CareTech Community Services Limited

Caretech Community Services Ltd - Yorkminster Drive

Inspection report

1-5 Yorkminster Drive
Chelmsley Wood
Birmingham
West Midlands
B37 7UG

Tel: 01217882763

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09 November 2018

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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

Summary of findings

Overall summary

1-5 Yorkminster Drive is a residential care home for up to 12 people with learning disabilities and Autism. The home is set across three bungalows and each home is set as a separate home. At the time of our inspection there were nine people living at the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on the 09 November 2018 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

People were relaxed and at ease around care staff they knew well. Relatives were happy about the care their family member received. Staff were caring and promoted people's independence and people were able to maintain important relationships with family and friends. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the people who lived at the home well and were able to support them to eat and drink. People were protected against the risks associated with medicines because the provider had appropriate arrangements to manage them. Relatives told us their family members had access to health professionals as soon as they were needed and were confident they received support to maintain their wellbeing.

Staff were extremely passionate about providing care that was based on people's individual needs. People demonstrated to us that they valued their relationships with the staff and relatives praised staff for the support they provided. People were comfortable in the staff's presence. Conversations were warm and friendly and lots of reassurance and comfort provided. Relatives told us there were no restrictions on when they could visit and they were always made welcome by staff and enjoyed special occasions with their family members.

People were treated sensitively by staff that knew their needs well. People were involved in planning their

care and staff used communication methods appropriate for each person

Relatives felt assured their family member was safe and receiving the correct support from a sufficient number of staff. Staff received training and understood the signs of abuse, and systems were in place to guide them in reporting these. Staff understood individual circumstances and how to protect people from harm. Staff underwent recruitment processes that included background checks on the suitability of staff to work at the home. People received their medicines and checks were undertaken to ensure people had received their medicines safely.

The registered manager promoted a culture where staff were encouraged to feel part of a team that were proud of their work with people at the service. Staff were encouraged to contribute ideas and suggestions for improving how they supported people. The provider and registered manager had effective systems to monitor how care at the service was provided, to ensure people received quality care that was reviewed and updated regularly.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Caretech Community Services Ltd - Yorkminster Drive

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 09 November 2018 and was unannounced.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the home. The Local Authority is responsible for monitoring the quality and for funding some of the person's living at the service.

During our inspection we spoke to one person who lived at the service. We used different methods to gather other people's experiences of what it was like to live at the service, such as observations of staff interaction with the person. We also spoke to the registered manager, the deputy manager, and seven members of staff. We also spoke to one relative by telephone. We also spoke with an advocate that represented a number of people living at the service.

We looked at records relating to the management of the service such as the care plans for two people, incident records, medicine management, staff meeting minutes and quality assurance records.

Good

Is the service safe?

Our findings

People looked relaxed and comfortable in the company of staff. People looked to staff for reassurance and staff promptly helped them to stay as safe as possible. One relative told us they felt assured that their family member was safe at the service because staff knew them so well.

Staff we spoke with understood what it meant to keep people safe and prevent harm. Staff understood the different types of abuse and what action to take to report their concerns. Staff were confident the registered manager would listen to any concerns they had and take the appropriate action to keep people safe. The registered manager understood their obligations to report any incidents they are required to.

Staff knew the risks that each person lived with and how they needed to keep the person safe. For example, staff understood which people required support when eating to minimise their risk of choking. Epilepsy protocols were in place to support people safely and staff understood how to recognise a seizure, should it occur.

Staff were available at the times people needed them. The registered manager told us that a number of staff had worked at the service for many years, and knew people well. Staffing levels reflected people's assessed needs. The registered manager explained they were happy with the staffing levels at the service and felt able to support people appropriately.

Staff employed at the service underwent background checks so the registered provider could assure themselves of their suitability to work there. References and identity checks were all included as part of the recruitment process. One staff member told us that they completed they checks again after they had had a break from working at the service.

People were supported to take their medicines. The registered manager had a system for checking people had received their medicines as they should. We saw that the registered provider also undertook their own checks to ensure staff supported people safely. Relatives told us they felt assured people received the support they needed with their medicines. Annual checks were also undertaken by the pharmacy that supplied medicines to the service.

The registered manager monitored accidents and incidents to identify changes in people's care needs and to take learning from untoward incidents. We saw care plans were amended following changes in people's care needs. For example, one person had had a fall and staff understood to increase their observance of the person to prevent any reoccurrence.

Good

Is the service effective?

Our findings

Staff understood people's individual needs and ensured people's support was in line with best practice. Guidance was sought from relevant professionals to ensure people's needs were assessed correctly and the care provided met their needs. For example, we saw staff had recognised some people needed mobility aids such as wheelchairs or specialist chairs. These were in place, so that people could move around the service safely.

Staff undertook relevant training and support was provided through regular supervision and being part of a small well-knit team.

People were supported to make healthy choices in the meals that were prepared for them. People were encouraged to help plan menus and indicate items for the food shopping list, so they would enjoy their meals. We saw people had access to snacks and drinks throughout the day. Where people had specific needs requiring staff support, staff understood how to support people. People were also supported to have meals at times that suited them. People chose to have their breakfast at different times, and we saw staff prepare meals that were individual to each person's requirements.

People were supported to receive ongoing help from medical professionals. We saw in people's health action plans they were supported to attend a variety of health appointments. For example, some people required the support of the SALT (Speech and Language Therapy) team. Advice from professionals was incorporated into people's care plans for staff to refer to. Staff also told us before each shift they were given a handover so that any changes in people's health needs were communicated to staff.

People's individual needs were reflected in the layout of the building. For example, the garden was used to encourage sensory experiences. People's bedrooms also reflected their individual personalities. A family member told us people were involved in helping to plan the redecoration of their bedrooms. Individual personal belongings, such as photographs and other ornaments were displayed in people's bedrooms.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA

Good

Is the service caring?

Our findings

People were supported by staff who were passionate about providing care which focused on treating people with empathy and kindness. Staff focussed on people's individual circumstances and empowered people to gain the respect and treatment they deserved. Exceptionally strong bonds had developed between people and the care staff. Staff were encouraged and inspired to provide compassionate care and this supported people to enjoy an excellent quality of life.

People, their families and advocates felt the care people received was unique because of the bonds people had developed with staff and because staff responded in ways which was intuitive and instinctive. One relative told us that although their family member was no longer verbal, they had every faith that staff understood their family member's needs and responded accordingly from understanding their behaviour and facial gestures.

Staff spoke passionately about each person and their individual personalities and how they supported each person. One staff member said, "We can do all their physical care…it's their emotional care. They [people] need to feel loved." We saw people felt safe, secure and valued by staff and people responded warmly the staff supporting them by demonstrating genuine pleasure to see them.

The registered manager told us about one person who they felt was being discriminated against, and did not feel medical staff were open to life promoting options because of their learning disability. They explained how they proactively worked with healthcare professionals to address this and championed their quality of life and championed all the things the person did and received joy from. As a result, the registered manager had ensured the person's health plans were driven through, so the person had a fair assessment of their health needs, and their quality of life had improved.

At times when people needed compassionate, subtle or complex support, staff were motivated to provide this. One person at the service had suffered a bereavement of a close family member but had not been included to partake in a formal ceremony. Staff recognised the person's loss and understood it was important for the person to celebrate their family member's life, as well as mourn their loss. Staff arranged a private celebration of their family member's life with the person, so they could express their grief in the best way for them.

Staff told us about how they supported a person who had very specific requirements in terms of their personal care, and not able to participate in as many activities as other people because of their individual needs. Staff created bespoke social opportunities that took into account their needs and promoted opportunities to be involved that were available to other people. They proactively researched and identified a number of possible options to discuss with the person places they could take them to visit. They told us the person had since enjoyed a number of outings and planned a holiday and this had helped the person's confidence and wellbeing.
Staff worked collaboratively to ensure people's care was consistent and considered people's individual needs. One person required a hospital stay and demonstrated signs of anxiety that hospital staff were not

able to respond to. Staff volunteered and provided around the clock care and friendship in hospital during the person's admission to reduce their anxiety and allowed hospital staff to care for others. During this period, staff told us they also amended staffing rotas so that other people living at the service had access to a driver so their planned activities could continue during this time.

Staff understood people's circumstances and minimised any possible anxiety they may experience. For example, one person treasured their belongings and staff knew moving their things would cause them upset. Staff ensured when they redecorated the person's bedroom, t all their belongings were returned as they were. Staff told us the person was relieved and ensured they were not disturbed or upset.

Challenges related to communication were overcome. Staff understood how each person liked to be supported to reduce their anxiety and could read people's facial expressions when they were not able to verbalise their wishes. Staff used this knowledge and provided consistently prompt support to people. Staff exchanged warm demonstrations of affection, such as hugs or touching a person's arm softly which people responded to positively. Where people preferred verbal reassurance, and did not want tactile reassurance, this was provided instead. Staff spoke with pride about each person, the support they provided, and how each step in a person's care represented progress.

Staff had built excellent relationships with people and their families. A staff member told us, "We [people, staff and families] are all one big family." Staff understood the importance of maintaining key relationships with family members and worked with individual family circumstances to achieve this. For example, one person was supported by staff to keep in touch with their family member at a location that was mutually convenient for both, with good wheelchair access. During the inspection we saw staff prepare a birthday party for one person living at the service. A family member told us staff had also invited the person's friend to attend the birthday party which meant a lot to the person. We saw during the inspection the person spoke excitedly about the party.

Relatives told us the reason they felt people had an excellent quality of life was because staff knew the people they supported very well. Staff said the provider supported them to provide excellent care to people through a culture in the service which focused on understanding and celebrating people's individual preferences, goals and achievements.

The registered manager ensured people's views were expressed by encouraging the involvement of additional stakeholders in order that people's views could be expressed. Where people lacked family involvement, advocates were involved in helping ensure the best possible care for people. One of the advocates for people living at the service told us, "They are one of those rare services that is very well run and the clients are treated in very person centred way. I've been very impressed."

Good

Is the service responsive?

Our findings

People living at the service were involved in shaping and influencing their care. People's views about their care was sought by their key worker. This is a staff member who undertakes the main responsibility for a person living at the service and involving them in decisions about their care.
We saw from checking people's care plans these had been updated to reflect people's changing circumstances. Staff explained that some people had lived at the service for a number of years and with age their care needs had increased. For example, some people's mobility had decreased and they required additional support aids. The registered manager ensured people had access to the equipment they needed to improve their lives and maintain their independence.

People contributed their ideas for activities they wanted to take part in during regular meetings. For example, one person had expressed a wish to have a particular take away meal and this was arranged for them. One relative told us about their family member participating in ten pin bowling and about how much they enjoyed this after they had expressed an interest in taking part.

Staff recognised people's facial gestures in order to understand the help they needed. One family member described how their relative's communication ability had changed over time and they were now less able to communicate verbally. The family member told us "[Relative] knows her own mind.
She hasn't lost that underneath. Staff understand that and are aware of that."

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and receive any communication support they need. Staff understood how to communicate with each person and ensured they received support that was most appropriate to them.

The provider had a complaints procedure and family members understood the process should they need to complain. One family member told us they had not needed to complain since the current registered manager had been in charge of managing the home. The registered manager told us they had not received any complaints but understood how to record, investigate and respond to complaints should the need arise. They also told us any complaints were also shared with the provider for monitoring purposes, and so any lessons would be learnt.

People's end of life wishes were discussed with them, when appropriate. Care plans detailed the necessary information to guide staff about people's preferences. Where appropriate, families were also included in this planning process.

Good

Is the service well-led?

Our findings

There was a registered manager who had been in post since 2014 but had worked at the service for much longer as part of the care staff. 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

People responded positively to being around the registered manager. We saw people demonstrate warmth and affection towards them. The registered manager spoke knowledgably about people's care and health needs and could explain how each person required their support and what was planned in their care. The registered manager also understood people's family and support networks.

A family member we spoke to confirmed they had a very positive relationship with the registered manager who they felt knew their family member's needs well. They told us "[The registered manager] does a sterling job." The family member we spoke with spoke clearly about their relative member being recognised and cared for as an individual whose needs had changed with time.

Staff told us they enjoyed both working at the service and working with the registered manager. Staff said the service had a happy and homely atmosphere. One staff member told us they had previously left their employment but had returned to the service because they had enjoyed working there so much. Staff described an open and inclusive environment where staff were encouraged to contribute to people's care planning. For example, during our inspection we saw staff discuss a person's care and how they want to try something new. This was supported by the registered manager.

People's care was reviewed and updated systematically to ensure people's experience of care was positive. The registered manager explained they worked closely with the deputy manager to ensure people received the care they needed. Care plans we had been reviewed and updated regularly. People were involved in shaping and influencing their care. The registered manager told us about how they also involved family members to plan people's care.
The provider had systems in place to monitor people's care and the registered manager's system for reviewing care. The registered manager was required to submit regular updates to the provider on a variety of areas within the service. For example, staff sickness, accidents and incidents and checks they had completed on people's care.

The registered manager worked with a number of stakeholder to improve people's lives. They told us about how they worked with a Speech and Language Therapist and described how to they took advice and ensured staff embedded this. The registered manager also worked closely with a psychology service to ensure people's behaviour was understood and that care was tailored to their needs. An advocate for people living at the service told us, "All the clients are doing very well there and that's down to the manager.

She ensures they get very person centred care."