensure people received them at the appropriate times. Risk assessments were clear in identifying any potential risks to people, and the steps needed in order to help mitigate any risks.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Staff training was in the process of being updated to ensure that all were up to date with the providers requirements. Regular supervision and appraisal were provided to staff to support them in their roles. People were well supported to maintain a balanced diet and staff supported people with their nutritional requirements. Access to healthcare professionals was provided when people needed it, with staff support where required. Staff worked together effectively to ensure they met the needs of people at the home. The premises was decorated appropriately for the people living there, with people's preferences reflected in their rooms.

Staff demonstrated a caring and thoughtful approach to the ways they supported people. They knew individual needs well and treated people with dignity and respect. People were supported to be as independent as they were able to, and express their views in relation to the care they received.

People received care that was personalised to their needs, with care plans that reflected individual preferences and views. A range of activities was on offer to meet the need of each individual living there. The provider had identified a need to ensure each person had the opportunity to express their end of life wishes, and this was planned for completion in February 2019. Complaints were recorded and responded to appropriately.

The registered manager had improved staff morale across the service and developed the staff team. Quality assurance checks were robust in identifying any areas for improvement and making positive changes. People, staff and relatives were supported to give feedback on the service.

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.

People's medicines were administered safely. Risk assessments supported staff to keep people safe. Recruitment processes ensured that people were safely recruited. Incidents and accidents were appropriately responded to with sufficient infection control measures in place. People were safeguarded from the potential risk of abuse.

Is the service effective?

Good

The service was effective.

Staff received regular training, supervision and appraisal. People were supported in line with the Mental Capacity Act (MCA) 2005. Staff supported people to eat and drink in line with their nutritional needs. People had access to healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and compassionate. People were supported to be as independent as possible, whilst staff treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The provider had measures in place to ensure people's end of life wishes were discussed. People were involved in decisions about how their care was delivered. People were able to partake in a range of activities that met their needs. Any complaints were responded to promptly.

Is the service well-led?

Good

The service was well-led.

The registered manager supported the service to develop and

make positive change. Quality assurance systems were effective in driving improvement across the home. The home worked alongside other agencies to ensure people's needs were met.

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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 23 January 2019 and was unannounced.

This inspection was conducted by one inspector.

Prior to the inspection we reviewed the information we held about the service, including information shared with us by the local authority and members of the public. We also reviewed statutory notifications sent to us by the provider. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

During the inspection we viewed a range of documents including three people's care records, three staff files and a range of other documents in relation to the provider's quality assurance processes and policies.

Some people were not able to tell us of their experiences, so we observed their interactions with staff. We spoke with two people living at the home as well as a range of staff including the registered manager, deputy manager and a support worker. Following the inspection we contacted one persons relative.

Good

Is the service safe?

Our findings

At our last inspection of 6 November and 28 December 2017 we found that the service was not always safe, due to staff vacancies and inconsistencies in leadership. At this inspection improvements had been made to the staffing levels, with any agency cover accommodated by a regular pool of staff that were familiar to people living at the home. A new registered manager had commenced her role since the last inspection and was actively recruiting additional permanent staff.

People told us they felt safe living at the home, one person said, "I feel safe here, away from people outside." A relative also expressed they felt their family member was safe. The provider has suitable safeguarding procedures in place, setting out staff accountability for reporting any potential safeguarding incidents. Staff were aware of their responsibilities telling us, "We need to report any safeguarding concerns, incidents or accidents" and "I would report to my senior or manager." We reviewed the providers safeguarding records and saw that any potential concerns had been recorded, investigated and reported to the appropriate authority.

Recruitment processes were safe in ensuring that staff suitability was verified prior to commencing work with people. Records showed that staff were required to complete an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were required to disclose their employment history, provide satisfactory references and proof of identity prior to working at the home.

Any incidents or accidents that occurred at the home were promptly reported, recorded and investigated. A monthly review was in place to ensure that any fact finding or learning could be shared with staff. We reviewed the providers incident records and found that a full investigation was conducted for each occurrence with clear actions and amendments to peoples care records where necessary.

The premises were safely maintained to support people and staff to be protected from any health and safety risks. People's equipment was suitably upheld to ensure it was in full working order. Regular health and safety checks were in place to monitor that hot water temperatures were within a safe range and that any maintenance issues were promptly reported. Regular checks were made to ensure appropriate fire safety equipment was in situ. Each person had a personal emergency evacuation plan (PEEP) in place to ensure staff knew how to escort people safely from the building in the case of an emergency.

Appropriate steps were in place to guide staff on how to prevent the spread of infection. Staff used personal protective equipment when supporting people with their personal care and told us how they followed good hand washing practice. We observed the premises to be clean and hygienic throughout.

Each person had a multitude of risk assessments in place, that reflected any potential risk factors and how staff should support people to manage these. Where people had specific health conditions risk assessments directed staff as to how to support people to manage their conditions. Suitable risk assessments denoted

for staff the individual support that people required in the community, the potential risk factors to be considered and how to mitigate these.

People's medicines were safely managed to ensure people received them at the time they needed them. Each person's medicines were securely stored in their rooms, with regular temperature checks taken. Individual medication profiles were kept on file to confirm people's medicines and the conditions they were prescribed for. Where people were prescribed 'as required' (PRN) medications, protocols were in place to ensure staff knew when these should be administered. We reviewed three people's medicines administration records (MAR) and saw that these had been accurately completed. Staff were aware of their responsibilities in ensuring that people received their medicines correctly. A staff member told us, "If someone refused [their medicines] I would mark it on the MAR, ask why the person's refusing and if they understood why they were taking it."

Good

Is the service effective?

Our findings

At the time of this inspection the provider had conducted a staff records audit and identified that some staff required updates in their refresher training. Staff received training on topics such as, moving and handling, safeguarding, communication tools, Mental Capacity Act 2005 (MCA) and medicines. Training specific to people living at the home was also attended, such as intense interaction and working with autism, conflict management, working with people with diabetes and epilepsy. We were satisfied that the provider was making progress towards ensuring all staff were up to date, and will review their compliance at our next inspection.

Staff told us they felt supported through regular supervision and appraisal of their working practices. Comments included, "It's monthly, that's good, since the first day I started. We discuss so many things, how we are getting on with the job, any issues with people, any training that needs to be done." We reviewed staff records in relation to supervision and appraisal and found these were up to date, with the registered manager implementing a supervision schedule to ensure these sessions were always on time. Staff were also subject to an induction that ensured they became familiar with peoples needs and shadowed other staff.

Staff spoke positively of the ways they interacted as a team to ensure that people's needs were met. A staff member said, "It's cosy because we know each other. We know weaknesses and strengths"

People's care needs were assessed in line with national guidelines, to ensure care was delivered in line with legislation. This included the recording of people's weight using the Malnutrition Universal Screening Tool (MUST) to ensure people's weights were safely monitored. People's care plans were holistic in covering not only people's physical needs, but also their mental and emotional wellbeing to improve their quality of life. This included personalised communication profiles that detailed the ways in which people expressed themselves, and guided staff in how to respond appropriately.

People's rooms were personalised to reflect their preferences and lifestyles. This included photographs of family and activities, posters of their favourite music artists, and where people wished to have computers these were in their rooms. Each person's rooms was decorated in line with their choices.

Where people needed support to maintain a balanced diet, staff were equipped to help people to do so. One person said, "I do my own cooking, I like to eat healthy food with staff." People's records provided specific guidance on any dietary requirements, for example where one person needed support to manage their diabetes, guidance was in place so that staff were clear on how to monitor the person's food intake. Another person received support through a percutaneous endoscopic gastrostomy (PEG) feed, with full guidance on their care files to allow staff to support them effectively. Staff also received specific training to ensure they were competent. People's meals were planned in line with their choices, and included meals out in the community. Any dietary requirements were accommodated, where one person required halal foods these were stored and prepared separately. We observed that people ate meals at times of their choosing, and all had access to kitchen areas so that they could help themselves to snacks throughout the

day.

Staff at the home were prompt in identifying when people required support from other healthcare professionals. The provider had good working relationships with Speech and Language Therapists (SALT) and we saw one person being supported to meet with SALT, alongside a staff member on the day of inspection. Each person had a health record on file that detailed any external or internal healthcare appointments. Staff supported people to attend their GP, dentists, podiatrists and nutritionists. People had health action plans in place for any specific conditions, so that staff could support people to improve their health. When people displayed any deterioration in their health a health record sheet was completed to detail any symptoms and ensure appropriate medical advice was sought.

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 with appropriate legal authority. In care homes, and some hospitals, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Records showed that where people were subject to DoLS these had been applied for in a timely manner. We saw that where one person had capacity they were able to leave the home when they wished, to visit the town centre. Staff understood the principles of the Act telling us, "It's assuming everyone has capability until proven otherwise through best interests meetings or speaking to assessors. It's not assuming whether someone can make a decision based on their presentation."

Good

Is the service caring?

Our findings

People felt well cared for by staff at the home telling us, "The staff help me out if I get upset. [sic] If I go out shopping on my own I can call staff. [sic] I like [staff member], she's really nice and helpful. Staff are caring." A relative said, "I take my hat off to the permanent staff, they really hang in there. They really do have patience, I trust them to be with [family member]" and "I would say thank you to how wonderfully they manage [family member]."

Staff were knowledgeable about the people living at the home, and demonstrated that they knew their individual needs well. A staff member discussed with us one person's views on their condition, and how they supported them to improve their wellbeing and was able to tell us about their interests and ways they had supported their social needs. This included support with setting up social media, arranging pamper sessions and encouraging them to maintain levels of independence. The person also had keyworkers of a similar age so that they could discuss common interests.

Staff at the home took time to ensure that people were involved in decisions about the support they received, and this was reflected in people's care plans. People were supported to choose a named keyworker they would meet with monthly. Records included 'about me' profiles that reflected people's likes and dislikes in how they liked to be cared for.

People were encouraged to be as independent as they could be with a staff member telling us of one person, "When eating I'll put food on the spoon for her, she can get her arm up to her mouth and feed herself. I put the pen or paintbrush in her hand for arts and crafts. She's very independent mentally, it's about empowering her and helping her make her own choices."

Where people were not always able to express themselves verbally staff told us of the ways in which they responded to each individual in order to communicate with them. A white board was used for one person who was partially sighted, with touch and feel objects to help them understand their day to day activities.

People were treated with privacy and dignity, especially when staff supported them with personal care. Staff told us, "We always have a closed-door policy, we knock on the door and wait for a response. Asking someone if they'd like their personal care now, give them that choice" and "[Person] still wants to do things for themselves, I encourage her to dress and do things for herself."

Where people had any religious or cultural needs staff ensured these were accommodated. One person was supported to practice their faith within the home, and also attend their place of worship along with their family each week. Another person had dietary requirements in relation to their cultural beliefs and staff accommodated this to ensure that alternative food options were made available.

Good

Is the service responsive?

Our findings

At the time of this inspection the provider was yet to discuss people's end of life preferences. An audit had been conducted and the registered manager had identified those individuals that required consideration of these discussions. Plans were in place to ensure people's preferences were sought in February 2019, and we will review these records at our next inspection.

A relative told us they were involved in the planning of their family member's care telling us. "We go to monthly meetings with the social worker, [registered manager] or me put forward a plan." People were supported to maintain relationships with people that mattered to them with one person visiting family regularly, another having their partner visit whilst others often visited family members.

Care plans reflected a range of areas that guided staff on people's preferences and how to meet these. Communication profiles detailed how staff should respond to each individual, the ways in which they could encourage and motivate them, how people displayed different emotions and their preferences in their day to day routines. Each care plan was comprehensive in providing a full overview of each person's needs.

People were supported to undertake a range of activities, that were relevant to their development and in line with their preferences. A relative expressed to us they felt that their family members activity schedule could be improved. We raised this with the registered manager who told of their plans to source specific activities that would improve this person's stimulation. We were satisfied that the provider had taken the relatives feedback on board.

On the day of inspection one person went on a bus ride to a nearby park with staff, and we saw staff gave them a choice of a range of activities on that day. Some people regularly attended a day centre during the week, whilst others undertook activities in the home such as arts and crafts, sensory activities, drama therapy and move nights. A staff member felt that the service had progressed over the last year telling us, "There's a lot more understanding, passion and vibrancy in the house and people now have choice, activity and stimulation."

People were aware of how to raise any concerns with one person telling us, "I'd tell [deputy manager] or [keyworker] if I needed to." We reviewed the provider's complaints records and saw that three complaints had been raised since our last inspection. These had been responded to in a timely manner, in line with the provider's complaints policy. The complaints policy was also available in a easy read format with a pictorial guide to support people to express their concerns.

Good

Is the service well-led?

Our findings

At our last inspection of 6 November and 28 December 2018 we identified concerns in relation to the management of the home. Leadership was inconsistent and oversight of risks and quality was lacking. The registered manager had commenced her role by the second day of inspection.

At this inspection the registered manager was now established in the home. We received positive feedback in relation to the progress made by the manager. A relative said, "She's trying very hard. [sic] She's tried to change their [staff] working practices. She's someone who really believes in good practice, made brilliant changes in fact" and "I would thank [registered manager], if she hadn't have come along I would have moved [family member] out of there."

Staff told us, "[Registered manager] and [deputy manager], they listen to you, they try to manage. There's been a lot of positive changes" and "[Registered manager] is knowledgeable and structured, she's empowered staff to take accountability and responsibility for what they do. We talk more about why we're doing what we're doing."

The quality assurance checks in place were thorough in identifying areas for improvement across the service. These checks were periodic throughout the year with checks for health and safety and maintenance issues. People's rooms and medicines were regularly checked to ensure accuracy and safety, as well as people's care plans and the quality of the information within them reviewed to ensure it was up to date and relevant. There was an organised system in place to ensure that these checks were regularly conducted, and records showed that the registered manager took an orderly approach in ensuring these were met.

The registered manager was clear on their responsibilities to the CQC, ensuring that notifications were submitted in a timely manner. They encouraged positive change across the home telling us, "Staff understanding of people is better, it feels more person centred. It's the common sense of re-humanising people, the home feels calmer." The registered manager had strengthened working relationships with local commissioners to ensure that conversations were transparent in meeting people's needs.

People, relatives and staff were provided with the opportunity to share their experiences. Stakeholder surveys were regularly sent out to seek people's views, although no responses were received from the last survey another was planned for January 2019. Staff attended regular team meetings where they would discuss needs of people at the home, staff training and development needs. Positive feedback was also encouraged alongside staff actively supporting each other in their work. People were able to attend monthly tenants meetings to discuss their feelings about the home, this often included meal preferences, activities and special events.

The home worked with other agencies to ensure peoples needs were met. This included regular liaison with commissioners and people's social workers. Staff often attended the local GP surgery and sought advice from teams such as SALT when required.