Caretech Community Services (No.2) Limited

Mildred Avenue

Inspection report

136 Mildred Avenue,
Watford,
WD18 7DX

Tel: 01923 249 04800

Date of inspection visit: 20 May 2015
Date of publication: 11/08/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We undertook an unannounced inspection of Mildred Avenue on the 20 May 2015.

The service provides accommodation and personal care for up to six people with a learning disability. On the day of our inspection, there were six people using the service.

The home had 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.'

There were systems in place to ensure that staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service.

Summary of findings

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff we spoke with were aware of people's needs, and provided people with person centred care.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs.

Staff cared for people in a friendly and caring manner and knew how to communicate effectively with people.

People were supported to make decisions for themselves and encouraged to be as independent as possible. People's choices were respected and we saw evidence that people, relatives and /or other professionals were involved in planning the support people required. People were supported to eat and drink well and to access healthcare services when required.

Medicines were administered safely by staff who had received training.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner.

Staff were well supported to deliver a good service and felt supported by their management team.

The provider had effective systems in place to monitor the quality of the service they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Good

Is the service effective?
The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amount to maintain good health.

Good

Is the service caring?
The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Good

Is the service responsive?
The service was responsive

Staff were aware of people's support needs, their interests and preferences

There was a complaints procedure in place

Good

Is the service well-led?
The service was well led

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service

Good

Mildred Avenue

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 20 May 2015 and it was unannounced. It was conducted by one inspector.

Before the inspection we reviewed the information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used the service, spoke with the registered manager, three care staff, a relative of one person and a social worker who had visited the service. We reviewed the care and support records of three people that used the service, two staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

A person that we spoke with told us, "I do feel safe here because of the staff and people around me." Another people told us when asked if they felt safe living in the home "of course I'm safe, the staff look after me." A relative we spoke with said, "Yes, [relative] is safe, no question about it."

We spoke with staff about how they kept people safe and one member of staff told us, "Each service user has different needs. In order to keep them safe, I follow the guidance in their care plan." All staff we spoke with had in-depth knowledge of people's needs and how to keep them safe.

Staff were aware of how to report any concerns they may have internally and externally. We saw that the policy pertaining to safeguarding people was accessible to staff to refer to should the need arise. Training records reviewed showed that staff had all received training in safeguarding people.

Regular risk assessments had been undertaken to ensure that people were safe from harm and these were appropriately reviewed. For example where a person was at risk risk of taking more medicine that it was safe to do so, staff were given clear instructions to ensure that they observed the person taking their medicine so that they did not spit it out and hide it, so that they could take it later when they had accumulated a number of tablets.

The provider had undertaken environmental risk assessments and health and safety checks to ensure that the home was suitable and safe for people; these included a fire risk assessment regular gas and electrical checks. There was a health and safety policy which was accessible for staff to view and staff we spoke with knew where they could locate the policy. The home kept a log of daily checks that were undertaken in the kitchen which included recording the fridge and freezer temperature so that food was stored safely.

The provider had a contingency plan in place, which helped ensure that in the event of an emergency, people using the service were kept safe. This included individual emergency evacuation plans for people who used the service. These plans assessed people's ability to leave the home safely should the need arise, as well as, the support they would need to do so.

The registered manager told us that staffing levels were assessed based on the needs of the people. On the day of our inspection, the home had 10 permanent staff members and two occasional (bank) staff. The registered manager told us that the home had recently interviewed three potential staff who were awaiting Disclosure and Barring Service (DBS) clearance. We looked at staff records covering the period 11 May 2015 to 20 May 2015 and this showed that there were always a minimum of three staff on duty during the day and where 1:1 was needed for people, additional staff were on duty. During the night, there was one 'waking' staff on duty. A relative that we spoke with said, "There is always at least two or three staff on duty when I go around." During our inspection we saw that staff were available to support people when required.

Staff employed at the service were suitable and qualified for the role they were being appointed to. There was evidence that all staff completed an application form, references had been obtained and staff had a DBS check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We saw that the provider had a whistle blowing policy and procedure in place and staff we spoke with were aware of this.

We reviewed the Medicine Administration Records (MAR) for three people, covering the period of 14 May 2015 to 20 May 2015. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held details of any allergies. Records were also kept for PRN medicines. These are medicines which are used 'as and when' required. There was a policy available for staff to refer to should the need arise. We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed.

Medicines were stored securely and audits were in place to ensure they were in date and stored according to the manufacturers' guidelines. For example, monthly audits were undertaken by the registered manager as part of the provider's quality monitoring processes.

Good

Is the service effective?

Our findings

A person told us, " I like it here so much, you know why? It's nice and tidy, comfortable and plenty of staff who support us." A relative we spoke with told us, "It's a real home for the people that are there, it is run like a home, they make the residents feel like family. They have created a home that is their home; they are caring, considerate and loving. I can't praise them anymore."

Staff told us that they knew and understood the needs of the people who used the service, which helped them to communicate with them effectively. We saw that details of people needs were well documented within people's care and support plans so that staff could refer to them. A professional told us that their client had spent a few days in the home and "felt supported", "reassured" and was looking forward to moving into the home.

The registered manager had undertaken annual appraisals and regular supervision with staff, during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with told us that they were always given an opportunity to discuss concerns and self-development during supervision, appraisals and if the need arises at any other time.

Records reviewed showed that staff had received an induction when they started work, which included shadowing experienced staff and reading people's care plans. Appropriate training and refresher courses in areas such as health and safety, infection control and first aid were undertaken by all staff. Staff told us that the training helped them to provide person centred care and helped them to develop their skills. We noted that all staff had been encouraged and supported to gain further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC).

Staff had also received training in food safety. We were told that there were no people who required a special diet. However there were guidelines that staff followed to ensure that people had a well-balanced diet. People's food preferences had been documented within their care support plans and people were involved in choosing the menu. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. A person told us, "The food is nice and I go food shopping with the staff" Another person told us, "The food is really nice, on a Sunday we do a menu list and I get to choose what I want to eat". A relative that we spoke with said, "I go to the home at different times so I see what foods are dished up, there's no problems with the food my relative is well catered for".

People told us that staff always asked for their consent prior to providing care and support. We saw that some people signed their care plans, indicating that they had consented to the care and support staff provided as outlined within the care plan. Staff we spoke with were aware of their roles and responsibilities in connection to ensuring that people consented to their care and support. A staff member told us, "I always ask them [service users] and check that they are happy for me to help them".

At the time of our inspection, applications had been made in line with the Deprivation of Liberty Safeguards (DoLS).The registered manager had followed the correct procedures and had obtained relevant authorisations from the local authority. Records showed that all staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act 2005 (MCA). Staff understood and were able to explain their responsibility under the Act.

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required. The home's communication book held details of appointments that people required support to attend. Staff told us that they read the daily logs in the communication book each time they came on shift to ensure that they were aware of any appointments people had. A staff member we spoke with said, "We promote good health. For example, [person] lacks exercise so we encourage and support him to go to the park and play badminton. Staff cheer him on, which encourages him."

Good

Is the service caring?

Our findings

We observed staff interacting with people in a positive and caring way. We saw that staff had time to sit and talk with people. A service user told us, "All the staff are caring and kind" and "They always sit and talk with me." A relative said, "The staff are extremely friendly." A staff member said, "We give that little bit more in care, we make them feel comfortable".

We noted that staff were patient and encouraged people to do as much as they could for themselves. A staff member we spoke with said, "We try and get them [people] involved in the task but we also respect when they say no." A person we spoke with said "If I can't do it myself they help me, like today I bathed myself and changed my bedding." Another said "Staff help me to make decisions about places I want to go to."

All staff we spoke with understood the importance of allowing people to be as independent as their ability allowed them to. A staff member told us that they always encouraged people to develop life skills such as cooking. They told us that they would ask a service user to grate cheese or stir a pot whilst they did other cooking tasks. They told us that this made people feel involved and useful. They told us that they would also use that time to talk to the person about their day and plans for the following day.

Each person had a key worker who was responsible for ensuring that their needs were met. Key workers spent additional time with people so were more aware of their interests and preferences. A person told us "I have a keyworker who always ask me if I'm ok."

People's support plans were written in an 'easy read' format so that they could understand them. We saw that people, and where possible their relatives and/or other professionals were involved in their care planning process and that pictures and symbols were used to assist them to make choices about how they wanted to be cared for.

People were encouraged and supported to decorate their bedrooms. We saw that all bedrooms were individualised and decorated with items that people liked and reflected their individual personalities. For example one person likes airplanes, so staff had small airplanes hanging from their bedroom ceiling. We also saw that people had pictures of their families and friends displayed in their bedrooms.

We observed that staff respected people's privacy and dignity. Staff and people told us that before staff entered their bedrooms, they would knock on the door and waited to be given permission to enter. Staff told us that they ensure that when undertaking personal care, they would shut doors and curtains so that people were supported in private.

Good

Is the service responsive?

Our findings

Care plans were person-centred and contained comprehensive details of what support people needed. We noted that these were also 'user friendly'. They contained enough detail about peoples history, preferences, interests and things they found important. Care and support plans were regularly reviewed and where possible, people and their relatives or other professionals were involved.

A staff member told us that on occasions there were problems between two people and as a result, they were always observed in the communal areas of the home to ensure that they were both kept safe and in order that potential situations could be diffused at an early stage by staff. Care plans detailed 'triggers', as well as clear instructions for staff to follow on how to use appropriate and effective communication and distraction techniques. For example a potential 'trigger' for oneperson was change of environment. The early warning signs were that the person would become loud and restless. The care plan detailed that de-escalation techniques should be used in such situations.

People had regular meetings with their keyworkers during which they would explore if people's needs were being met and if any changes to care and support plans were needed. Details of peoples histories were documented which had helped to formulate the care and support plans so that they included people's interests and preferences.

People had been supported to attend activities within the community. We saw that people had their individual activity plans. People we spoke with all told us that they got to choose what they wanted to do with their day. Activities which included day centre, swimming, days out to the beach and visits to the pub were also discussed in residents' meetings. We also noted that people who wanted to attend religious establishments were supported by staff to do so. A relative told us "[Person] attends a day centre and they [staff] take him shopping and take him to restaurants to have a meal and he is involved in other activities in the home."

Staff held monthly meetings with people who used the service during which topics such as house issues, new staff, holidays and activities would be discussed. There were plans for people to revisit the beach as ia recent trip had been enjoyed by all, despite a bit of rain.

There was a complaints policy and procedure available in an easy read version, which was displayed in the communal areas of the home as well as in the main office. The policy provided details of how and where a person could make a complaint to the provider. There were also photographs of the staff members they could make a complaint to. People we spoke with were aware of how they could make a complaint and who they could make a complaint to.

The registered manager told us that they had not had any complaints in the last twelve months. A relative that we spoke with told us, "If I have any issues I can just call the manager up to discuss anything" and "I have brought to their attention little things and they rectify it, but I haven't had a reason to complain."

Good

Is the service well-led?

Our findings

The provider had a registered manager in place and the service was well-led .

Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have in regards to the service and people's care. A staff member said "There is good leadership and the registered manager strives to meet everybody's needs." Another member of staff told us "Management always ask staff how the service is doing, what improvements can be made." A staff member described the registered manager and deputy manager as "open and honest". We were also told that the service was well –led by the management team as "They have it well covered, they [managers] know the service and the service users well and their hearts are really in it."

People we spoke with felt included in the home and found staff and the management team easy to get on with. People knew who their key workers were and who the registered manager was.

The registered manager told us that they had an open door policy, meaning that people, staff, relatives and professionals could speak with them at any time. Staff we spoke with knew the names and positions of senior staff, as well as, the management structure of the organisation. They were clear on who they reported to and who within the organisation they could contact to obtain particular information from.

Staff told us that the philosophy within the home was providing a sensitive service which puts the service user at the centre and working with and supporting the service users to live and enjoy their life, whilst supporting them to make decisions that promote their wellbeing.

The registered manager undertook monthly staff meetings and these were recorded so that staff that were unable to attend could be kept abreast of any changes. The manager was visible throughout the home and was also involved in providing support to people who used the service. The registered manager told us that where suitable, they discussed concerns or ideas that have been raised in staff meetings so that it could be used as a learning tool or to improve the service.

The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals such as social workers.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. The provider's compliance and regulation manager also carried out un-notified regular audits of the home to ensure that people were receiving a high standard of care and to identify any areas where improvements would be required. The last audit was conducted on 20 May 2015. These audits looks at the same domains as CQC, which are safe, effective, caring, responsive, well-led. We were told that if areas of improvements were identified, an action plan would be put in place to implement the improvements. We saw that the provider's quality assurance system was effective.

The registered manager had carried out regular audits of medicines so that that all medicines were accounted for. An audit of medicines had also been undertaken by a local pharmacist, and there were no concerns raised. These processes helped to ensure that medicine errors were minimised and that people received their medicines safely and at the right time.

The provider had undertaken a satisfaction survey in March 2014. We saw that there was a 'user friendly' format for people who used the service and that staff had supported people to complete the survey. The results showed that people were happy with the service that they had received. People had also told us that during one to one with the key workers they were asked about any changes they would want to their care and support or to the service in general. However , the registered manager did not provide evidence that stakeholder and/or professionals had been asked their view on the service.