

Caretech Community Services (No 2) Limited

Wheatsheaf House

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 

Overall summary

This unannounced inspection was carried out on 09 December 2014. The last inspection took place on 14 October 2013, during which we found the regulations were being met.

Wheatsheaf House is registered to provide accommodation and personal care for up to eight people who have a learning disability. Nursing care is not provided. There were six people living in the home when we visited.

At the time of our inspection a registered manager was in place. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005

Summary of findings

(MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in progress where required and had been submitted to the relevant local authorities.

We saw that people who lived in the home were assisted by staff in a way that supported their safety and that they were treated respectfully. People had health care and support plans in place to ensure that staff were aware of their care needs. These plans recorded for staff people's individual choices, their likes and dislikes and any assistance they required. Risks to people who lived in the home were identified, and plans were put into place by staff to minimise these risks and enable people to live as safely and independently as possible.

Staff cared for people in a warm and sensitive way. Staff were assisting people with personal care, cooking and domestic tasks throughout our visit to the home.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge through regular supervision, appraisals and ongoing training.

People felt able to raise any suggestions or concerns they might have with the registered manager. People felt listened to and reported that communications with the registered manager and members of staff was very good.

Arrangements were in place to ensure that the quality of the service provided for people was regularly monitored. People who lived in the home and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who lived at the service felt safe. Staff were trained and informed about how to recognise any signs of abuse and also how to respond to any concerns correctly.

There were enough staff available to meet people's needs.

A risk assessment process was in place to ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Good



Is the service effective?

The service was effective.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People were supported by staff who had received training to carry out their roles. Staff supported people to live as independently as possible and enabled them to pursue their hobbies and interests.

Arrangements were in place for people to receive appropriate health care whenever they needed it. People had access to a nutritious diet and were able to prepare meals and drinks for themselves, with assistance from staff where required.

Good



Is the service caring?

The service was caring.

Staff were very caring and supported people to be as independent as possible. People received care in a way that respected their right to dignity and privacy.

People were involved in making decisions about their care. There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed to ensure that they were met.

People were encouraged and supported to provide feedback on the service.

A complaints policy and procedure was in place and people, their relatives and representatives told us that they knew how to raise concerns and complaints if they needed to.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager and provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

Members of staff felt well supported and were able to have open discussions with the registered manager. Staff enjoyed working at the home.

Good



Wheatsheaf House

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 unannounced inspection was carried out by one inspector on 09 December 2014.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in

the home that the provider is required to notify us about by law. We also contacted a care manager from the local authority and a community psychiatric nurse who had regular contact with people living in the home.

During the inspection we observed people's care and support to help us understand the experience of people who could not talk with us.

We spoke with five people living in the home, one relative, the registered manager and four members of staff. We looked at two people's care records. We also looked at other documentation including accidents and incidents forms, complaints and compliments received, medication administration records, quality monitoring information and fire and safety records.

Is the service safe?

Our findings

A relative of a person living in the home told us that they had no concerns about the care and support their family member received. They also said, “I am very happy with the care the home provides and I feel that my (family member) is in safe hands.”

Staff we spoke with demonstrated to us their knowledge on how to recognise and report any suspicions of abuse. They were knowledgeable regarding their responsibilities in safeguarding people and had received training regarding protecting people from the risk of harm or abuse. They were aware of the safeguarding reporting procedures to follow and were aware of the whistle blowing policy. One member of staff said, “I receive ongoing safeguarding training and I know where information is kept in the office and would report any incident to my manager.”

We looked at two people’s care records during our inspection. A wide range of information was recorded which reflected people’s physical, social and health care needs. This included how people liked to be supported with their personal care, their preferences and dislikes, personal history, communication needs, eating and drinking and guidelines when managing challenging behaviour. Specific risk assessments around the support people needed with their personal care and accessing the community had been undertaken. This showed us that staff supported people to live as independently as possible and that people had the risk reduced of receiving support that was inappropriate or unsafe.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. We saw that staff who provided care and support during our visit undertook this in a patient, unhurried and safe manner. The registered manager told us that staffing levels were monitored on an ongoing basis and additional members of staff were made available to meet people’s

individual changing needs. We were told by the registered manager that additional staffing had been recently arranged to support a person whilst they were in hospital. One member of staff told us that staffing levels were good and allowed them to have individual time with people living at the home. People told us that staff were attentive and were always available to help them when needed.

Staff only commenced work in the home when all the required recruitment checks had been completed and we saw a sample of two staff records which confirmed this to be the case. All recruitment checks were carried out by the provider’s personnel department and the registered manager was then informed when this had been completed.

Staff told us that they that they had received a thorough induction which covered a variety of topics regarding care and support issues. They also said that they had been assisted by more experienced staff when they first started work in the home to ensure that they understood their role and responsibilities.

We observed staff safely administer people’s medication. We found that staff had been trained so that they could safely administer and manage people’s prescribed medications. Medication was stored safely and at the correct temperature. Medication Administration Records showed that medicines had been administered as prescribed. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

There were fire and emergency evacuation plans in place and personal evacuation plans for each person living in the home. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people’s safety.

Is the service effective?

Our findings

One person we spoke with told us 'I am very happy living here and the staff help me with what I need.' A relative we spoke with told us that they had been involved in the review of their family members care and support. They also told us that communication was very good with the home and they were always kept informed of any changes to their family members care by the registered manager and members of staff.

We were informed that one person living in the home had recently had surgery in hospital and was being given additional support during the day due to changes in their mobility. We observed a member of staff carefully assisting the person to safely navigate their way to the lounge

We saw detailed records were in place regarding people's appointments with health care professionals, which included GPs, dentists and learning disability specialist staff. Each person had a Hospital Passport which was a document that gave essential medical and care information and was sent with the person if they required admission to hospital. This demonstrated to us that people were being effectively supported to access a range of health care professionals which ensured their general wellbeing was maintained.

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. There was a homely and calm atmosphere in the home and people were being assisted by members of staff in a cheerful, attentive and unhurried way. We observed that there was enough staff on duty to be able to provide both support to people in the home and to be able to accompany them to attend appointments and pursue their hobbies and interests.

Staff told us they were supported to gain further qualifications in health and social care to expand on their skills and knowledge of people and provide them with

effective care. Staff told us that they received regular one to one supervision sessions and that there were staff meetings to discuss issues and developments. Staff said that they received ongoing training and gave examples of safeguarding, infection control and medication training sessions.

Staff we spoke with confirmed that they had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, training and this was confirmed by the staff training record we looked at. We were told by the registered manager that two applications had been submitted to the relevant authorising agencies and that they were waiting for these assessments to be completed.

We saw that people were free to use the kitchen when they wished and we saw a person preparing a packed lunch for themselves. People were also able to prepare drinks and snacks with assistance from the staff when required. People told us that meals were good and that there was a lot of choice. People told us that they could have something different if they did not wish to have the planned meal. We saw one person enjoying their lunch and they said, "I have chosen to have a lovely toasty for my lunch." Staff assisted people with cooking meals and people were involved in food shopping trips during the week. We saw one person happily helping to prepare the evening meal with staff. The registered manager told us that people had access to appointments with dieticians if there were any issues or concerns about nutrition or dietary needs.

We saw that people had regular appointments with health care professionals. This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. A relative told us that, "The staff will contact a doctor if my relative is unwell." This showed us that there was an effective system in place to monitor and react to people's changing health care needs.

Is the service caring?

Our findings

A relative told us, “My family member is very happy living at Wheatsheaf House and I have no concerns.” Comments we received from people showed that they were encouraged to be involved in the life of the home and attend events such as summer barbecues and Christmas gatherings. One person told us that, “The staff are lovely and we go on holiday and I have no worries about living here.”

There was a friendly atmosphere created by the staff in the home. People were seen to be comfortable and at ease with the staff who supported them in a cheerful and attentive way. People were assisted by staff with domestic tasks such as putting laundry away and to help lay the table for the evening meal. We saw that assistance was given in a fun, caring and supportive way. A relative told us that, “My family member has lived happily at the home for many years.”

Staff talked with warmth and kindness about the people they were supporting and one staff member told us that, “I love working here and it is like one big family here.” We saw staff speaking with people in a kind and caring manner whilst providing assistance. Staff knocked on people’s bedroom doors and waited for a reply before entering. This demonstrated that staff respected the rights and privacy needs of people.

People told us they could choose where they spent their time and were able to use the communal areas within the home and spend time in their own bedrooms. People told

us that they liked their bedrooms and that they had been encouraged to personalise them with their own furnishings and belongings to meet their preferences and interests. The registered manager told us people had also been asked about the arrangements they wanted to be made for them at the end of their life. These included details about funeral arrangements and the involvement of family members. These measures all contributed to people being able to receive personalised care that reflected their needs and wishes.

Each person had an assigned key worker whose role was to evaluate and monitor a person’s care needs on a regular basis. Daily record showed that people’s daily needs were checked and records made to show any significant events that had occurred during the person’s day. We saw that other documents such as, support plans and aims and goals were written in a pictorial/easy read format where required. This showed us that the provider gave people information about the service in appropriate formats to aid people’s understanding.

A relative and people we spoke with told us that the staff were kind, caring and compassionate. One relative told us, “The staff know my (family member) really well and understand how to care and support them.” The registered manager told us that no one living at the home currently had a formal advocate in place but that local services were available when required. A relative that we spoke with said that they had regular contact with the home and felt involved in the planning and reviewing of their family members care and support.

Is the service responsive?

Our findings

People told us that they had the opportunity to be involved in hobbies and interests. One person told us that, “I go out during the week and enjoy visiting the local pub.” We saw that two people had been involved in Christmas shopping and that two other people had been attending an arts centre during the day. One person showed us a number of art works which they had produced at an arts centre. Another person told us that they enjoyed working in a local coffee shop and also volunteered at the local hospital. This showed us that people had opportunities to go out in the community and take part in their social interests.

Care records showed that people’s general health care needs were documented and monitored. We saw that where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Appointments with health care professionals had been recorded in the people’s daily notes. A relative told us that they were always made aware by staff of any health care concerns regarding their family member.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person’s answer, and understanding what a person’s body language and facial expressions were telling them. Staff we met were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing personal care.

One person told us that “I can always talk to the staff if I ever have any concerns.” We saw there was a complaints policy and procedure displayed in the home which was also available in easy read format so people could access it and use it themselves if they wanted to. A relative told us that that they knew how to raise concerns and said, “I can always visit and raise any issues and make suggestions and I feel listened to.”

People’s care and support plans were regularly reviewed on a monthly and six monthly basis to ensure that care needs remained up to date and staff were responsive to any changes to people’s care and support requirements. A relative told us that they were regularly contacted where there had been any changes to their family members care and support needs. We saw a section in care records entitled ‘Time to Talk’ where key workers documented people’s ongoing aspirations and day-to-day issues. Examples included organising holidays and social activities.

We spoke with a care manager from the local authority that was in regular contact with the home and they were positive about the care and support being provided. They also told us that communication was good and information provided by the registered manager and staff was professional and detailed. We spoke with a community psychiatric nurse who had regular contact with the home and they were positive about the care and support provided and did not raise any concerns about the home.

Is the service well-led?

Our findings

The home had a registered manager in post who was supported by staff. People told us they got on well with the registered manager and throughout our inspection we observed the registered manager interacted well. One person told us, "I can talk to the staff any time and they are really helpful." Observations made during this inspection showed that staff made themselves available to people who lived in the home and assisted them when needed. On speaking with the registered manager and staff, we found them to have a good knowledge of people and their care and support needs.

A relative we spoke with during our visit had positive comments about the home and they were happy with the service provided to their family member. We saw evidence that people's relatives had completed a satisfaction survey and we saw positive feedback regarding the care and support being provided. One relative told us that, "Staff are very helpful and keep me in touch with any events regarding my family member."

Staff told us that they could make any suggestions or raise concerns that they might have. One member of staff told us that "It's a very close knit team, and I feel very supported." Another staff member told us that, "The manager is hands on and very supportive and helpful." We saw minutes of regular staff meetings where a range of care and development issues had been discussed.

The registered manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived in the home. Staff told us that they felt well supported by the manager and provider to carry out their roles and were confident in raising any issues.

There were arrangements in place to regularly assess and monitor the quality and safety of the service provided to people living in the home. The provider had effective systems in place to assess and monitor the quality of service people received. The registered manager showed us reports that they submitted to their manager which monitored the home's performance and highlighted any identified risks. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the home had a positive approach towards a culture of continuous improvement in the quality of care provided.

The registered manager and members of staff completed regular audits to monitor a number of key areas including; care issues, staffing, health & safety and any concerns or complaints. We saw up-to-date fridge/freezer temperature records, fire records and water testing and temperature records were held within the home. Any repairs and maintenance issues were reported to the organisation's maintenance team for further action and were dealt with swiftly.

Incident forms were looked at by the registered manager. Any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.