CareTech Community Services Limited

CareTech Community Services Limited - 79 Slade Road

Inspection report

79 Slade Road
Erdington
Birmingham
West Midlands
B23 7PN

Date of inspection visit:
31 August 2016

Date of publication:
05 October 2016

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 31 August 2016. This was an unannounced inspection. The service was last inspected on 14 April 2014 and all the assessed regulations were met.

79 Slade Road is registered to provide accommodation and support for up to four people who have a learning disability. There were three people leaving there when we inspected the service.

There was a registered manager in post. 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.'

People were protected from the risk of abuse because the provider ensured that staff had received the training they needed so that they could recognise and respond to the risk of abuse.

People were supported by staff that were kind and caring and who took the time to get to know people. People were cared for by staff that protected their privacy and dignity and respected them as individuals.

People received care and support with their consent where possible, and the staff ensured that people were supported in the least restrictive ways in order to keep them safe.

People were supported by enough staff. Staff had been safely recruited and had received adequate training so that they had the skills and knowledge to support people effectively.

People were supported to receive their medication as prescribed because the provider had systems in place.

People were supported to stay healthy and had access to health care professionals as required.

People could choose how to spend their day and they took part in activities in the home and the community. People were supported to maintain positive relationships with their relatives.

There were processes in place for responding to complaints.

The provider had systems in place to audit, assess and monitor the quality of the service provided, to ensure that people were benefitting from a service that was continually developing.

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 were protected from abuse and harm because staff understood how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

People received their medication as prescribed because the provider had safe systems in place.

Is the service effective?

Good

The service was effective.

People received care and support that met their individual needs because staff had the skills and knowledge they needed.

People's human rights were maintained.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People's independence was maintained.

People were supported to make choices and decisions about their day to day lives.

Is the service responsive?

Good

The service was responsive.

Care was delivered in a way that met people's individual needs.

People were supported to maintain links with the local community and people important to them.

Arrangements were in place to ensure that concerns and complaints would be listened to and dealt with.

Is the service well-led?

Good

The service was well led.

There was an open and inclusive atmosphere in the home.

The registered manager provided leadership and ensured that the quality of the service was maintained.

CareTech Community Services Limited - 79 Slade Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 31 August 2016 and was unannounced. The inspection was carried out by one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection; we also looked at the Health Watch website, which also provides information on care homes.

We spoke or spent time with all three people who lived at the home, spoke with two relatives, three staff members and the registered manager. We looked at the care records of two people, looked at the medicine administration records. We looked at two staff files and records that were maintained by the home about recruitment and staff training. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication audits, accident and incident records.

Good

Is the service safe?

Our findings

Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. One person told us that they were happy living at the home. Relatives that we spoke with told us that their family members was happy and settled at the home and they had no concerns about the service.

Staff had received training in protecting people from abuse and had an understanding about the types of potential abuse. Staff recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. A staff member told us, "I have done safeguarding training. If I had any concerns I would go straight to the manager and they would deal with it". The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The information we hold showed that the provider had reported incidents of concern appropriately.

Risks to people were minimised because risks had been identified, assessed and management plans put in place. Staff spoken with was knowledgeable about the risk to people from activities of daily living. We saw that people were supported in accordance with their risk management plans. For example, we saw that staff supported people to eat safely, access the garden and take part in community activities. Staff told us that they were aware of the risks and how to support people safely. Care records showed that risk assessments had been carried out and management plans were in place so that staff were aware of how to provide the consistent support needed to keep people safe.

During our inspection we saw that there were enough staff to meet people's needs and ensure their safety. We saw that staff were available to respond to people's request for care and support. Staff spent time talking with people and engaged in activities with people. Relatives that we spoke with told us that there were sufficient staff to support people when they visited the home.

Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us that there was always a senior staff member on duty who was available to support and give advice in the event of an emergency. A staff member told us, "I know what to do if there was an emergency or if a person was unwell". We saw records showing that regular checks of the fire detection equipment and the emergency lighting were completed to ensure that it was fully working in the event of an emergency. The PIR told us that arrangements were in place to ensure that safety checks on all equipment took place and that this included planned maintenance of equipment.

Staff told us that recruitment checks were carried out before they started work. The registered manager told us that recruitment checks were carried out by the provider's central recruitment department. These checks included identity, previous work practices and the disclosure and barring service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

We looked at the systems in place for the safe handling of medicines. We saw that people received their medicines as prescribed. When staff gave people their medicines they explained to people what they were doing. Records showed that medicines were reviewed regularly by healthcare professionals so that people were not on unnecessary medicines. Staff told us that they received training in the safe handling of medicines. The registered manager told us that staff competencies were checked regularly to ensure that training was put into practice. Medicine administration records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. Staff knew when people would need their 'when required' medication and guidance on when to give this medication was available for staff to refer to.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they were very happy with the staff that worked with their family member. A relative told us, "The staff know their need well. Especially the key worker they really know [person's name] very well. They understand [person's name] and know exactly what to do if they are a little unsettled". Staff told us and the registered manager confirmed that there was an on going training programme for staff. Records we looked at confirmed that there was a planned approach to training.

Staff told us that they had received an induction when they were first employed. They told us that this included working alongside more experienced member of staff. A staff member told us, "I did two weeks training and I shadowed staff. I felt fully prepared and I am doing the care certificate". The Care Certificate sets fundamental standards for the induction of adult social care workers. All staff told us that they had regular supervision to discuss their performance and development. The registered manager and other managers of the provider's services in the locality operated an on call system so that staff had 24 hour access to support and advice if they need it.

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. We saw that the service was working in line with the requirements of the MCA. We saw that people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection we saw staff cared for people in a way that involved them in making some choices and decisions about their care. For example, what they wanted to do and where they wanted to go. Where people lacked the mental capacity to consent to bigger decisions about their care or treatment the provider had arrangements in place to ensure that decisions were made in the person's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager had a system in place for monitoring progress on applications and was aware of the need to notify us when applications had been approved. The registered manager told us that she had just received the paper work from the local authority for the applications and that they had been approved. Staff we spoke with told us that they had received training on the Mental Capacity Act (2005) and DoLS. However, not all staff were sure about which people DoLs applications had been made for. The registered manager told us that some further staff support and development was planned to ensure that the training staff had received was embedded into their day to day practice.

We saw that people were free to move around the home as they wanted and do the things that they liked doing, for example, one person liked to do craft work and staff supported them to do this. We saw that care

plans were based on people's needs and focussed on their likes and dislikes. Staff spoken with showed that they knew people well and they had the information they needed to meet people's needs. Staff told us that they knew what to do when a person became agitated and also how to prevent this occurring in the first place. We saw that staff supported people in a way that reduced the potential for conflict situations and supported people to do things they liked doing. We saw that care records had behaviour management plans in place. These had information about how to recognise and prevent people becoming agitated and upset and also how to redirect people into doing something they liked doing.

Staff told us they tried to cook food that was nutritious and health. People indicated that they enjoyed their food. One person smiled when we asked if they had enjoyed the meal and another person told us that the food was "nice". Staff told us and records confirmed that a weekly discussion took place with people to determine what meals were to be cooked during the week. We saw that one person who could make their own hot drinks was supported to do so. People's weight was monitored to ensure that they remained healthy. We saw that there were weekly picture menus on display so that people could be reminded about the choices they had made.

We saw that people looked well cared for. Relatives that we spoke with told us that they felt their family members were well cared for and that they were kept informed about the things they needed to know about. A relative told us, "If [person's name] is not well they always let me know. I am very happy with their care". Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health and also how they supported people with their changing healthcare needs. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get.

Records looked at showed that people were supported to access a range of medical and social care professionals and that any health care concerns were followed up in a timely manner with referrals to the relevant services. We saw that there was information about how to support people with specific health issues for example, diabetes care and the records detailed what staff must do to ensure this health need was met.

Good

Is the service caring?

Our findings

We observed that the interaction between people using the service and staff showed that they had a good relationship. Conversations were caring, respectful and inclusive. We saw that staff frequently engaged with people and included people in their conversations.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. We saw that staff engaged with people and offered in a way that demonstrated that they knew people's preferred method of communication and that they were listening to people.

We saw that staff were attentive to people and showed they could interpret people's gestures and facial expressions. For example, We also saw staff involve people with day- to- day decisions about involvement in activities, food choices and about how people spend their time. One person used different signs and gestures to communicate and we saw that staff engaged with the person and communicated effectively. Records we looked at showed that people had care plans in place that included information about their communication needs and likes and dislikes.

We saw that staff knew people well and knew when people were happy or becoming anxious and what to do to reduce people's anxiety. We saw that staff were quick to respond to people's requests for care and support and this reduced people's anxiety. For example, one person wanted to go out into the garden and staff quickly respond to this and also supported the person to do activities in the garden that they liked doing.

People's privacy and dignity was promoted. People had their own bedroom so that they could spend time in private if they chose. We saw that most staff spoke with people respectfully and personal care was delivered in private. However, we did see one incident when a staff member was not discreet when discussing personal care with a person. The registered manager also witnessed this and told us that this would be followed up on with the staff member concerned.

All three people showed us their bedrooms and they were proud of their personal space. We saw that people's bedrooms were comfortable and a welcoming personal space that reflected the character and likes of the individual. For example, one person had pictures and photographs displayed and they chatted to us about the photographs that meant a lot to them. They also had a book shelf and showed us the books that they enjoyed reading.

People were supported to be as independent as possible and develop their self-help skills. For example, people were supported to return cups and plates to the kitchen after meal times, and go shopping for food and personal toiletries. Staff told us that they recognised the importance of encouraging people to do things for themselves and that this was promoted when possible.

People were dressed in individual styles that reflected their age, gender and personality. This showed that

staff recognised the importance of how people looked to people's wellbeing and self-esteem. Relatives that we spoke with told us that their family member were well supported by staff with their personal appearance. A relative told us, "They always look well cared for and wear nice clothes that they like".

Good

Is the service responsive?

Our findings

People used a range of different methods to communicate. Staff understood that each person had a unique way of communicating and understood that behaviour was a way of communicating. Staff were able to tell us how they would know if a person was happy, the things that people enjoyed doing and if the person was unwell. We saw that information about people's communication needs had been recorded in their care records and communication passports were in place. This ensured all staff had access to the information they needed to support and promote people's communication skills.

People had lived in the home for many years and the staff knew people very well and were able to tell us people's likes and preferences. Throughout the inspection we saw that staff involved the person in conversations and decisions about their care and how they spent their time. Staff told us there were meetings between people and the staff team to determine what plans they wanted to make for the following week. Weekly activity plans were developed from these meetings. We saw that people were able to use these plans because they used pictures and to show the decisions made. Activity plans we saw were all reflected each person's interest and hobbies.

Relatives told us that they were consulted about people's care needs to ensure that family member's needs and preferences were met. A relative told us, "We attended a review recently to discuss [person's name] care and to make sure everything was okay. We get minutes of the meeting and can discuss any queries we have with the manager".

People told us that they were supported to do things that they enjoyed doing. During our visit a person told us that they enjoyed craft work and singing on their karaoke machine another person told us that they liked to spend some time sitting quietly and also watching television programmes and we saw people were supported to do these activities. Two people went to the local shops and for a walk and we saw in their records and on their activity planner that this is what they liked to do. Staff told us and records showed that people were supported to access local shops, parks meals out and day trips. Staff were able to tell us about people's individual needs, interests and how they supported people. Staff were aware of people's preferences and knew how to respond to their needs. The service had its own vehicle staff told us that it was used on a regular basis so that people could go out and do things that they enjoyed doing.

People were supported to stay in touch with their family and people important to them. Relatives that we spoke with told us that they were made to feel welcome when they visited. We spoke with two relatives who told us that communication from the registered manager was good. They told us they were kept informed about their family member and any changes in the person's well- being. This ensured that people were supported to maintain relationships with people that were important to them.

Staff told us that they were confident that if there were any complaints, the manager would respond to them appropriately. Relatives told us that they knew how to raise concerns if they needed to. A relative told us, "If there was something I was not happy about I would contact the manager straight away. I know that [person's name] is fine and I have no concerns about their care". We saw that the complaints procedure was

visible in the home so visitors would know how to raise their concerns. In the event of any complaints being raised, there was a system in place to identify, capture and investigate complaints.

Good

Is the service well-led?

Our findings

There had been a registered manager in post for many years and there was a history of the service meeting the regulations. The registered manager was also responsible for the management of another service owned by the provider and was located nearby. Staff told us that they liked working at the home and that the registered manager was very supportive and was always contactable. A staff member told us, "It is well organised here. I think things are up to standard and well organised. We all know what we need to do each day". We saw during our visit that staff and people were able to speak with the registered manager when they needed. Staff told us they were supported to develop their skills through ongoing training and development and felt that the people that lived there received a good service. Staff told us they worked well as a team and interactions seen during the day supported this. Staff told us and records confirmed that staff meetings were taking place. A staff member told us, "I do feel we can speak freely in the staff meetings. We work well as a team. We all have different talents."

The provider had a condition on their registration with CQC that they have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager in post. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management. Accidents and incidents were recorded electronically so that they were monitored by the provider. Other audits carried out by the registered manager included food safety, training, and health and safety. The provider also carried out an overall audit of the service. Following this a service improvement plan had been developed. We had identified during our inspection that staff needed some further training and support in relation to their understanding of DoLs and we saw that improvement plan had also identified this as a staff learning need. We observed the lunch time meal and we saw that people's meals were pre platted and people were not offered a choice of drinks. Staff told us that they knew what people's choice would be. We discussed with the registered manager that this might not be the right approach as people may like a change and may make a different choice if they were offered it. The registered manager told us that she would follow up on this with the staff team and would also ensure that the dignity issue we observed was followed up on. We were assured that the registered manager would address these issues appropriately.

The PIR told us that the provider has a compliance team who cascade good practice and updated policies and procedures as needed so they reflected any changes in the law.

The duty of candour requires all health and adult social care providers to be open with people when things go wrong, offer an apology and to state what further action the providers intends to take. The registered manager told us that she understood her responsibility to ensure that this regulation was met and how they reflected this within their practice.