

Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 22 Prices Avenue

Inspection report

22 Prices Avenue
Cliftonville
Margate
Kent
CT9 2NT

Tel: 01843293927

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

22 Prices Ave is registered to provide personal care and accommodation for up to 6 people in one adapted building. There were 5 people using the service at the time of our inspection who had a range of health and support needs, these included learning disabilities. Some people had additional conditions such as autism, sensory impairment and medical conditions.

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

Right Support:

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. However, when people needed cream applying to their skin to keep it healthy there was not always guidance in place to inform staff where the cream needed to be applied and staff had not consistently recorded that it had been applied. Action was taken by the registered manager to address this issue.

Risks to people were identified and there was full guidance in place to mitigate the risks. Staff followed the guidance. They recorded and reported to management when incidents occurred.

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.

People could communicate with staff and understand information given to them as staff supported them consistently and understood their individual communication needs.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. We did find a recent entry in one person's daily record which was written in an authoritarian manner. The registered manager addressed this issue after the inspection. During the inspection staff treated people with respect and kindness.

Staff placed people's wishes, needs, and rights at the heart of everything they did. The stable management and core staff team supported people to receive consistent care from staff who knew them well. People received compassionate and empowering care which was tailored to their needs.

Quality assurance systems were in place to monitor the service people received. Staff evaluated the quality of support provided to people, involving the person, their families and other professional. All the relatives we had contact with were complimentary and positive about the service and the care and support their loved ones received.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Staff understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had recently reported an incident to the registered manager and appropriate action had been taken to make sure people were safe.

People's care, treatment and support plans reflected their range of needs and this promoted their individuality, wellbeing and enjoyment of life. People could take part in activities of their choosing at the service or in the wider community and pursue their own interests. Staff received training and support to provide care effectively.

People were provided with meals and drinks to maintain their wellbeing. People were supported by health care professionals who worked in partnership with the service to maintain people's health and wellbeing.

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

Rating at last inspection and update

The last rating for this service was good (published 8 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The inspection was also prompted in part due to concerns received about safeguarding incidents. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern as appropriate action had been taken. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caretech Community Services (No 2) Limited - 22 Prices Avenue on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Caretech Community Services (No 2) Limited - 22 Prices Avenue

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Caretech Community Services (No 2) Limited - 22 Prices Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Caretech Community Services (No 2) Limited - 22 Prices Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated verbally and nonverbally with 4 people. We spoke with 5 members of staff including, the registered manager and 4 care workers. We looked at 3 people's care plans and risk assessments. We looked at a range of other records including accidents and incidents, 3 staff recruitment files, medicines records, surveys and audits. We looked staff rotas, minutes of staff and residents' meetings and quality assurance.

We had recently received feedback from relatives, professionals and staff. We used this feedback in the report.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their routine daily medicines as they were prescribed by their doctor. However, we found one person had recently been prescribed a cream for their skin to keep it healthy. There was no guidelines in place as to where the cream should be applied and medicine record had not been consistently completed to show it had been applied. Staff told us they did apply the cream. Other people had body maps in place and their medicine records had been completed to show it had been applied. The registered manager took action to address the issue.
- The staff ensured people's distress was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). There was clear individual guidance in place for when people needed 'as and when' medicines. People's medicines had been successfully reduced and they were more settled and content.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating. People were given choices about how they took their medicines.
- Staff had undertaken training and competency checks for the administration of medicines. Staff told us, "We've had training and we check the medicines every day for any errors."
- We reviewed medicines audits which showed that the management team checked for any potential errors and lessons that could be learnt in relation to medicines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked well with other agencies to do so. If safeguarding concerns were identified they were reported to the county council safeguarding team. Investigation were completed and appropriate action was taken to prevent them occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered manager and they were confident action would be taken. They also knew who to report concerns to externally.
- People were relaxed and confident in the company of staff and relatives said they felt their loved ones were safe. Relatives described how the service kept people safe without restricting their independence. One relative said, "I have every confidence the staff make sure my relative is safe. I trust the staff."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the staff assessed, monitored and managed safety well. People, including those unable to make decisions for themselves, had as much

freedom, choice and control over their lives as possible.

- The staff helped keep people safe through formal and informal sharing of information about risks. Staff understood the risks to people and knew how to support them safely. For example, there was step by step guidance in place for a person who was at risk of choking and what to do if the person did start to choke.
- Staff recognised when people were becoming upset or distressed. They knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff used a consistent approach with one person when they were upset. They knew what to say and what to do for the person to minimise the impact of their distress. A relative feedback, 'The care and attention that my (relative) received has been consistent and positive. They have put in place a routine that suits my (relatives) needs and it is proving to be successful.'
- Risks within the environment had been assessed and mitigated where possible. Checks were completed at the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition. Water temperatures and infection control checks were done regularly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

Staffing and recruitment

- A professional feedback, 'The support workers are all very compassionate and have good relationships with the people they care for.' A relative stated, 'I have no problem phoning if we need to discuss anything with them. They will always try to assure us if we are worried. The junior staff are helpful and positive.'
- There were enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staffing levels fluctuated day to day to allow for people to take part in the activities they enjoyed or attend health appointments. Staff knew how to take into account people's individual needs, wishes and goals.
- Staff told us the staff levels had recently improved. The numbers and skills of staff matched the needs of people. Staff told us they felt there was enough staff and if there were any shortfalls bank staff were used to make sure everyone received the care and support, they needed. Staff told us the staff levels had improved recently.
- Staff had been recruited safely. Staff recruitment and induction training processes promoted safety. Recruitment checks were carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were welcome and there were no restrictions.

Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again.
- Staff knew how to respond to and report any accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things reoccurring.
- Lessons learned were shared with the staff team.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 registered manager and staff understood the aims and values of the service to provide personalised care and support, this was the culture amongst the staff team. People were priority and at the heart of the service. However, we did find one person's recent daily records were written in a way that indicated the person was being told what to do by staff. We saw no evidence of this during the inspection. The registered manager regularly audited the daily records and took action to address this after the inspection.
- The registered manager spoke about providing care and support to people which promoted people's independence, valued them as individuals and identified positive personalised outcomes which was evidenced in people's care plan.
- People were supported to do things for themselves and live fulfilling and active lives within the service and in their local area. One professional told us, 'Some of the residents attend my workshops. They seem very content. They attend on time and regularly, always well turned out and with everything they need. This gives me a clear indication that they are well looked after and are communicated with very well. They often talk about their home and events that have happened such as parties, or an activity they've enjoyed.'

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager kept families informed of any concerns with their loved one.
- A relative told us, 'The staff keep us fully informed at all times. We can phone whenever we want, and they will always be honest with us.'

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs. They had oversight of all aspects of Caretech Community Services (No 2) Limited - 22 Prices Avenue and the people who lived there.

- Quality assurance checks and audits identified areas that needed improvement. Medicines, fire safety, incidents and accidents and finances were audited regularly, and action taken to address any shortfalls. The service had a continuous environmental improvement plan which identified shortfalls and action to be taken by whom and when. Upgrading and refurbishment of the property had been planned to meet the changing needs of people.
- People said and indicated they were happy and contented with the care and support they received from management and staff. Staff were clear about their role and were positive about the management team. Comments included, 'Our team support residents emotional, physical, mental and spiritual needs to enhance their quality of life and wellbeing. We have good management. They always give support to staff and that helped me gain so much confidence.'
- A professional told us, 'Good management and knowledge of the special needs requirement of the services users including positive behaviour management and Autism.'

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

- The registered manager promoted equality and diversity in all aspects of running the service. People's individual needs were identified and respected. People were communicated with in ways they understood and suited them best. People had a 'voice', and their views were listened to and acted on.
- People, and those important to them, worked with the registered manager and staff to develop and improve the service. The registered manager sought feedback from people and those important to them to help to develop the service. People were supported to take part in regular key worker meetings where they discussed what they would like to do. Relatives were asked for feedback and suggestions.
- Staff told us they had supervisions with the registered manager or senior staff and were supportive with their role. The registered manager also held team meetings where staff could discuss issues and ideas.
- A relative commented, 'The care at 22 Prices Avenue is brilliant in my opinion. The staff are always professional but very warm and friendly. They are all very supportive and kind especially their key worker. Birthdays and events (Halloween & Easter & Christmas) are all celebrated and appreciated we are always included.'
- The registered manager had access to meetings, news and updates through the provider to ensure they were updated in relation to any changes in legislation or good practice guidance.

Working in partnership with others; Continuous learning and improving care

- A professional told us, 'The manager communicates very effectively with us and responds to our emails promptly and 'Management and staff team were engaged well in chest physiotherapy training for a person who required respiratory care. Well organised and attended training session, staff were inquisitive and willing to learn and asked pertinent questions demonstrating their interest and their understanding of the importance of the therapy.'
- The service had good working relationships with other agencies, including local primary care services. People were involved with the Speech and Language Team (SALT), opticians and dentists. People had support and input from a Positive Behaviour Support Therapist employed by the provider.
- When things had gone wrong the registered manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.