

CareTech Community Services Limited

CareTech Community Services Limited - 87 Bouncers Lane

Inspection report

87 Bouncers Lane
Prestbury
Cheltenham
Gloucestershire
GL52 5JB

Tel: 01242572446

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

87 Bouncers Lane is a care home providing accommodation and personal care for up to three people with learning disabilities and autism. At the time of the inspection three people were living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. However, people using the service did not always consistently receive planned and coordinated person-centred support that was appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were not always safe and were at risk of avoidable harm. Risks to people's safety had not been regularly reviewed. Behaviours that challenged were not always managed well and the systems in place were not effective enough to mitigate these known risks. Medicines were not always managed safely.

There had been a significant turnover of support staff, managers and senior management. Relatives expressed great concern over this and told us people's needs may not have been met. Professionals were concerned over the impact of many staff changes. People's anxiety resulting in challenging behaviours may have increased due to a disruptive staff team. Some staff were not trained in specialist behavioural management techniques.

The kitchen, shower room and some communal areas were not clean, outside the house appeared to be shabby. Inside, the house was bland and lacked homely comforts.

Although care plans were person-centred they had not been regularly reviewed. This meant that information on how to support the person was out of date and staff may not have followed appropriate guidance or practice.

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. However, people's support did not

always focus on them having as many opportunities as possible for them to gain new skills and become more independent.

The staff were caring and had positive relationships with the people they supported. People had their own private space and access to the communal areas and garden.

The provider had recruited a new home manager. There was confidence from the locality manager and support staff that this would mean improvements within the service.

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.

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

Rating at last inspection

The last rating for this service was good (published 07 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

CareTech Community Services Limited - 87 Bouncers Lane

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

87 Bouncers Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We reviewed information received from local authority commissioners and other professionals who visited the service. We used all of this information to plan our inspection.

During the inspection

We were not able to speak with people living in the service as they did not verbalise, but we observed interactions. We spoke with two family members and representatives to gather their views about the care their relative received. We spoke with six members of staff including the locality manager, the team leader and support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested and received feedback from four health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems in place where not effective enough to reduce known risks. Actions to manage them were not consistently used.
- Risk assessments had not been reviewed within the providers policy timescale of six months. This meant, the information may not have been the most relevant and accurate to guide staff on how best to support people. This was particularly relevant if people's needs had changed.
- Behaviours which may challenge in relation to visitors had been identified, however, there were no specific risk assessments or protocols in place, which would give staff guidance on how to safely support people.
- Although staff knew how to support people, on arrival to the home, one person was able to quickly put their arm into inspectors open bags to feel inside. We were told, whilst it was happening, the person liked to look for sweets and wrappers. In the person's behaviour support plan it stated, 'visitors would be asked for their permission to allow the person to look in their bag'. However, this behaviour happened quickly before the staff member was able to explain what would happen or support the person to ask permission.
- Again, on arrival, the inspectors were left alone temporarily in the hallway while the staff member answered the telephone. Our presence upset another person who struck out and hit one inspector across the chest. We were not told our presence may cause this person anxiety. The staff member was able to prevent this happening again when they came back by gently placing their arm in front of the person when the inspectors passed. The providers security and visitors policy dated December 2017, stated 'staff must not leave visitors unattended'.
- Although people were mobile and could exit the building in the event of a fire, personal emergency evacuation procedures (PEEP's) were out of date. The grab file for evacuations was not at the specified location. This meant that important information on how to support people was not immediately available to the emergency services.
- We were not asked to sign in. We were told by staff, the signing in register had been misplaced by a person whose behaviour frequently meant they removed things to other places. This meant there was no accurate record of visitors for fire safety and other monitoring purposes.

Systems and processes to safeguard people from the risk of abuse

- CQC had not received any notifications since October 2018. We had not received a notification for an incident which occurred in July 2018. This involved an injury to a visitor which was investigated by the service, but should also have been sent to the CQC as a notification.
- Due to the high turnover of home and locality managers during the past 18 months, who were responsible for sending notifications and safeguarding referrals; we could not be sure if all appropriate notifications and

referrals had been made to the relevant authorities.

- Staff had received training in safeguarding practices. Those we spoke with told us they would inform their senior or the manager, if they observed or suspected people were at risk from harm. The local safeguarding authority contact details were on display in the staff office.

Using medicines safely

- Medicines were not always managed or administered safely.
- One person required a prescribed toothpaste. We checked the medicine administration record and this had not been administered for over one week. Staff told us its delivery needed to be 'chased up'. This meant the person's oral health needs were not being met according to dentist guidelines.
- Prescribed creams did not have a corresponding body map to clearly show where the cream should be applied.
- Medicines Administration Records (MARs) were untidy and unorganised with some loose MAR sheets in folders. One MAR had been misplaced within the folder, which meant the person's prescribed medicines could have been missed.
- Medicines were stored safely. The team leader had developed an on-going tally of each medicine daily to assist with accurate stock checks, there were no errors.
- Creams and bottles had opened dates written on them and there were protocols in place to administer 'as required' medicines.

Learning lessons when things go wrong

- We were told by the team leader, the electronic monitoring system to record incidents and accidents had not been accessed by the previous manager. We could not be sure senior managers had oversight or accurate information to analyse occurrences of accidents and incidents to develop action plans for change.
- One incident investigated by the service in July 2018 concluded that 'the risk assessment devised following the incident is inadequate and does not safely protect individuals from harm. This has since been revised'. However, a similar incident re-occurred during the inspection. This may suggest lessons were not being learned.

Preventing and controlling infection

- The kitchen was not clean. The oven required a deep clean, the edges and corners of surfaces both on worktops and the floor were dirty. The edges of cupboards and around handles were dirty. The flooring was cracked, old and stained. This would reduce the effectiveness of thorough cleaning to control infection.
- Cutting boards used in food preparation were heavily marked with cuts.
- There were missing paper towels in bathrooms and a pedal bin was broken. The shower room vent was blocked with dust. The tile grouting and sealant were old and stained.
- The main communal areas, hall, stairs, light fittings, radiators, skirtings were dusty, had cobwebs and were dirty in areas. The staff office/sleep in room also required cleaning. The floor was unswept, and the room was dusty.
- People's bedrooms were generally clean apart from windows which required cleaning inside and out.
- Staff had been trained in infection control practices. However, cleaning schedules had been signed off and audits completed which did not identify these shortfalls.

Staffing and recruitment

- The home had a significant turnover of support staff, six different managers and four different locality managers during the past 18 months. In addition, there was heavy reliance on agency staff to work alongside the permanent staff team. The high turnover of staff had been of concern to the professionals, relatives and staff we spoke with.

- Staff had been recruited safely. Pre-employment checks included references, identity and DBS. A Disclosure and Barring Service clearance check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.
- Two new recruits were going through employment clearance checks, once completed the service would be fully staffed. This included an identified need to increase night support for one person.
- The provider had recently altered the staffing tiers in the home. This meant Bouncers Lane would have their own registered manager, being supported by a locality manager.
- To improve the retention of staff, the provider had introduced a financial incentive scheme for employees who had a high attendance and length of service record.
- Agency staff were mostly consistent and the staff we spoke with confirmed the staffing levels were improving.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People's behaviour support plans contained guidance which stated, 'all staff who work with me need to be confident and competent in MAYBO'. This is a specialist type of training specifically designed to support people with behaviours which may challenge. 80% of permanent staff had received this training (according to the training matrix). However, according to personnel files, agency staff recently employed to support people with behaviours which may challenge, had not received this training.
- New staff followed a care development programme linked to the care certificate. The care certificate is a nationally recognised qualification in social care.
- All staff followed a four-day induction programme prior to supporting people directly.
- Staff had access to on line and face to face training. Most permanent staff had completed the provider's mandatory training. A training matrix identified where staff were due to have training or where training was out of date.
- The staff we spoke with told us that they had begun to have more regular one to one discussions with their supervisor and this had steadily improved.

Adapting service, design, decoration to meet people's needs

- Bouncers Lane was an unadapted residential house which required some refurbishment.
- Communal areas required cleaning, were bland and did not feel homely. There were few items of interest, colour or decoration.
- Floorings were old, furnishings were sparse or had wipe clean surfaces. The TV was securely boxed in and locked. The sensory light ball in the lounge was broken.
- The team leader told us the limited decor was due to people's behaviours. Some would break items or pull things from the walls. They told us they would gradually begin to introduce pictures and wall decorations again, using a step by step approach so as not to distress people with changes to their environment.
- People's rooms had been personalised with bedding, some pictures and preferred items. The garden area was accessible and had recently been improved and we were told people enjoyed the outside space.

We recommend the provider seeks professional guidance and research into the area of residential designs for people with autism and challenging behaviour.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's records were not always up to date or accurate.
- People's health files contained a record of appointments with professionals such as GP, chiropodist and dentist. However, not all appointments had been consistently recorded. For example, one person's footcare records showed their last appointment with the chiropodist was in January 2018. But closer investigation showed a visit in March and a follow up required for February 2019.
- A person's nutritional assessment was to be completed every three months, but the last recorded entry was April 2019.
- The lack of accurate recording meant we could not be sure how often the service accessed multi-disciplinary support from other professionals, or if their guidance was followed.
- People had annual reviews with specialists from the learning disability team.
- People had hospital passports in place to assist nursing and medical staff in understanding peoples' needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by a multi-disciplinary team of health and social care professionals.
- Care plans were developed which gave detailed guidance to staff on how to meet people's needs appropriately.
- People's preferences, likes and dislikes were fully recorded.
- Care plans were person-centred and contained important information about the individual. For example, 'things about me that I would like you to know'. In addition, what they like to be called, how they communicated and what certain actions or behaviours meant.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to be involved in choosing, shopping for and preparing meals.
- There was a menu plan on the kitchen wall with pictures of meals for easier identification.
- We observed people and staff sitting together to eat and have a drink.
- People could choose if they wanted to sit together at the table, or separately in different areas of the home.
- Where people required a specific diet, this was maintained.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most mental capacity assessments and corresponding best interest decisions had been completed satisfactorily.
- Some detailed an advocate or representative in support, others did not. Consistent supported decision making was required.

- Assessments needed more detailed information to evidence how the assessor made their judgement in the 'functional' part of the assessment.
- Staff had received training in MCA and were knowledgeable about people's rights to choice and independent decision making, where appropriate.
- The service had appropriately completed DoLS applications. One person's authorisation had a stated condition to review their care plan to ensure it was up to date with a person-centred approach. This condition was not fully met as although the care plan was person-centred it had not been reviewed within the provider's timescale of six months.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had positive relationships with people.
- We observed staff sitting, talking, reading or playing games with people. People were relaxed in staff presence and would confidently seek support from staff.
- One person was looking at a picture book with a staff member whilst they read the story to them. The book was torn. The staff member told us that one of the person's behaviours was to tear and rip books. The person had a locked cupboard full of books and magazines, to choose from. They were able to tear and rip one book per day to meet this behavioural need.
- Another person enjoyed collecting wrappers. They were supported to sort through these regularly and keep some and throw some away. This activity was part of their agreed weekly routine and was recorded in their care plan.
- Another person enjoyed music but also liked to hold and snap CD's. A staff member introduced them to different types of music by listening to radio stations, which they enjoyed. They had a supply of CD's not used, to hold or snap.
- We observed staff interacting with people in a gentle, friendly and respectful way.

Supporting people to express their views and be involved in making decisions about their care

- One person experienced a bereavement of their beloved relative who visited weekly and was very active in their lives. The staff team worked hard to support them to attend their relative's funeral and to understand they had said goodbye. The staff were very proud that they had been able to support him (and since) without any display of behaviour which would indicate his suffering.
- When care plans were reviewed people and their representatives had been involved. involved.

Respecting and promoting people's privacy, dignity and independence

- People had their own private spaces and were able to come and go from their room as they wished. They were able to freely use all communal areas of the house and back garden.
- People were able to lock their bedroom door if they wished. If staff needed to gain entry in an emergency there was an external mechanism to do this.
- We observed staff knocking on doors before entering and requesting permission to go into people's rooms.
- People were encouraged to manage tasks independently and were offered the choice to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place which should have been reviewed in April 2019.
- Recent significant concerns raised by a family member had not been logged as a formal complaint and therefore the process and procedure had not been followed.
- This meant there was an unsatisfactory experience for the family and the concerns had not been adequately resolved. The concern subsequently became a complaint which the commissioning authority was dealing with.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had not been reviewed in line with the providers six-month timescale. This meant, if people's needs, views and choices had changed their support would be ineffective.
- People's needs were not always fully met. One person's care plan stated their need was, 'A solid, stable staff team is the best way forward for me. I like consistency.' This had not been successfully managed over the past 18 months due to the turnover of support staff, managerial staff and the use of agency.
- Care plans we looked at were well written with robust information which clearly identified the areas of support needed and areas where the person was independent.
- People had a '24-hour care plan' which gave staff guidance in a condensed version. All care plans detailed people's preferred routines of the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was not compliant with the AIS.
- People had communication needs which were identified in their care plans and different forms of communication were detailed.
- We did not see staff using different forms of communication, such as pictures, sign language, objects of reference. Most communication was verbal from staff who understood people's responses due to their experience of supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain regular contact with their family members.
- People were able to take part in activities both at home and out in the community. Examples included going to local parks, swimming and going to the pub for a meal.

End of life care and support

- No-one living at Bouncers Lane was receiving end of life care.
- The service had explored this care need with people and their families or representatives.
- There were end of life care plans in place with people's requests and last wishes.
- People's files also contained a 'hospitalisation or sudden death' protocol and a 'when I die' document.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in place at the time of the inspection. There had been six managers in 18 months and four locality managers. The last registered manager left in May 2018. We could not be sure that oversight of the service had been effective.
- Care plans, risk assessments and other documents were out of date and had not been reviewed in line with the providers timescale.
- Many of the records we reviewed had signature sheets to ensure staff had fully read and understood the content of policies, training and care plans. Some of the signatures were from staff who had since left. We saw several missed signatures from staff who were observed supporting people. This may mean that staff were not fully aware of people's needs or hadn't received appropriate training.
- Monitoring sheets such as the DoLS tracker was not updated with new information we found in the file.
- We reviewed the policy folder and found the security policy which stated visitors should not be left unattended with people. The inspection team were left unattended which resulted in a person becoming anxious and hitting out. There were no review dates on most of the policies we looked at.
- Some audits had not identified areas for improvements. For example the cleaning audit had not identified the shortfalls in kitchen and bathroom hygiene or whole home cleanliness.
- Notifications had not been submitted since October 2018 and specifically three incidents had not been submitted as a required notification.
- We were not assured that people's finances were being managed effectively. The process of getting each person's money ready when they were going out appeared chaotic, disorganised and rushed. Staff were a little confused about who they were doing what for until the team leader stepped in to record and manage the process. However, there were no discrepancies around tallied amounts on the day of the inspection and the team leader was competent in her management.

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

- Feedback questionnaires from relatives and professionals visiting the service had last been completed in 2016. This meant that key visitors to the service had not had recent opportunity to be involved in the daily running of the service.
- Family members and professionals who visited the service told us their main concerns had been the huge turnover of staff. Relatives told us this had negatively impacted on their family member. Professionals were

concerned the service had not consistently met people's identified needs.

These areas constitute a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The team leader of Bouncers Lane had been interviewed and promoted to the post of home manager and was informed on the day of the inspection. The locality manager was confident they would transform and improve the service following a long period of management turnover. She told us, "As team leader [she] has embraced the home and already put good ideas into practice."
- The locality manager was also new to post (since April 2019). She told us they were aware of the shortfalls in the service and during the past four months had started work to make improvements. She had worked closely with the team leader and with a team leader from a sister home to share good practice.
- The team leader and locality manager were developing a more meaningful activity programme and a review of all care plans and risk assessments.
- Professionals we spoke with were positive about the future plans for the service, particularly having a dedicated registered manager to run the service. However, they expressed concerns that the home needed a stable and consistent staff team to maintain an effective service. They told us, a loss of regular members of staff and managers could easily push the service into crisis.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The main improvement had been the introduction of a dedicated registered manager post for Bouncers Lane, rather than a registration for two services.
- The team leader had developed guidance for the staff group to ensure daily notes accurately reflected the support people had received. For example, different activities, food choices and promoting independence. Her message was, 'remember if it is not recorded, it did not happen, proof and evidence!' She had developed this guidance after reviewing and auditing the daily notes and had found gaps in the recording.
- Staff we spoke with told us the reasons for the large turnover of support staff, and particularly management was due to the dual registration and lack of support. They were confident the new registered manager post and new locality manager would provide the consistent support they required.

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

- The locality manager was aware of their responsibilities under the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was no registered manager in place. Care plans risk assessments and other documents had not been reviewed within the providers timescales. Staff signature sheets were not up to date and there were gaps where staff may not have read people's care plans. Policy documents had not been reviewed within the providers timescale. Audits had not identified some shortfalls in service provision. Feedback questionnaires for relatives and professionals had not been used since 2016.</p>