

## Caretech Community Services (No.2) Limited







# La Marsh

### Inspection report

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Date of inspection visit: 06 January 2015  
Date of publication: 23/03/2015

#### 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

his unannounced inspection was carried out on 06 January 2015. The last inspection took place on 19 December 2013, during which we found the regulations were being met.

La Marsh is registered to provide accommodation for persons who require nursing or personal care for up to six people who have physical and learning disabilities. Nursing care is not provided. There were five 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 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 their needs were being met. Risks to people who lived in the home were identified and plans were put into place to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. Medication was safely audited, stored and administered to people.

We saw that staff cared for people in a warm and sensitive way. We saw that staff were assisting people with personal care, eating and drinking and going on trips out in the local community 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 we met understood their roles and responsibilities and they were supported by the registered manager to maintain and develop their skills and knowledge through ongoing support and regular training.

Arrangements were in place to regularly monitor health and safety and the quality of the care and support provided for people living at the home.

# 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.

Staff were trained and informed about how to recognise any abuse and also how to respond and report any concerns correctly.

There were sufficient numbers of staff available to meet people's care and support needs.

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

Medicines were stored securely and safely administered.

Good



### Is the service effective?

The service was effective.

The 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 pursue hobbies and interests that were meaningful to them.

Arrangements were in place for people to receive appropriate health care whenever they needed it. People had access to a varied and nutritious diet and were able to have drinks and snacks when they wanted them.

Good



### Is the service caring?

The service was caring.

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

People and their relatives/representatives were involved in making decisions about their care as much as possible. There was contact with health care professionals to monitor and respond to people's care and support needs.

Good



### Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed so that their needs could be met consistently.

People and their relatives/representatives were encouraged and supported to provide feedback on the service. People's relatives and representatives were aware of how to make a complaint.

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 supported and were able to have open discussions with the registered manager. Staff told us that they enjoyed working at the home.

Good



# La Marsh

## 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 took place on 06 January 2015 and was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed the provider information return (PIR) This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We made contact with health care professionals who were in regular contact with the home. This included; two care managers from local authorities, an occupational therapist, a speech and language therapist and a local authority contracts officer

We spoke with two people living in the home, the registered manager, four members of staff and two relatives of people living at the home. We looked at two people's care and support plans and records in relation to the management of the home including audits and policies and staff records.

During our inspection we observed people's care and support to help us understand the experience of people who could not talk with us. We observed people taking part in their individual hobbies and interests and also saw how they were supported by staff.

# 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 said, "I am very happy with the care the home provides and I feel that my [family member] is very happy living there".

Staff demonstrated that they had an understanding of how to recognise different types of abuse and how to report concerns. They told us that they received annual training and felt confident dealing with safeguarding issues. They were aware of the safeguarding reporting procedures to follow and were aware of the whistle blowing policy. One member of staff said, "I have received training and I know where safeguarding information is kept in the office and would not hesitate in reporting any incidents of abuse to my manager."

Risks to people had been identified so that staff were aware of any associated risks when providing support to each person. Examples included assessed risks regarding eating and drinking and assisting people when accessing the community.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff so that they had the opportunity to be supported at home and whilst out in the community. We saw that staff provided care and support in a patient, unhurried and safe manner. The registered manager told us that staffing levels were monitored on an ongoing basis to meet people's individual changing needs, and that bank and agency staff were made available to meet those needs. One member of staff told us that staffing levels were good and allowed them to have enough quality time when supporting people. Staff told us that one person had recently been admitted to hospital and one staff member told us, "I stayed with them until they went to the ward where I knew they would be safe and cared for".

Staff only commenced work in the home when all the required recruitment safety checks had been satisfactorily completed by the provider's personnel department. Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at a sample of two recruitment records and we saw that appropriate checks had been carried out.

Staff confirmed that they that they had received a thorough induction which covered a variety of topics regarding care and support issues. Staff told us 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. This showed that the provider only employed staff who were suitable to work with people living in the home.

Staff told us that they had received training so that they could administer and manage people's prescribed medications safely. Following their training staff's competence to administer medicines had been assessed. Medication Administration Records showed that medicines had been administered as prescribed. We observed an audit of medication being undertaken by two staff during the handover of each shift to ensure that stock levels were correct and that all medication had been administered. We saw that medication was stored safely and at the correct temperature. This showed that arrangements were in place to manage people's medication in a safe way.

We found that there were fire and emergency evacuation plans in place for each person living in the home to make sure they were assisted safely. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety in the home.

# Is the service effective?

## Our findings

One person told us, “I am happy living here and the staff help me with what I need.” A relative told us that, “I am always invited to reviews and able to have a say in my (family members) care, everyone is very helpful the staff are all good people” Another relative told us that communication was very good with the staff and they were always kept informed of any changes to their family members care by the registered manager and members of staff.

We observed a member of staff assisting a person who lived in the home and it was evident that they understood and responded to changes in the person’s physical care needs. We saw one person living in the home who had recently had surgery in hospital and was being given additional support during the day.

We looked at care records and saw they contained detailed guidance for staff about how to meet the person's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including; their likes and dislikes, communication needs, activities, personal care and daily routines. The care plans were written in a person centred way to meet people’s individual preferences.

There were separate health care records in place including visits from or to health care professionals 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. This demonstrated that people were being supported to access a range of health care professionals ensure that their general health was being maintained.

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/treatment in hospital.

Our observations and discussions with staff showed that they were knowledgeable about people’s individual support and care needs. One member of staff told us how they needed to carefully prepare food for a person to minimise the possibility of them choking

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. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be rostered where a particular care and support need was identified. The home had access to a number of bank staff so that additional staff could be made available to cover sickness and annual leave. 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

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 said that they enjoyed and benefited from their variety of training sessions and that they were supported to gain further qualifications. The registered manager told us that five members of staff were also commencing diplomas in health and social care to expand on their skills and knowledge of people and their care needs. This was confirmed by one member of staff we spoke with.

Staff confirmed that they had undertaken training and had an understanding 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. The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards which applies to care services. The registered manager said that applications for all five people living in the home had been submitted to the relevant local authorities and that they were waiting for these assessments to be carried out and completed.

Lunch time was a sociable occasion, with lots of interaction between the staff on duty and the two people having lunch at home. Each person was eating at a table in the kitchen and they were encouraged to eat by themselves as much as possible. People were having sandwiches and each person had been able to choose different fillings. Staff told us, “[The person] has a sweet tooth so we make him things that he likes”. Drinks were readily available, both with meals

## Is the service effective?

and at other times during the day. A seven day meal plan was displayed in the kitchen, it was very varied, included healthy options such as vegetables and fruit and a choice of main course. Staff told us, "We have a meeting with people on Sunday to decide on meals for the following week, we have lots of pictures and photographs of food and meals so that people have a chance to choose". A relative told us, "If I visit at meal times food is always nicely

presented" Two people had foods finely chopped to reduce the risk of choking. The registered manager told us that they had access to dieticians and speech therapists to discuss any issues regarding nutrition and any concerns regarding eating and drinking. A speech therapist we spoke with confirmed that the staff had followed guidance they had provided regarding a person's eating and drinking needs.



# Is the service caring?

## Our findings

Not all of the people we met during our inspection were able to tell us about the care and support they received due to their complex needs. A relative told us, “My family member is very happy living at La Marsh and I have no concerns.”

We saw that staff were aware of individual people’s body language and any sounds that they made which showed the person was not happy or was upset. Staff spoke with people in a kind and attentive way to respectfully preserve the person’s dignity when providing care and personal assistance. Observations showed that people were encouraged to be involved in making decisions and staff used visual prompts to encourage participation including pictures of meal choices.

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 going out for a variety of trips in the local community including shopping for personal items. We saw that assistance was given in a caring and supportive way. A relative told us, “My family member has lived happily at the home for many years.”

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people living in the home. One staff member told us, “I really enjoy working here and it is a supportive team.” We saw staff speaking with people in a kind and caring manner and explaining what they were

doing whilst providing assistance. Staff knocked on people’s bedroom doors before entering. This demonstrated that staff respected the rights and privacy needs of people.

We saw that people were able to choose where they spent their time and could use the communal areas within the home and in their own bedrooms. People’s bedrooms had been personalised with their own furnishings and belongings to meet their preferences and interests.

We saw that people’s end of life arrangements had been recorded and 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. We saw that staff had recorded that people’s needs were checked including 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 information was available in appropriate formats to aid people’s understanding.

A relative we spoke with told us that the staff were kind, caring and compassionate. Another 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.

# Is the service responsive?

## Our findings

We saw that people had opportunities to be involved in hobbies and interests. One person told us that they enjoyed listening to music and going shopping. We saw that two people had been involved in shopping and that another person had attended a local day service during the day. This demonstrated to us that people had opportunities to go out into the community and take part in their individual social interests.

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. We saw that staff supported people with their social activities and when eating and drinking. We also noted that members of staff included people in conversations, such as talking about the weather and going on a shopping trip. From our observations we saw that people responded positively to this and responded by smiling, laughing and being, or becoming, calmer.

The registered manager and staff told us that they regularly sought the guidance of health care professionals where any changes to people's support were needed. One member of staff told us, "When a new person came to live in the home we had an occupational therapist here immediately so that the proper equipment was ordered and in place very quickly." This demonstrated that people's care needs were effectively responded to.

The majority of people were unable to verbally communicate. Staff regularly met with people individually and recorded their observations in a document entitled 'Time to talk' and recorded people's day-to-day issues and events. Examples included organising holidays and social activities that people were planning.

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." Another relative told us, "We have the number for Head Office, but we have never had need to complain about anything". A complaint recording log was in place but there were no complaints recorded in the last twelve months.

We saw that people's care and support plans were reviewed on a monthly and six monthly basis. This was to ensure that information about people's care needs was up to date and any changes were responded to and documented and we saw an example of this in one care plan regarding changes to the person's eating and drinking guidelines in conjunction with a speech and language therapist. A relative told us that they were regularly contacted where there had been any changes to their family member's care and support needs.

We spoke with care managers in two local authorities who were in regular contact with the home and they were positive about the care and support being provided. A care manager from a local authority told us that communication was good and the information provided by the registered manager and staff was of good quality and that they were knowledgeable about the people living in the home. We spoke with an occupational therapist who had regular contact with the home and they told us that the staff followed advice and guidance offered to them and that they had no concerns. We also received positive comments from a speech and language therapist and a local authority commissioner.

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in post. Observations showed that people living in the home interacted well with the registered manager in a cheerful and comfortable way. Observations made during this inspection showed that staff made themselves readily available to people living at 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, "Staff are very helpful and keep in touch with me about any events regarding my family member."

Staff told us that they felt well supported by the registered manager and senior staff. They said they were confident in being able to raise any issues or concerns with the registered manager. A member of staff told us, "It's a very good team here, and I feel well supported." Another staff member told us, "Our manager is very supportive and helpful and I can speak with them any time I need to." Staff told us that there was a communication book in place where they were made aware of any updates and events in the home.

The manager and staff monitored a number of key areas including; care issues, staffing, training, health & safety and any concerns or complaints. We saw up to date fridge temperature records, fire records and water testing and temperature records. This meant that the quality of people's care was consistently monitored. The home also had monthly visits from one of the organisation's locality managers who carried out audits to ensure the home remained safe and delivered effective care. We saw copies of recent audits which had been carried out. We saw that there were effective arrangements in place for the servicing and checking of fire safety appliances and alarm system. Repairs and maintenance issues were reported to the organisation's maintenance team for further action.

One of the provider's operational managers regularly visited the home to assess and monitor the quality of service people received. The registered manager showed us reports that they had submitted to their manager which monitored the home's services and highlighted any identified risk. 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. 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.