CareTech Community Services Limited

Yorkminster Drive

Inspection report

1-5 Yorkminster Drive
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Birmingham
West Midlands
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Tel: 01217882763

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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

The inspection took place on 31 March 2016 and was unannounced.

Yorkminster Drive provides accommodation in three separate bungalows for up to 12 people with learning and physical disabilities. Ten people lived at the home at the time of our visit.

The home had a registered manager at the time of our inspection. 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 home had a friendly and relaxed atmosphere and staff told us that they enjoyed working there. We saw staff were responsive to people's needs and had good knowledge of how people preferred their support to be provided.

People and their relatives told us they felt safe and well cared for at the home. There was enough trained staff to keep people safe. Staff had received training in safeguarding and understood their responsibility to report any observed or suspected abuse. Staff were knowledgeable about the risks associated with people's care and support. Risk assessments and management plans were in place to manage the identified risks.

Medicines were managed safely so people received their medication as prescribed.

The registered manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were supported in a way that did not restrict their freedom.

Staff were kind and considerate to people. They respected and understood people's need for privacy and promoted their independence. People chose to pursue a variety of hobbies and interests at home and in their local community.

People chose what they wanted to eat and drink, and their nutritional needs were met. People were supported to maintain their health and well-being and staff knew when to refer to other health professionals.

People and their relatives knew how to make a complaint. A system was in place to manage complaints received about the service.

People were positive about the management team and how they managed the service. Staff were encouraged to continue to develop their skills in health and social care. They told us they felt supported by the managers' to carry out their roles effectively.

People, their relatives and staff were asked their opinions about the home and there were processes to monitor the quality of care provided.

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.

There were enough staff to meet people's needs. Medicines were stored safely and people received these as prescribed. Risks to people's health and wellbeing were managed well. Staff were aware of the signs of abuse and understood their responsibilities to report concerns.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well, and had the skills to provide the care they required. The provider met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People received food and drink of their choice, and were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

There were positive relationships between people who lived at the home and the staff who supported them. Staff promoted people's independence and dignity. People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were encouraged to make choices and were supported by staff who understood their needs. People took part in activities and hobbies that interested them. People knew how to make a complaint and the provider had a complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

There was a clear leadership structure, and management were open to ideas and suggestions from staff and people who lived at the home. There were systems and processes to monitor the quality of the care provided.

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 31 March and was unannounced. The visit was carried out by one inspector.

Before the inspection we spoke to the local authority commissioning team and asked if they had any information about the service. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority. They made us aware they had last visited in July 2015. They were satisfied with the quality of care provided.

We reviewed the information we held about the home and the statutory notifications that the manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our visit reflected the information contained within the PIR.

During the inspection we spoke to five people who lived at the home, one person's relative, the registered manager, two health professionals and four support workers. We reviewed three people's care plans and daily records to see how their support was planned and delivered. We reviewed records of checks the staff and the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

One person who lived at the home told us, "It's alright, everything is ok here." One person's relative told us, "The staff make sure people are kept safe."

Staff told us there were enough of them to meet people's needs and keep people safe. One staff member said, "The staff team is experienced and this is great for the people who live here." We observed staff had time to sit and talk to people throughout the day. The registered manager told us there were no staff vacancies and agency staff were never used. To supplement the permanent staff team the provider employed three 'bank staff'. These staff members provided cover for planned and unplanned shortfalls in staffing and staff absences. This meant that people were supported by staff who knew them well.

Procedures were in place to protect people from harm. For example, we saw the provider's safeguarding reporting procedure was accessible to people, their visitors and staff. One person told us, "I would tell my mum if something was wrong." Staff we spoke with had a good understanding of how to keep people safe and records showed they had received safeguarding training.

Staff understood their responsibilities to report any concerns. One member of staff told us, "I have a duty to keep people safe. Everything is reported and documented." The registered manager understood their responsibility to protect people and to report potential safeguarding incidents. They told us, "I would contact the safeguarding team to report any concerns that were raised." Records showed appropriate and timely referrals had been made to the local authority as required.

The provider's whistle blowing policy was on display for staff (a whistle blower is a person who raises concerns about wrong doing in their workplace). Staff were aware of the policy and told us they were confident to raise concerns if they witnessed poor practice.

The registered manager had a positive approach to risk taking and encouraged people to be independent. Staff were knowledgeable about the risks to each person's health and wellbeing. They told us, "Everyone is an individual and people need support in different ways." Detailed risk assessments and management plans were in place for staff to follow to reduce the risks. For example, one person had reduced mobility and this increased the risk of their skin being damaged. We saw they had a mattress in place which relieved the pressure on the person's skin, and staff knew they needed to check this person's skin every day and report any changes. The registered manager told us, "It's really important we check [Person's] skin and report any concerns to the district nurses." Records showed a district nurse visited the person monthly to make extra checks.

People's risk assessments were reviewed monthly by staff to ensure the information was up to date. Staff explained if new risks were identified, information was amended to keep the person as safe as possible.

The provider's recruitment procedures minimised the risk to people's safety. Staff told us they had an interview and people were recruited based on their experience. One member of staff told us, "I only started

working here recently, I have previous experience of providing care to people and this was discussed during my interview." Prior to staff starting work at the home the provider checked with the Disclosure and Barring Service (DBS) that staff were suitable to work with people who lived there. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record.

We checked people received their medicines when they should. One person told us," Staff always give me my tablets". We observed a member of staff doing this. We saw one person refused their medicine and the staff member respected their decision. A few minutes later the staff member offered the person their medicine again, and this time it was accepted. The staff member explained how the person usually refused the first time they were asked and they knew if they offered them again a few minutes later the person would take them. They explained how trying to encourage the person the first time would increase their anxiety. This was reflected in the person's medication risk assessment.

The registered manager explained that people had their medication reviewed every six months by their GP. During a recent review, one person's medication had been reduced, and staff told us this had had a positive effect on the person's well-being. We saw medicines were stored securely and disposed of safely when they were no longer required.

Administration records and regular checks showed us people had received their medicines as prescribed by their GP. Staff told us and records showed staff had received training to administer people's medicines. One member of staff said, "I have completed medication training and I am confident to administer." We saw the registered manager and deputy manager observed how staff handled people's medicines to ensure they were competent to do so.

The provider had taken measures to minimise the impact of unexpected events. Regular practice fire evacuations took place and we looked at a contingency plan which included telephone numbers for staff to call in the event of an emergency. Staff understood what they needed to do in an emergency to keep people safe. Each person had a personal emergency evacuation plan to ensure their individual needs for support in an emergency were detailed.

Accidents and incident records were up to date. The provider analysed incidents and took action to reduce the likelihood of the incidents happening again. For example, one person had several falls in their bedroom and had banged their head on furniture. The registered manager had implemented hourly welfare checks for the person and had purchased foam padding for the edging of furniture. This meant if the person fell again the likelihood of harm was reduced.

The home was clean and regular checks were carried out to ensure the building and the equipment were safe for people to use. For example, hoists which were used to move some people safely were serviced annually and had last been checked in July 2015. The registered manager told us if any equipment needs fixing they contacted the maintenance team for the home. Records showed repairs were usually carried out within 48 hours.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, "Staff are good and helpful." One person's relative told us, "Whenever I visit, the staff are helpful and cheery. They are always in a good mood and tell me what [Person] has been doing since my last visit." They explained their relative had lived at the home for many years and they felt confident staff had sufficient knowledge to meet their needs.

Staff understood the needs of the people they supported. Some people were unable to use speech to communicate. Staff showed us pictures and communication books used to help them understand what people's needs, preferences and choices were. For example, pictures of food were used to ensure people chose what they would like to eat at mealtimes.

Records showed care staff completed training the provider considered essential to meet the care and support needs of people who lived at the home. One staff member told us, "Training is plentiful, we get frequent training updates." Staff also completed training to obtain the skills to effectively support people who had behaviours which might challenge others when they became anxious. Staff explained this training was essential as it had taught them how to stay calm and to use low arousal techniques (techniques which focus on the reduction of stress, fear and frustration) to calm people at this time.

A training schedule identified when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training that the staff needed. We saw 'communication training' had been booked for staff to attend in the near future. The registered manager explained this training had been a priority as they wanted staff to further develop their skills to communicate effectively with people. One member of staff told us, "I welcome any training which will help me to understand how people are feeling and to make sure they can make as many choices for themselves as possible."

Staff had completed, or were working towards level two or three qualifications in health and social care. This meant staff had the right skills and knowledge to provide effective care and support to people.

New staff members received effective support when they first started working at the home. They completed an induction and were provided with an employee handbook to ensure they were aware of their roles and responsibilities. Staff had worked alongside experienced staff and observed how people preferred to be supported before they worked unsupervised. One staff member told us, "I had the time to get to know people and to find out how they like things."

Handover meetings took place at the beginning of each shift as the staff on duty changed. The health and well-being of each person who lived at the home was discussed and changes were communicated. This ensured people were supported by staff who had up to date information. One staff member told us, "Handover is really important as we find out what has been happening since we were last on duty."

Staff told us they had regular meetings with their manager which provided them with support to be effective

in their role. Meetings also gave them opportunities to talk about their work performance and personal development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within these principles and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the provider had submitted applications for each person who lived in the home to the local authority. These had been approved because their freedom of movement had been restricted in their best interest. Capacity assessments had been completed and meetings had taken place with health professionals and those closest to the person to make decisions. For example, on the day of the visit a best interests meeting took place for a person who was unable to consent to their dental treatment.

We observed people being supported and making daily choices during the visit. We saw staff asked people for their consent before providing assistance. This showed us they understood the principles of the MCA and knew they could only provide care and support to people who had given their consent.

People were encouraged to eat a healthy nutritious diet and had a choice of food and drink that met their dietary needs. One person said, "The food is lovely, the staff do the cooking and sometimes we have a takeaway from the Indian restaurant." Staff had good knowledge of what people enjoyed and people told us they went food shopping to the supermarket to choose food. On the day of our visit we saw staff assisted people to write a shopping list as they planned to go to the supermarket the following day. Staff told us the menu was flexible and we saw a pictorial food menu was displayed on the kitchen wall which people could understand.

One person had problems swallowing food. We looked at this person's care plan and saw staff had sought and followed guidance from the speech and language therapy team. Staff told us they encouraged the person to choose foods that had a soft texture which were easier for them to swallow.

People's weights were effectively monitored and staff we spoke with knew what action to take if people were gaining or losing weight. One member of staff told us, "We monitor what people eat and drink to make sure they have enough. One person is underweight so we encourage them to have extra snacks throughout the day." We looked at this person's care plan and saw staff had sought and followed guidance from a dietician.

Each person had a health plan and a hospital passport. Health plans identified the support people required to maintain their emotional and physical well-being. Hospital passports included important information about the person that hospital staff would need to know if the person was admitted to hospital. For example, any allergies they had and what foods they liked to eat. This meant people would not be disadvantaged when visiting hospital because health care professionals would have information to help them meet their needs.

One person told us, "I went to the doctors last week." Care records showed us this had happened and this assured us contact was made with health professionals to support people when needed. These included the GP, psychologists, dentists and opticians.

A visiting health professional said, "The managers always contacts us if a person needs to use our service or if they need our advice ." The registered manager told us the home was pro-active and had good relationships with health professionals. For example, the psychology service and speech and language therapy. They explained staff working at the home recognised their limitations and knew when they needed to involve health professionals to ensure people's needs were met.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "Staff are lovely and kind to me." One person's relative was complimentary towards the staff and told us, "Staff are caring towards people, they really do care." Comments from staff about the home included "It's a great place," and, "We know people really well." They explained because the home was small they were able to build up good relationships with the people who lived there.

We spent time in communal areas of all three bungalows. The atmosphere was homely and relaxed in all three. We saw people were supported by staff who knew people's abilities, support needs, and preferred routines. People and staff chatted and laughed together. Staff were caring towards people and treated them with kindness.

We saw staff members encouraged people to choose where they wanted to spend their time and to join in with conversations. We saw a member of staff ask a person where they preferred to sit, either at the dining table or in a more comfortable chair. The staff member acknowledged the person's choice.

Staff were aware of people's right to privacy and supervised people discreetly when people spent time in their bedroom or in communal areas. Staff understood that one person shut their bedroom door as a signal that they wanted to be alone. We saw staff knock people's bedroom doors and wait for permission before they entered. One staff member told us, "I treat everyone how I like to be treated or how I would treat a member of my own family."

People were supported with their personal appearance and to express their individuality. Two people showed us their bedrooms. We found people had expressed their individuality through the décor and furnishings. For example, one person had chosen to have the walls painted blue. The person told us, "I chose blue, it is my favourite colour." Their family photographs were on display and we saw they had lots of personal belongings.

Staff recognised the importance of promoting people's independence and supported people to complete every day household tasks in the home. We saw one person chose to do the washing up. Staff told us the person liked to do this and we saw they did this without prompts. Once they had finished a staff member said, "Brilliant, great job." The person responded well to this and smiled.

There were no restrictions on visiting times and people were encouraged to maintain relationships with people who were important to them. One person told us, "My mum visits me every week." Another said, "I phone my sister every day." Staff confirmed all of the people who lived at the home had frequent family contact and chose to spend time with their families.

Information about a local advocacy service was on display in the home. The registered manager told us no one at the home currently used the services of an advocate however they had in the past and this was available to support people if required. An advocate is a person who supports people to express their wishes

and weigh up the options available to them, to help them to make a decision.

People's confidential information was kept locked so people were assured their personal information was not viewed by others.

Good

Is the service responsive?

Our findings

People received care and support that was individual to their needs. One person told us, "Staff help me when I need them to." We observed staff approached people in a friendly and respectful way. Staff quickly responded when people wanted something and took positive steps to engage with them. For example, one person wanted to go into the garden; they put on their coat and pointed to the zip. A member of staff knew this meant the person wanted them to do the zip up for them.

Before people lived at the home, their support needs had been assessed to ensure staff were able to meet their needs. People had the opportunity to visit the home to see if they liked it. The registered manager told us nobody had moved in for over three years.

Everyone who lived at the home had a personalised care and support plan. These included information about people's likes, dislikes and things that were important to them. We saw people and their families had been involved in their care planning to make sure they were supported in the way they preferred. The information had been reviewed monthly and this ensured the information was correct and people's needs continued to be met.

The support plans gave staff clear guidance about the support people required and the way they preferred it to be provided. For example, we saw what personal care tasks one person could complete independently. Staff we spoke with knew what these tasks were and they told us they only assisted the person when required.

One staff member told us in detail about people and their preferred routines. They knew what people enjoyed doing, for example one person enjoyed having a fish and chip supper and colouring pictures.

We asked staff how they offered people choices. They told us they used picture cards and Makaton as this gave additional help for some people to make their choices. Makaton uses signs and symbols to help people communicate. This meant staff supported people to make choices in a way they understood.

We saw people were supported to take part in social activities which they enjoyed. On the day of the visit people took part in a variety of activities which included an art and craft session, visiting a local community centre, and going shopping. One person told us they, "Liked going on holiday." We saw that they had been supported to plan a holiday for later on in the year. Photographs of previous social events which included recent holidays were on display.

People knew how to make a complaint. One person told us, "I would tell my brother or my sister they would sort things out." One person's relative was confident to raise a complaint and explained there had never been any problems. They told us, "I know that if there was problem it would be sorted out straight away." A system was in place to manage complaints about the home. No complaints had been received in the last twelve months. The registered manager told us. "If we received a complaint I would investigate straight away to resolve."

Good

Is the service well-led?

Our findings

We spoke with people, their relatives, staff and visiting health professionals about the management team at Yorkminster Drive. One person told us, "They [registered manager] are good."

The registered manager had been in post since 2014 and was supported by a deputy manager .They both understood their roles and responsibilities and the benefit of having clear leadership.

Staff were positive about the support they received from the management team. A staff member told us, "We have had a few different managers over the years but the current manager is supportive. She is doing a good job." Another said, "I feel motivated to do a good job, staff morale is good at the moment."

Staff told us they were confident to raise any concerns with the managers. Records showed team meetings took place frequently and staff had contributed items for discussion.

The registered manager felt supported in their role. They explained there were good support systems in place. For example, there was a human resources department which provided advice if any issues related to the staff team arose. This made them feel confident support was available if they required it .The provider's operations director visited the home each month to support the registered manager and complete quality audits.

A 24 hour on-call system was in place which meant staff could always contact a member of the management team and seek guidance when they needed it. The telephone numbers were accessible to all staff. One staff member told us, "I would phone the on-call manager in an emergency situation." They explained how this made them feel supported.

The registered manager told us they had a 'hands on approach' and worked alongside staff on a daily basis. This ensured they had an overview of how staff provided care and support to people. We saw good team work and communication between members of staff and the registered manager during the visit.

We asked people if there was anything that would make the home a nicer place for them to live. People could not think of anything that needed to be improved. One person told us, "We are all happy." We asked the registered manager what they were most proud of and they said, "The committed and hardworking staff team."

People, their relatives and staff were asked their opinions about the care provided through questionnaires and satisfaction surveys. We looked at ten surveys which had been completed in 2015. All responses were positive about the quality of care provided and the ethos of the home. Analysis of the information showed us 88% of people were very happy and the other 12% were happy. One relative had written, "I am always made to feel welcome, I am very happy with the home and the care it provides." The registered manger told us an improvement action plan to benefit the people who lived at the home would be implemented if any improvements were required.

Internal audits and checks took place within the home to ensure the safety and quality of service was maintained. For example, regular checks of people's care plans and the home environment were carried out.

The registered manager had completed the PIR which is required by our regulations prior to the visit. They told us which notifications they were required to send to us so we were able to monitor any changes or issues with the home. We had received the required notifications from them. They understood the importance of us receiving these promptly so we could monitor information about the home.