

CareTech Community Services Limited

Caretech Community Services Ltd (East Anglia)

Inspection report

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27 February 2020

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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 Ltd (East Anglia) is a supported living service providing personal care to 10 adults with physical and learning disabilities and autism. The service is provided at five different addresses. People lived in their own house or flat and there were also shared and communal areas where people could socialise with their friends and other people using the service.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. This was to not identify the service as a place where people received care and support.

Staff understood what safeguarding meant for each person and how to protect them from the risk of harm. Staff administered and managed people's medicines safely. Staff were recruited in a safe way and checks were undertaken to make sure staff were suitable to work with people. Staff supported people to take risks in support of their rights where this was safe. Lessons were learned when things went wrong. There were systems in place to promote good hygiene practice.

Staff were trained according to people's assessed needs. Staff were supported with regular mentoring and supervision; this helped ensure people's care was effective. The staff team worked well with others involved in people's care. People were supported to be independent, access health care services and to eat and drink healthily. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people had been assessed as lacking mental capacity legal restrictions had been applied for, agreed and put in place as consent for staff.

Staff supported people with kindness and showed compassion when caring for and supporting people. People's privacy and dignity was promoted. People were supported by an advocate who spoke up on the person's behalf. Records were kept confidential.

People lived full, independent, fulfilling and meaningful lives by accessing the community and having the social stimulation they needed. People's concerns were acted on before they became a complaint. The

complaints system was accessible, open and identified improvements which were acted on. Systems were in place should people need support in an emergency or end of life care.

The registered manager was aware of their responsibilities in managing the service and when they needed to report events such as safeguarding to us. Oversight, governance and quality assurance of the service was effective. People had a say in how the service was run and how improvements were made. The provider and registered manager worked well with others to provide joined up care. Staff were supported in their role and received feedback in a positive way. The registered manager was approachable which meant people, relatives and staff being more open, leading to better quality care.

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.

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

Rating at last inspection

This service was registered with us on 26 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caretech Community Services Ltd (East Anglia)

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. 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

One inspector carried this inspection.

Service and service type

This service provides care and support to people living in five '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 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

We gave the service four days' notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This also enabled us to speak with people's relatives and advocates by telephone for people who could not speak with us.

Inspection activity started on 20 February 2020 and ended on 27 February 2020. We visited the office location on 26 February 2020.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us in February 2019. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four people's relatives about their experience of the care provided. We spoke with six members of staff including the operations' manager, registered manager, team leaders and support workers.

We reviewed a range of records. This included two people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We reviewed a range of records the registered manager sent us in relation to compliments, feedback from staff, health professionals, relatives and the fire service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training about safeguarding people and their knowledge of this was checked to ensure staff understood the subject.
- People told us they felt safe. One person showed us how comfortable they were when with staff. One relative told us that they trusted the staff as their family member would not hesitate to tell them if they were worried.
- Staff were clear about the different types of abuse, how to recognise this and to whom they could report any potential harm. One staff member said, "I would report any concerns to the [registered] manager, straight away and if needed the CQC."

Assessing risk, safety monitoring and management

- Staff had a good understanding of anything that had the potential to cause people harm. Risk assessments reflected these risks and were used to help support people safely. This included when people, accessed the community, became or were at risk of distress or were anxious. A relative told us how staff had adapted their methods for ensuring people were safe when using the person's transport by sitting in the rear seats with staff.
- Staff applied their skills, knowledge and training such as for support based on best practice for positive behaviour therapy. This was successful in promoting non-physical intervention which was used only as a last resort to keep people safe.
- This led to people's distressed behaviours which could challenge others reducing significantly and in one case no longer occurring. This had a more positive impact on people's well-being and safety.

Staffing and recruitment

- There were robust recruitment checks for potential new staff to help make sure they were suitable to work with people. People helped determine which staff would be employed and to check how well they engaged and made people feel at ease.
- There were enough staff to support people safely. Staffing levels were determined by the level of care and support each person required.
- The registered manager occasionally worked alongside staff to check there were enough staff and that the staff's skills were appropriate to meet people's needs safely.

Using medicines safely

- Trained and competent staff safely supported people with their medicines.
- The provider applied the principles of not overmedicating people. Health professionals made sure

decisions about people's medicines were safe and involved the person. One person told us, "I do all my own medicines. [Staff] have to remind me sometimes though."

- There were clear guidelines in place for staff to safely store and administer people's medicines. This included 'as and when' medicines such as for anxiety which could be in addition to regularly administered medicines.
- Records of people's medicines were accurate and reflected the quantities held and those to be administered. One staff member told us, "I was observed administering medicines several times to make sure I was competent."

Preventing and controlling infection

- There were processes and systems in place to promote good hygiene practice including staff training and hand washing techniques. Staff encouraged people to maintain good personal hygiene.
- Staff knew how to reduce the risk of infection. They used personal protective equipment, such as disposable gloves and aprons, to help prevent the spread of infection.
- There were measures in place including for people at an increased risk of infections. This included attention to detail for personal hygiene and the potential for hospitalisation to manage the infections.

Learning lessons when things go wrong

- The staff team took onboard learning when things did not go quite so well.
- The registered manager cascaded learning through staff team meetings, supervisions and regular monitoring of staff at people's homes.
- Good practice was then shared through staff forums where new care strategies had worked, and people were much calmer due to a consistent but firm approach.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The registered manager and senior care staff used a joined-up approach to assess people's needs. This helped ensure that the service's staff team was able to meet people's needs.
- This assessment included all aspects of people's support, physical, mental and social needs. Staff were provided with the latest guidance to meet people's needs for medicines administration, non-physical interventions and communication skills.
- Staff adhered to this guidance and people achieved effective outcomes. For example, one person who had previously become distressed and anxious with behaviours which could challenge others, was now able to access the community to go swimming. This had only been possible due to staff perseverance following strict guidelines. One relative told us, "I find it amazing each time I speak to my [family member] to hear what they can now do."

Staff support: induction, training, skills and experience

- The registered manager planned staff training and ensured staff received the support they needed to meet each person's needs. This included a planned programme of induction, including shadowing experienced staff and regular supervision to monitor how well staff had progressed. One staff member said, "I have never had such good support. I can discuss openly with my line manager about new ideas and what might need adapting."
- One person told us how good staff were at meeting their needs. Another staff member told us, "Whatever people's needs are we get trained on how to meet these. I did a three-day workshop on non-physical interventions which enables me to keep people safer and prevent situations from escalating."
- Management staff monitored the effectiveness of staff training including unannounced checks of staff. One health professional had been impressed with how staff had managed a challenging and complex case they had told the provider, 'Staff demonstrated a range of skills, expert knowledge and ability to manage a risky situation. I was impressed by the level and degree of professionalism'.

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

- Staff adhered to guidance from health professionals to ensure people's eating and drinking was safe. People ate healthy balanced diets. One staff member told us that people did have take-away treats as well as having a favourite food on occasions.
- People were supported to plan their meals including making a list, being supported to go shopping and assisted by staff to make healthy choices including low sugar drinks, fruit and vegetables.
- People helped take part in meal preparation as much as practicable. One person was proud to tell us about the cakes they had helped to bake. One relative said, "My [family member] never used to be able to

cook but with help from staff, they can now."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked well with others involved in people's care, people received consistent care.
- Many external agencies had praised the registered manager and staff for how well they had worked together. One compliment from the local learning disability partnership (LDP) told the provider, 'Staff participated in LDP workshops to explore how best to support [person]. Staff have been honest about what approaches work better than others and will suggest alternative ways to achieve positive outcomes.' The person was now experiencing social stimulation they had not done in many years. For example, going outdoors, swimming, shopping, and even going to a disco.
- In another situation a person had moved to the service urgently. Staff had put strategies in place and worked with commissioners, social workers and health professionals to ensure this transition was successful. A relative told us, "It hasn't all been plain sailing, but I am now confident my [family member] may one day live quite independently, with just some support." The prompt involvement of others had resulted in an accurate diagnosis of the person and a reduction in their medicines. This meant the person being more aware of their surroundings.

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

- Although people had tenancy agreements for their own homes, staff worked with landlords to achieve an environment which met people's needs.
- The decoration and other adaptations to premises where people lived helped meet their needs and promote their independence. For instance, with wheelchair ramps, hand railings and removal of items which could cause people harm such as cooking appliances.
- Plans were also in place to adapt people's homes to include sensory rooms as people's needs changed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and staff were willing to take advice and put it into action very quickly. One person was supported to attend hospital by a quieter entrance. This meant they would remain calm and not become anxious and miss an appointment. Staff went with people where this was agreed or in the person's best interests.
- We found that external professional had praised the service for their work in preventing readmissions to hospital. They had told the provider, 'I have always found the staff very knowledgeable about the needs of people they support.'
- People's care records included important information about them, including how they communicated and if they had any allergies. This helped people in emergency situation if they needed to be admitted to hospital.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications had been made to the CoP, which ensured people's care was in their best interests and any restrictions on people's liberty were the least restrictive option. This also included people who had appointees to manage their finances.
- Staff applied their knowledge around the key principles of the MCA, people' choices were respected. Staff supported people to be safe including when out in the community.
- For one person, rather than put a door in place, staff had worked with the landlord to have a stable type door which was less restrictive. This meant the person no longer became distressed and they were contented to see what was going on.
- People or their legal representative had consented to their care and records were kept for this. One staff member told us how they showed people a few choices to not overwhelm the person. The staff said, "I would show two items of food say, [person] then chooses the food. They can choose their own clothes. It works best to give them time to think about the choices they could make."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff cared for people with kindness, respect and compassion. We saw one person was quite happily dancing with staff and another comfortable in their own space. A relative told us that they could not remember their family member being as happy and contented as they were now.
- All relatives were complimentary about how thoughtful staff were and how they ensured people were not disadvantaged. This sentiment was echoed by a member of the fire service who supported people to be safe. They had praised the staff for providing an atmosphere that was just like one big family where people were very happy and relaxed.
- Staff made sure people's properties were not identifiable as a supported living service. The registered manager explained that when commercial skips were used during property renovations, these were hidden from public view. This was to protect people's privacy.

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

- People's care plans were in an accessible format including pictures, signs symbols and objects of reference. This helped people choose who and how their care and support was provided.
- Staff had identified and implemented communication strategies based on their knowledge of people's abilities. In one case staff had produced a dictionary of terms, words and body language which had opened up the world to the person.
- People were supported to make decisions and choices about their care. One advocate told us how they had been involved in helping choose new bedding and a change in food choices. They said, "Just by leaving a few notes helped [person] to order this and collect it with staff." Other more formal advocacy included support for people who needed some assistance with managing their finances.
- One staff member told us about how another person had greater choice and control and said, "From the beginning to [27 February 2020], the difference has been incredible. Not only is [person] calmer and more settled, we give them every opportunity to go out, even if they have been distressed. They tell us what to draw so we know what they want to do." Relatives and others, we spoke with shared this view of transforming people's care without discrimination.

Respecting and promoting people's privacy, dignity and independence

- People's confidential information was kept securely and only shared where this was in their best interests.
- Staff upheld and promoted people's privacy and dignity. We saw staff knocked before entering people's homes and people were asked politely if there was anything they wanted staff to do. Relatives were unanimous in praising staff for the ways they promoted independence. One relative said, "Whenever I visit my [family member] they are always clean and smartly dressed." Another relative told us how their family

member had been supported with life skills, including choosing the colours and furnishings for their home.

- Staff described clearly how to protect people's privacy and modesty. One staff said, "I get all the toiletries ready beforehand. I warm the towel up so people don't get cold. I wash a bit of them at a time and keep them covered."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and included preferences, such as gender of care staff, being active, help with meal preparation and personal care. This helped guide staff how the person wanted to live their life including, a record of the person's life history and others who were important such as relatives, staff, health professionals and advocates.
- One example of this included a person who moved to the service when their previous home had closed. Staff showed the person pictures of their new home and spent time visiting the person to make sure their move went as smoothly as possible. One staff member told us how they had recognised the person became calmer whilst reading stories or singing to them. This had enabled the person to say certain words which staff could put into action to watch a film series based on wizardry. This had led to the person saying more words and also enjoying different films and books.
- In addition, as part of the transition, staff had arranged for a lease mobility vehicle until a more permanent solution was in place. This was important as the person was much calmer when enjoying a drive or eating out. Other examples included people holding a cake sale at the provider's office and meeting members of the community. A relative told the provider, 'We really enjoyed the occasion and it was moving to see the videos and pictures of past events where everyone looked so very happy'.
- In another situation, a relative had praised staff who shared the person's passion for fishing. Staff obtained a fishing license and helped the person regain confidence having relaxing days out. The relative told the provider, 'This is really nice that this is happening'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People benefited from being listened to in a format that met their communication skills. For instance, with computer software programmes using symbols, signs and speech to enable people to communicate. This helped promote the development of essential skills such as attention and learning verbal skills.
- People's care plans were detailed according to their personal preferences. This consisted of accessible information including people who had developed their own dictionary of sounds. Staff had used these sounds to understand in greater detail what the person was telling them.
- This meant the person was able to access a world that previously they hadn't. A relative said, "The difference is amazing. I never thought [person's] communications would turn from distressed behaviours into things staff can understand and act on." A staff member told us how this had taken many months, but

over time and by only using a few words the person could be supported to do things, including shopping and going out which they previously would not do.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people achieve their goals, people lived life to its fullest. This included being supported to access a wide range of activities, various pastimes, hobbies and community contact. Examples included one person who after a lot of effort had been supported to go swimming and how much calmer this made the person feel.
- This had been done gradually, with options if the person changed their mind. The registered manager told us how staff were mindful of their body language and choice of words to reduce people's excitement. Another person was proud to show us their DVD collection and films they liked watching, and pictures of their day out at a zoo which they had thoroughly enjoyed.
- Relatives and advocates we spoke with had a shared and positive view of how well access to them was supported. This could be in person, by telephone, e-mail or through the use of social media. One relative said, "I ring every week, it's great to hear what [person] has been doing and what else they have achieved."

Improving care quality in response to complaints or concerns

- The complaints system and process was in an accessible format including pictures based on people's individual communications. People could use signs and symbols as a way of highlighting concerns as well as telling staff verbally, with body language and facial expressions. Staff understood these and took action. One example was the use of a single word such as what was happening 'next'.
- Concerns were acted on before they became a complaint and compliments were used to identify what worked well. Relatives were unanimous in saying how their suggestions were effectively acted on and that the registered manager listened. One relative said, "I have never had to raise even a single concern."

End of life care and support

- There were systems and processes in place for people should they suddenly become unwell and require end of life care. This included discussions with people or their legal representative.
- Staff told us who they would contact in these situations including GPs and palliative care teams. Decisions could also be made in people's best interests to ensure they had a dignified death.
- Staff were also mindful of people if they needed to attend a family funeral and how to do this without causing distress.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager supported staff in their roles with various means including regular supervision, team meetings, and working alongside staff.
- Staff told us the registered manager was very approachable, listened and took effective action. One professional had praised the registered manager for their positive approach to continually problem solve and work in a creative and person-centred way. Staff complimented the registered manager for being contactable at literally any time of day. One staff member told us, "I always get an answer which is supportive."
- One advocate told us that, "In a short period of time [staff] have made it possible for [person] to now be matched to staff who share their view of life and how they like to live it." A social worker had complimented staff for how they had supported a person to grow and thrive and have the opportunity to learn new skills and experiences which had improved the quality of the person's life.

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 registered manager was aware of their responsibilities and made sure they had told us about incidents such as those for potential harm.
- Staff were reminded of their responsibilities including for errors linked to administering medicines, prompt action was taken and referred to professionals and safeguarding teams.
- The openness and honesty of the registered manager and staff meant that swift and effective actions were taken to ensure people's care was as up-to-date as practicable.

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

- The staff and management team upheld the provider's values to help deliver good quality care in transforming people's lives for the better.
- Staff received feedback on their role in a positive and encouraging way. One staff member said, "We get unannounced checks on our performance. The [registered] manager works alongside us. I feel confident knowing that we are supported, often with people who have quite complex and distressed behaviours."
- One social worker had praised staff for the way they had persevered through a difficult time in a person's life. The person now went out in their own vehicle. This meant they were more relaxed and engaging for a greater part of the day.

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

- The registered manager saw the potential people had and enabled them to lead a full and normal a life as possible. Staff were confident to report any potential for poor care.
- Staff had the right skills to get the best out of people including knowing what they wanted to do and with whom. For example, links with the wider community including the fires service were used to enhance the quality of people's lives
- A social worker had praised staff, despite the mental and physical challenges they faced, for making it possible for a person to access the community for personal banking. This enabled the person to live a life which promoted their engagement and gave them control over their day.

Continuous learning and improving care

- Quality assurance systems, governance and oversight of the service was effective. For example, by removing staff from administering medicines until they had refreshed their knowledge and skills. where errors had occurred.
- Audits were used to identify areas to improve on and compliments showed what the service did well. For example, feedback from people showed us their satisfaction at the service they received including the use of words including 'good' or signs for a thumbs up.
- A social worker was complimentary at the way staff sought out new ideas and experiences for people and seeking their views in whatever way achieved the best results.

Working in partnership with others

- The registered manager worked well with professionals involved in people's care including health professionals, physiotherapist, social workers and commissioners of people's care.
- One health professional had told the provider, 'The liaison and communication between the staff team and professionals has been very good.' This was important to the professional who had said they, 'Relied on prompt and reliable feedback from staff to make important clinical decisions and these arrangement had worked well.'
- The registered manager told us how they arranged contact with people's landlords using the person's communication skills. This helped promote people's independence to be able to arrange repairs by themselves.