

Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 88 Park Road

Inspection report

88 Park Road
New Barnet
Hertfordshire
EN4 9QF

Tel: 02084402192

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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

About the service: Caretech Community Services (No2) Limited – 88 Park Road is a residential care home that provides accommodation and personal care. At the time of the inspection, five people with a learning disability and/or autism were living at the service. Some people who used the service also had a physical disability.

People's experience of using this service: People were seen to be happy and settled living at the service. People knew the care staff that supported them and were confident in approaching them with their needs.

Care staff knew people really well and communicated with them in ways which promoted their voice and independence where possible.

We observed caring interactions between people and care staff. People had established positive relationships with the care staff that supported them.

Feedback from relatives was overwhelmingly positive. They told us that they felt reassured that their relatives were safe and well cared for at the service.

Risks associated with people's health and care needs had been assessed with clear guidance for staff on how to minimise the risk and keep people safe.

All staff working at the service understood their responsibilities around identifying and reporting their concerns, if they thought people were being abused.

People received their medicines safely, as prescribed. Policies and procedures in place supported this.

We saw sufficient numbers of staff available to support people safely. Recruitment processes in place ensured that only those staff assessed as safe to work with vulnerable adults were employed.

Care plans were person centred and detailed, giving in-depth information about the person, their life, how they wished to be supported and their future goals.

A variety of regular support mechanisms were in place for staff members which included induction, regular training, supervisions and annual appraisals.

People had good health care support. Staff worked in partnership with health and care professionals.

People and relatives were positive about the food choices on offer. People's specialist and cultural dietary needs were met where appropriate.

Relatives knew who to speak with if they had a complaint or concern to raise and were confident their concerns would be addressed.

Checks and audits in place enabled the service to monitor, learn and improve the quality of care and support people received.

More information is in the detailed findings below.

Rating at last inspection: At the last inspection the service was rated Good (report published September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Caretech Community Services (No 2) Limited - 88 Park Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Caretech Community Services (No 2) Limited – 88 Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Caretech Community Services (No 2) Limited – 88 Park Road can accommodate up to five people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they 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: Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with three people using the service and three relatives to obtain their feedback on the care and support that they and their relative received. We also had written feedback from two relatives. We also observed interactions between people and care staff. We also spoke with the registered manager and four care staff.

We looked at the care records of four people who used the service and medicines administration records (MARs) and medicines supplies for five people. We also looked at the personnel and training files of five staff members. Other documents that we looked at included risk assessments, staff meeting minutes, handover notes, quality audits and certain policies and procedures.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- When we asked one person at the service about whether they felt safe, they responded by saying, "I feel safe! A lot, a lot, a lot."
- Relatives also confirmed that they believed their loved one was safe living at the home. One relative told us, "Yes, she is safe. She is well managed. It is very easy for her to fall but you don't see that happening so they [care staff] must be doing the right thing."
- Care staff knew how to protect people from abuse and the steps they would take to report their concerns. One staff member told us, "I would go to my manager and if I think my manager is involved I would go to someone above her."
- 'Whistleblowing' was a term that care staff were aware of and were able to list agencies that they could contact to report their concerns. One staff member explained, "Whistleblowing is when you can come forward about something whilst protecting yourself. I can contact the CQC, local authority about something I have seen."

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments which assessed the level of risk associated with their health and care needs.
- Clear and specific guidance was available to care staff on how to manage and minimise the risk to keep people safe.
- Identified risks included going out, use of hot water and bathing, using paraffin based creams and risks associated with specific health conditions such as epilepsy. Each risk assessment recorded the level of risk, what could be done to make the outcome better and how to reduce the risk safely.
- Building safety and equipment checks were routinely completed to ensure the safety of people living at the home.
- People's care plans included Personal Emergency Evacuation Plans which gave direction to staff and emergency services on how to safely evacuate people in the event of a fire or other emergency.

Staffing and recruitment

- We observed there to be sufficient numbers of staff available to support people safely. The registered manager explained that staffing levels could be adjusted, when required, to meet people's individualised needs. Feedback from relatives supported our findings.
- Systems and processes were in place to ensure only those staff assessed as safe to work with vulnerable adults were recruited. Checks included a criminal records check, proof of identification and references confirming conduct in previous employments.

Using medicines safely

- Safe medicine administration and management systems in place ensured that people received their medicines safely and as prescribed. Medicine Administration Records (MARs) were complete. There were no gaps or omissions in recording.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicine. PRN medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or inhalers for breathing difficulties.
- Medicines were stored securely in locked cabinets. Temperature checks of the medicines storage area were taken daily to ensure that medicines were kept at their recommended temperature to ensure their effectiveness.
- All support staff had received training to administer medicines. Following the training each support staff member had been observed and assessed when administering medicines to ensure that they were competent to do so.
- Medicines administration and management was checked and audited on a weekly and monthly basis to ensure people were receiving their medicines safely and as prescribed.

Preventing and controlling infection

- Records confirmed that all staff had received infection control training. Care staff had access to personal protective equipment to prevent and control the spread of infection.
- We observed that the home was clean and free from malodours.
- We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

Learning lessons when things go wrong

- All accidents and incidents had been documented with details of what had happened, the immediate actions taken and any further follow up actions where required.
- The registered manager explained that following each accident/incident, a discussion with the staff team took place to explore what happened and looked at improvements or learning that could be taken forward to prevent any future re-occurrences.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had been living at this service for a number of years so we were unable to see their initial pre-admission assessment as it had been archived.
- The registered manager explained that where a referral for a new placement at the service was received they would carry out a comprehensive needs assessment. This would allow them to assess the person to judge whether the service would be able to effectively meet their needs.
- The registered manager confirmed that in the past assessments had taken place and involved the person, their relatives and a variety of involved healthcare professionals.
- Care plans were then created with the information obtained during the assessment.

Staff support: induction, training, skills and experience

- Newly appointed care staff received an induction which covered service specific topics and included the environment, information about people, health and safety and the reading of policies and procedures.
- Following induction care staff were asked to attend further training in topics which included moving and handling, first aid, safeguarding, The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Care staff told us and records confirmed that training was refreshed on a regular basis.
- People's relatives felt assured from their observations of care staff that they were appropriately skilled and trained to do their job. One relative said, "I'm not sure what training they have had. From what I see they know what they are doing."
- Care staff told us that they felt appropriately supported which enabled them to effectively carry out their role. We saw records documenting regular supervisions and annual appraisals.

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

- The service did not develop set menus for people. People were enabled to choose whatever they wanted to eat on the day. On the day of the inspection, people were seen to enjoy the meals that had been prepared. Everybody had something different to eat which was of their choice.
- Care staff knew people's likes and dislikes and described to us the signs of when a person may or may not have enjoyed their meal. In these cases, an alternative was always arranged.
- Where people had specific dietary requirements which affected their health, this was clearly documented in their care plan and care staff demonstrated a good knowledge of this and how to support the person with their specific need.
- Relatives were complementary of the meals that their relative received and felt that meals were healthy and formed part of a balanced diet. One relative told us, "I think she seems to enjoy her food, she went through a phase where she lost a lot of weight but they addressed this and she put it back on again. She does get a balanced meal."

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

- Records confirmed that the service worked effectively as a team within the home as well as in partnership with other agencies so that people received effective and consistent care.
- Staff documented visits from a variety of healthcare professionals which included the GP, community nurses, dentists, opticians and psychiatrists.
- Where people had attended hospital, details of the visits, the outcome and any follow up actions had been recorded. Relatives were happy with how the service supported people with their health and medical needs and they were kept involved and updated at all times.

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

- All areas of the home were accessible by people including the outdoor spaces.
- The home had been adapted and designed to meet people's care needs. People had input and choice on how their home was decorated which balanced respecting their preferences with ensuring safety. People were encouraged to personalise their bedrooms with artwork, photographs and personal items of their preference.

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service had applied for DoLS authorisations for people where required. Where authorisations had been granted this had been recorded within the person's care plan.
- The registered manager and all care staff demonstrated a good understanding of the MCA and DoLS and the importance of obtaining consent and ensuring people were given choice and the autonomy to make their own decisions where possible.
- The service had carried out mental capacity assessments for people where specific decisions such as going on holiday, self-administration of medicines and support with personal care had to be made.
- Where people could, records confirmed that they had been involved in and had consented to the care and support that they received. Where people were unable to consent to care, relatives confirmed that they had been fully involved in the care planning process.

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

Good: 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

- Some people living at the home were unable to tell us their experiences of the care and support that they received.
- During the inspection we observed that people were supported in a kind and caring way. People had developed positive relationships with care staff. We saw that people approached care staff with confidence and care staff responded with care and respect.
- We observed the registered manager and care staff engage in jovial conversations and banter with some people which included sharing of jokes and interactions that promoted well-being. One person told us, "Happy yes a lot every day. They look after me a lot."
- Relatives praised the care staff working at the home. Comments included, "This is caring place and I have every respect for them" and "The level of care and love is fantastic."
- Care plans recorded people's religious and cultural beliefs and any specific wishes they had to support their beliefs. The registered manager told us and records confirmed that some people were supported to attend the local weekly church service.
- People were supported to maintain their relationships with their partners, family and friends. Visitors were welcome to the home at any time. Care plans gave detailed background information on people's life, significant events and the important people in their lives.
- Care staff understood people's diverse and cultural needs and were keen to ensure that care provision was non-discriminatory and that people were supported according to their needs and preferences. One care staff told us, "Yes, it is very important that we understand the person. I respect their choices."

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

- We observed examples of where people were in control of and involved with their own care and support and requested support from staff to enable them to meet their identified need. One person was supported to get up in the morning at a time that they wanted. Another person was seen planning a trip to a shopping mall for their birthday.
- Care staff knew the people they supported well and had a clear awareness of their likes, dislikes, preferences and choices and most importantly their personalities and behavioural traits. With this knowledge care staff knew how to support people in a way which considered their mental health needs and disabilities, supported them to maintain positive well-being and respected their choices and decisions.
- Relatives also confirmed their involvement in every aspect of their relative's care planning, delivery and review.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection process, we saw people were treated with dignity and respect at all times. Staff

knocked on people's bedroom doors before entering and ensured their dignity was maintained at all times. Relatives confirmed this to be the case. One relative told us, "Yes, the staff are respectful of [person] privacy and dignity."

- Support staff knew how to respect people's privacy and dignity and gave examples of how they did this, which we saw in practice during the inspection. One care staff explained, "When it comes to personal care we make sure you go about it in a respectful way, don't let anyone else come in, keep things confidential, not allowing other people to go into each other's rooms."

- People living at the home were supported by care staff in a way which promoted their independence. People were encouraged to be involved in maintaining certain aspects of their own care which included cooking and housekeeping where possible. Support staff understood the importance of promoting people's independence.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and gave detailed information about the person, their background, their needs, behavioural traits, likes and dislikes, the goals they wanted to achieve and how they wished to be supported with all their needs.
- Care plans were compiled in partnership with the person, their relative and any involved healthcare professionals and were reviewed monthly or sooner where changes had been noted.
- Each person's care plan contained a one-page profile about them. This included information about what kind of person they were, what was important to them, their goals and dreams and what they liked doing. The profile gave an immediate and clear overview of the person's support needs, their relationships and key significant information about them which would enable staff to support them in a person-centred way.
- Where people had behavioural traits or behaviours that challenged, care plans clearly defined the behaviours they may present with, early signs to look for and strategies for staff to use to de-escalate the situation and bring the person back into positive well-being.
- People's communication needs had also been recorded within their care plan. Whether verbal or through sign and observation, information about how the person would communicate with you, what they may do when they are happy or sad or when they are in pain had been provided.
- People were supported to engage and take part in activities and outings that were of personal interest. Every morning people sat down with a staff member and planned their day with things that they wanted to do. This was recorded in a diary so that people could be reminded of what they had planned. People also attended structured sessions within day centres during the week.
- Other activities that people were supported to do included eating out, shopping, visiting places of interest, going to the cinema, arts and craft and annual holidays.
- We observed during the inspection that people were engaged and stimulated in a variety of activities on a one to one basis. The service also maintained an activity folder with photographic evidence of people participating in specific activities that they had expressed a wish to participate in. These included, birthday celebrations, going to pick their own strawberries, trips to places of interest and playing the piano.

Improving care quality in response to complaints or concerns

- During the inspection, our observations on how people interacted with care staff, gave us assurance that if people had any complaints or concerns to raise they would feel comfortable in doing so and that staff would respond appropriately.
- Relatives told us that they knew who to speak with if they had any concerns or issues to raise and that where in the past this had been the case, their concerns had been dealt with immediately and appropriately.
- The service had not received any complaints since the last inspection. However, the provider's complaints policy, produced in an easy read format, was clearly displayed in the home and was clearly accessible to people, relatives and visitors.

End of life care and support

- Where people and their relatives had expressed their wishes and decisions about how they wished to be supported at the end of their life, these had been documented within people's care plan.
- Information included how the person wished to be supported, the person's final resting place and funeral arrangements in place.
- The aim of the service was to support people to continue living at the home until the end of their life and access the relevant services where possible to make this happen.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We saw that people knew the registered manager and all staff very well and did not hesitate in approaching them. The registered manager was seen to be available to people at any time.
- Relatives confirmed that they knew the registered manager well, who they found approachable. They felt able to discuss ideas and suggestions about their relative's care and that these were listened to and acted upon.
- Communication between people, relatives and the service was seen to be professional, open and transparent. Feedback from relatives was positive. Comments included, "When I was in London, I had a meeting with [registered manager]. This was good. I was impressed by [registered managers] commitment to [person's] well-being", and "[Registered manager] is very good and will always run with our ideas."
- All relatives told us that they were kept informed if there were any concerns or incidents which involved their loved one.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place at the service. The home was overseen by a senior care staff member on all shifts, and in addition to that the registered manager was available and took a hands-on approach to delivering care.
- Care staff told us that they felt well-supported in their role and that the registered manager was available to address any concerns or issues that they may have. One care staff member told us, "She [registered manager] is approachable, she listens and I can raise concerns. I can trust her and she is easy to work with."
- The provider and registered manager carried out periodic checks and quality audits to monitor the quality of care people received with a view to learning and improving. This included medicine audits, review of records, financial audits, environmental and health and safety checks.
- Where issues were identified, an action plan was completed which detailed the action that needed to be taken to resolve the issue.

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

- We saw that people were involved in day to day decisions about their care as well and had input into specific areas of how they received the support they needed. Regular residents' meetings gave people the opportunity to discuss activities, food, outings and planning of annual holidays.

- Relatives told us that they too were also involved in decision making and were asked for feedback on the service received. Relatives told us of attending care review meetings on an annual basis.
- People and their relatives were also asked to complete satisfaction surveys to give their feedback about the service and the support that they and their relative received. The last annual survey was completed in March 2018. Feedback seen was positive. Results and outcomes were shared with relatives alongside any actions that the service had taken as a result of their feedback.
- Regular staff meetings took place which discussed people's care and support needs, health and safety, staffing and CQC requirements. Care staff told us that they found the meetings helpful and felt confident to give ideas and suggestions and that these were acknowledged and listened to.

Working in partnership with others

- The service worked in partnership with other health and social care professionals including the palliative care team, GPs, opticians, dentists, dieticians and continence advisors.
- The service had good links with the local community and worked in partnership with them to improve people's wellbeing.
- In 2018, the service organised a fund raiser where people from the local community, neighbours and the local MP were invited to the home to enjoy an afternoon tea with people and help raise money for charity. We saw photographs of this event which was seen to be a successful event.