

# CareTech Community Services Limited

# CareTech Community

# Services Hanley DCA

## Inspection report

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Date of inspection visit:  
03 March 2021

Date of publication:  
12 April 2021

## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

CareTech Community Services Hanley DCA provides personal care to people in their own homes through a supported living service where people live in their own home as independently as possible. For this inspection we focussed on the service in Wellington, Telford.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were five people living at this location and four people received a regulated activity.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

People were supported by staff that understood how to protect them from the risk of abuse. Risks were assessed and plans were put in place to support people to manage risks as safely as possible and in the least restrictive way.

Staff had the skills and training opportunities to keep people safe while offering support. Staff received training in managing medicines safely and supporting people with behaviours that challenged. Staff were able to work flexibly to meet people's needs.

Staff understood how to protect people from the risk of cross infection and effective infection control measures were in place to reduce risks.

People were supported to maintain their health and wellbeing and staff and managers worked with health and social care professionals to ensure a consistent approach.

Where incidents occurred, there was a learning process in place to reduce the risk of these happening again.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent despite the current challenges of supporting

people during the pandemic.

The manager had systems in place to monitor the service and develop action plans. There was a general recognition that the service had improved since the appointment of the new manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 April 2020).

#### Why we inspected

We received concerns in relation to the overall management of the provider's local services and the potential for people to be at risk of harm. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# CareTech Community Services Hanley DCA

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager and they were in the process of being registered with the Care Quality Commission. Once registered, 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 3 March 2021 and ended on 11 March 2021. We visited the office location on 3 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with two people's relatives about their experience of the care provided. We spoke with seven members of staff including support staff, a team leader, the manager and the locality manager.

We reviewed a range of records. This included excerpts from two people's care records and medication records. We looked at a variety of records relating to the management of the service, including accidents and incidents and quality audits and checks. We looked at three staff files, including training records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received feedback from three health care professionals who supported people who used the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from the risk of abuse as staff working at all levels were aware of what constituted abuse and poor practice.
- Staff told us they would be confident to report abuse and knew how to do it. One staff member told us, "I would always speak out...we are here for the service users."
- The manager demonstrated how they had identified alleged abuse and acted to protect people in response and in line with the appropriate authorities.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to reduce the risks. Staff told us they felt these assessments and plans were effective in delivering safe support.
- One staff member thought that assessments could be more person centred and the manager told us how they were being reviewed and updated to reflect this.
- A health professional told us they thought staff managed risks effectively both on an individual basis and in relation to group dynamics.. Another told us. "They manage very high risks effectively." This meant external agencies were reassured that people were supported safely.
- The provider had a proactive approach to risk assessment and plans were reviewed as needs changed. This ensured that staff could continue to deliver safe support. For example, one person had recently left hospital and their mobility needs had increased. Their needs had been reassessed, and plans had been implemented to keep the person safe with additional equipment and support.
- The provider had specialist staff available to support with reducing risks relating to behaviours. This had supported staff to reduce risks and improve outcomes for people.

Staffing and recruitment

- People were supported by enough suitably skilled staff meaning their support needs could be safely met.
- Staff and relatives were happy with the staffing levels feeling there were sufficient staff on duty at all times to offer flexible and focussed support. For example, one person required a higher staffing ratio when they went out and staff told us that this was accommodated.
- People were supported by staff who had been safely recruited and records of staff files shared with us reflected a safe recruitment process. A staff member told us how they had provided references and had been checked with the Disclosure and Barring Service (BDS) prior to their appointment. The DBS helps employers make safe recruitment decisions. The staff member also told us that they had recently had a further DBS check. This meant staffs ongoing suitability was monitored in order to ensure people's ongoing safety.

### Using medicines safely

- People were supported to manage their medicines safely.
- Staff were trained and had their competency checked. Records reflected this and one staff member told us how they had been observed and supported administering medicines to ensure they were safe to do so.
- Medicines administration records were in place and we saw how these were audited by a team leader and the manager to ensure they were accurate and up to date. Regular checks were also made by senior managers as part of the ongoing quality assurance programme.
- Regular audits of the complete medicines process took place and action plans were developed where improvements were required. Errors in recording or administration were managed effectively to ensure there was no reoccurrence.

### Preventing and controlling infection

- People were protected from the risk of cross infection and we saw staff observing robust cleaning practices as part of their response to keeping people safe during the current pandemic.
- Staff understood how to reduce the risks of cross infection and confirmed they had access to Personal Protective Equipment (PPE) and regular updates to their training.
- In relation to a recent outbreak of Covid-19 staff felt that it had been well managed. One staff member told us, "They handled it really well." Another told us, "Infection control processes are really good" and this reflected our observations at the time of the site visit.
- Where people received visitors, steps were taken to keep them and their family members safe. One relative told us they had and observed staff effectively using infection control measures to protect people and keep them safe.

### Learning lessons when things go wrong

- There were systems in place to learn lessons from when things went wrong. Incidents and accidents were logged on a central system and monitored by the provider's senior staff team. We saw how action plans were developed and monitored when improvements were required to ensure positive changes were made to keep people safe.
- Staff were aware of recent provider concerns in other services and there had been proactive discussions to ensure good practice, and their service also improved as a result. Staff talked about previous challenges and reflected on changes that had happened since December 2020. One staff member told us, "Things have changed. So far the improvements seem to be working."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a range of systems in place to check the quality of the service people received. We saw a number of checks that had identified areas of improvements as well as good practice. When improvements were identified we saw action plans were in place to address them.
- The manager offered effective support and direction. One staff member told us, "[Manager's name] work ethic is amazing." Another said they received good support and, "The new manager is approachable." This approach was motivating and inspiring staff. In conversations with staff it was apparent that morale among staff was good.
- The manager and the provider monitored training, safeguarding, accidents and incidents in order to be confident that people were receiving safe support from staff with the skills needed to carry out their roles effectively
- The manager ensured they submitted notifications as required and also worked with other health and social care professionals to ensure openness and transparency in what they were doing.

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

- People were supported in a person-centred way and staff told us how they responded to the needs and wishes of people to ensure they lived their best lives. For example, one person was being supported to develop relationships with family. One health professional told us how staff worked creatively to ensure one person was able to achieve their goal of living in their own home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour and have worked proactively and openly to make changes and improvements.

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

- People, relatives, staff and other professionals also had their say using a range of feedback forms and quality surveys. At the time of the last inspection we were told there were monthly key worker meetings and a tenant's forum in place to engage people about the service. The manager told us how actions were incorporated into the services action plan in order to deliver a service based around peoples wishes and needs.

- One relative felt involved and updated. They told us they were happy with the service, and had never had any concerns.

#### Continuous learning and improving care

- The manager had set up systems to ensure staff had opportunities to learn from sharing their practice. Team leaders regularly worked with staff to share their knowledge, give advice and improve care delivery and outcomes for people. Team leaders knew the people they supported well, and this gave them a good insight into what support was more likely to be effective. They shared this with their teams.
- Staff could give examples of how they used learning to improve outcomes for people. One person told us how one person needed support to manage a newly diagnosed medical condition. They told us they had received training to enable them to offer effective support with their newfound understanding.
- A health professional reflected upon recent improvements to the service and said, "I have had concerns previously but recently have found the team to be responsive and well led." Another health professional told us that communication had improved, leading to better outcomes for people. They said, "I would say I have found the recent working practices of the senior team to be excellent and communication, which was also lacking to be effective."

#### Working in partnership with others

- Three health care professionals told us of a positive joint working relationship that mean people's health care needs could be effectively met and continually reviewed.
- One health care professional told us, "They are proactive in calling for help and keen to work within a multi-disciplinary team." Staff spoke positively of the support and guidance they received from professionals and the joint working led to positive outcomes for people who used the service
- Another health professional told us, "I find the staff at Caretech [location name] very receptive to professional's ideas and taking this forward. Staff have contacted the team when concerns arise, or they need professional advice."