

# CareTech Community Services Limited

# Minstead House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Minstead House is a residential care home providing personal care for up to 8 people. The service provides support to people with learning disabilities and autism. At the time of the inspection there were 6 people living in the home.

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

**Right Support:** The risks to people were identified; however, these risks and the plans for keeping people safe were not always reviewed. Staff knew how to look after people. People and their relatives told us their needs were being met in the home.

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.

**Right Care:** Improvements were needed in relation to the management of people's medicines. Staff training needs had not been consistently monitored and addressed. The provider protected people from poor care and abuse. The provider ensured people were treated with respect and dignity whilst receiving care and treatment. Staff knew people well and cared for them in the way they wished.

**Right Culture:** The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of people's care. People's care records were not always accurate, up-to-date and complete. People and their relatives told us the provider was communicative. Staff felt supported by the provider and able to do their job.

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 14 March 2018)

### Why we inspected

We received concerns in relation to the safety of people and the culture of the home. As a result, we undertook a comprehensive inspection. We found no evidence during this inspection that people were at

risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Minstead House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified a breach in relation to the provider's governance and quality assurance processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement**



### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good**



### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement**



### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement**



# Minstead House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Minstead House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Minstead House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The registered manager had recently left the home. The provider was in the process of recruiting a new registered manager.

#### Notice of inspection

This inspection was unannounced.

#### 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. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 6 relatives about their experience of the care provided. We spoke with 7 members of staff including the provider, manager, senior carer and care workers.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 5 staff files in relation to recruitment and staff competencies. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Staff supported people to take their medicines as intended and kept medicine administration records.
- People and their relatives were satisfied with the help staff gave people to take and manage their medicines.
- The temperature of the medicine storage room was monitored. However, staff had not always made the registered manager aware when temperatures had exceeded the recommended range, in line with the provider's procedure. This increased the risk of people receiving unsafe medicines.
- People's topical medicines were applied as intended; staff we spoke with understood how to apply these. However, people's care records lacked information and guidance for staff on how, when and where to apply these medicines. This increased the risk of people's topical medicines not being used as prescribed.
- We discussed our concerns about the management of people's medicines with the manager, who took prompt action to address these.

### Assessing risk, safety monitoring and management

- The risks associated with people's care had been assessed and plans put in place to manage these. However, people's risk assessments and care plans had not always been reviewed on a consistent basis, in line with the provider's policy or changes in need. For example, one person's care plan had not been updated to reflect a change in the support they needed from staff with a current health condition. Another person's care plan had not been updated to reflect a change in the level of staff support they needed when going out. This increased the risk of harm to people.
- Where people were at risk of self-harm, improvements were needed in procedures for recording injuries and the treatment of these, to fully protect people's health and safety.
- People and their relatives told us staff helped them stay safe. Staff we spoke with were aware of the risks to people and their role in keeping people safe.
- We discussed our concerns about the assessment and management of risks to people's health and safety with the manager, who took immediate steps to resolve these.

### Preventing and controlling infection

- The provider had systems and procedures in place designed to protect people, staff and visitors from the risk of infection; however, improvements were needed.
- Where decisions had been taken for staff not to wear face masks, due to concerns around communication with people or the challenge this posed for people, we found no evidence this had been risk assessed. This placed people at increased risk of infection.

- The provider had failed to ensure staff and visitors were able to safely dispose of personal protective equipment (PPE). We saw a lack of clinical waste disposal facilities in place throughout the home.
- PPE was not always stored safely. For example, we saw face masks and gloves stored in a cupboard next to cleaning products.
- The provider had a cleaning schedule in place and ensured this was adhered to. The home appeared clean and free from clutter. However, some cleaning equipment was incorrectly stored. For example, we saw mop heads stored on the floor.
- Some areas of the home were in need of repair and therefore did not promote safe infection control practices. For example, we saw chairs with rips in the fabric and chips on counter tops. This meant the items could not be thoroughly cleaned.
- We discussed our concerns about standards of infection prevention and control (IPC) with the manager, who took prompt steps to address these.

#### Visiting

- The provider was facilitating visits for people important to them safely.

#### Learning lessons when things go wrong

- The provider completed a monthly analysis of accidents and incidents within the home to identify trends and themes and actions needed to reduce further occurrence. We saw actions had been taken in response to incidents to keep people safe.

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

- Systems and procedures were in place to protect people from abuse.
- Where allegations of abuse were made, the provider took immediate and appropriate action to protect people. We saw evidence the provider implemented measures to reduce the risk of reoccurrence.
- When needed, the provider undertook investigations in good time and made recommendations to ensure people were safe from abuse.
- Staff had completed safeguarding training. Staff we spoke with were able to describe the signs of abuse and knew how to protect people from abuse.

#### Staffing and recruitment

- Staffing levels and deployment meant people's needs could be safely met. We saw there were enough staff on duty to meet people's needs and respond to their requests for help.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure prospective staff were suitable to work with people. This included references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had assessed the training staff needed to give them the skills and knowledge required to meet people's needs. However, training records indicated staff training needs had not been consistently monitored and addressed. We found multiple gaps in training on the service's staff training matrix.
- People and their relatives felt staff had the skills and knowledge needed to meet people's care needs.
- Staff we spoke with spoke positively about their training and felt supported by the provider. One member of staff told us, "I feel supported here; my manager is really good."
- Staff received regular supervision from their line manager. This meant staff were able to reflect on their performance and receive feedback on their role.
- We discussed our concerns around the monitoring of staff training with the manager. They assured us staff training would be more effectively monitored and any existing gaps in staff training promptly addressed.

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

- People's needs and preferences were assessed before they moved into the home, to ensure these could be met and to inform initial care planning.
- In assessing people's needs, the provider considered people's protected characteristics under the Equality Act.
- Staff we spoke with knew people well and understood the need to adhere to people's care plans to achieve good outcomes for people.

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

- People had the support they needed from staff to drink enough and maintain a balanced diet, including, where needed, physical assistance to eat their meals.
- Where people were known to be gaining or losing weight, they were assessed and supported to maintain a healthy weight. For example, one person was losing weight. The provider had made appropriate referrals to other healthcare services to address the person's weight loss.
- People chose their own meals. People were encouraged to prepare their own meals with the support of staff.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider ensured people's care needs were met in line with the principles of the MCA. The provider ensured people's capacity was regularly assessed.
- Where people's capacity to make particular decision was in doubt, the provider ensured the person's best interests were considered. For example, one person was assessed as lacking capacity to manage their own medicines. The provider had met with other health professionals and the person's family to consider the person's best interests.

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

- Improvements were needed to the home's physical environment, to ensure this was homely, well-maintained and reflected people's diverse needs.
- People's relatives told us the environment was in need of improvement. One person's relative told us, "There are a lot of broken things around; it needs repairing."
- Staff told us the environment was in need of redecoration and was not homely for people. Our observations supported this, including damage to some fixtures and fittings and an empty bookcase within the communal lounge.
- At the time of the inspection, limited redecoration of the home was underway.

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

- People's care records evidenced the provider had worked effectively with other agencies involved in people's care. For example, we saw one person was referred to a specialist behavioural support team when a particular concern was identified. This meant people received appropriate support to manage their needs.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were happy with the care they received. People living in the home told us they were happy living in the home and with the support provided by staff. People's relatives told us they were happy their relative was living in the home and felt they were being looked after well.
- Staff treated people with kindness and compassion. We observed staff caring for people in the way they wished and was beneficial to them.
- One person could become anxious in a particular social situation. We saw a staff member pre-empted this situation and acted quickly to engage the person's attention in a more positive way. This meant the person remained happy and content in their home.
- Care plans included guidance for staff to follow detailing how to promote people's independence. Where people needed support from care staff, their involvement was kept to a minimum in order to encourage people to do as much for themselves as possible.

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

- The provider ensured people's views were taken into account wherever possible. We saw examples of people being involved in the activities they took part in, including how their rooms were decorated and the meals they ate.
- Some relatives told us the provider ensured people were involved in decisions about their care. For example, one relative told us they had been asked for their views on a particular decision. The relative said they were listened to and their views taken on board.
- People were given information regarding independent advocacy services. This meant people who may not be able to express their views had someone to act in their best interests.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Individualised care plans had been developed to ensure people's needs were understood by staff and met. However, care plans included limited guidance and information for staff on people's individual preference for their care, to promote a person-centred approach. For example, one person's care plan lacked information about their preferences in how staff supported them with personal care tasks.
- The provider had failed to ensure care plans fully reflected people's needs. For example, one person required additional support with their diet however their care plan had not been updated. This meant staff may not have up-to-date information and guidance on how to meet people's changing health and care needs and preferences.
- There was limited evidence that the provider had ensured people and their relatives were involved in the care planning process. One person's relative told us they had not been asked about their relative's care plan or taken part in a care plan review

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had ensured people's communication needs had been explored with them. This information was recorded in people's care plans to promote effective communication with people
- Staff knew people's communication needs well. We observed staff communicating with people in a way they could understand.

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

- People's care plans detailed people's general likes and dislikes as well as the people important to them. We saw evidence people were encouraged to maintain relationships with the people important to them.
- The provider ensured people were able to participate in activities they enjoyed. Staff we spoke with knew the activities people enjoyed well. We observed people enjoying a music session they were encouraged to attend and participate in.

Improving care quality in response to complaints or concerns

- The provider had a robust policy in place to record and manage any complaints.
- People's relatives told us they had not had reason to raise a complaint with the provider but were aware of how to do so if needed.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems and processes for assessing, monitoring and improving the safety and quality of people's care were not effective.
- Audits and checks completed in relation to people's care had not enabled the provider to identify and address the shortfalls in safety and quality we found during our inspection. This included concerns around the management and storage of medicines; reviews of care plans and risk assessments; standards of IPC; and staff training.
- The information and guidance in people's care records was not always complete, accurate and up-to-date. This included a lack of recording in relation to incidents during which restraint had been used and any learning from these, to enable the provider to closely monitor and minimise its use.
- The provider had failed to monitor food safety standards were being maintained. We found a number of out of date items of food. In addition, the thermometer used to record temperatures in the freezer was not working. This increased the risk of people receiving unsafe food.
- The provider's systems for monitoring people's current DoLS authorisations, and when these needed to be renewed, was not robust. This increased the risk of people being deprived of their liberty unlawfully.

The provider's systems and processes for assessing, monitoring and improving the quality and safety of people's care were not effective. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared these concerns with the provider who took some immediate actions to improve their quality assurance systems.

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

- All staff we spoke with told us they felt supported by the provider and deputy manager. Staff told us they knew the deputy manager well and had confidence in their abilities. Staff felt able to approach the deputy manager and provider should they need to.
- Regular team meetings were held with staff. Staff reported these meetings were positive and gave them the opportunity to discuss the running of the home and make suggestions regarding changes where necessary. Minutes of these meetings demonstrated staff were encouraged to participate.

- We were assured the provider and deputy manager understood their responsibilities under the duty of candour, and their associated responsibility to be open and honest with people when care had not gone according to plan. For example, the local authority and CQC had been informed when allegations of abuse had been made involving people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives told us the provider was communicative. One person's relative told us, "I have a good relationship with staff and they always communicate with me."
- People's care records evidenced the provider had sought the advice and support of other healthcare providers to ensure people's health care needs were monitored and met.
- Staff we spoke with understood whistleblowing and were aware of the provider's related policy.

Whistleblowing is the term used when staff report certain types of wrongdoing within an organisation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes for assessing, monitoring and improving the quality and safety of people's care were not effective. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>