

CareTech Community Services Limited

CareTech Community Services Limited - 25 Garrads Road

Inspection report

25 Garrads Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

CareTech Community Services Limited – 25 Garrads Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is registered to accommodate up to 14 people with learning disabilities who also need support to maintain their mental health. Some people also have physical disabilities. There are bedrooms on the ground and first floors of the main house in which people live, as well as a self-contained flat on the second floor and a self-contained bungalow within the grounds. The ground and first floors of the main house are self-contained, each with its own kitchen, dining room and lounge, so that people live in smaller groups of their peers within the care home. There were 10 people using the service on the first day of our inspection, and nine when we returned on the second day.

At the time of our inspection, the home did not have a registered manager in post. The provider organisation's locality manager was overseeing the service when we visited for the first day of our inspection, and a permanent manager had been recruited and started working nine days prior to our second visit. The new permanent manager intended to apply to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

This unannounced inspection took place on 6 November and 28 December 2017. We undertook a focused inspection on 6 November 2017 as we had received information of concern from a staff member working at the service, as well as concerns from one of the local authorities who commission placements for people at the service. The focused inspection looked at whether the service was safe and well-led. We returned on 28 December 2017 to complete the full comprehensive inspection of the service.

The home was previously inspected on 12 January 2017 and rated requires improvement in all key questions. The inspection in January 2017 was carried out to check that actions to improve the service people received had been undertaken, following an inspection in May 2016 in which the service was rated inadequate in safe, effective and well-led, and overall.

The changes in management of the service over the 12 months prior to our inspection had resulted in a service with inconsistent leadership and oversight of risks and quality. Recent changes left people feeling safer and the provider was working towards improving the service by establishing a more robust permanent staff team, including the appointment of a manager.

The above issues notwithstanding, people told us they received a service that met their needs and respected their preferences and wishes. The service operated within an evidence-based practice framework, following

the principles of positive behaviour support and active support to assist people to live their lives to the fullest within their local community.

Staff respected people's dignity, privacy and choices. Staff understood and worked within the requirements of the Mental Capacity Act 2005 and, where necessary, people's rights were protected by the use of Deprivation of Liberty Safeguards to keep them safe.

Staff supported people to pursue the activities of their choice within and outside of the care home, and further improvements were planned to facilitate this for all of the people who used the service.

People's individual communication needs were understood by staff, and information provided within the home was presented in ways that people could understand. Complaints about the service were managed appropriately and responded to.

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. Staff vacancies and inconsistent leadership had meant that people were not always protected from the risk of abuse, although this was improving.

Robust recruitment procedures ensured that people were supported by suitable staff.

Risks were assessed and strategies were in place to mitigate those risks. Medicines were managed safely and the service was clean and free from malodours.

Requires Improvement 

Is the service effective?

The service was effective. Staff supported people in line with the principles of active support and the service premises had been adapted to meet people's needs. Staff received a comprehensive induction when they began working at the service and appropriate ongoing training

Staff understood the requirements of the Mental Capacity Act 2005 and what this meant for the people they supported.

Staff supported people to maintain good health through facilitating access to health care professionals when necessary, and ensuring people had a balanced and nutritious diet.

Good 

Is the service caring?

The service was caring. Staff knew the people they worked with well and understood their communication needs.

The service had a calm and friendly atmosphere, and people felt cared for by the staff who worked with them. People felt that staff respected their privacy and dignity.

Good 

Is the service responsive?

The service was responsive. People's needs were assessed before they moved into the service and support planned and provided to meet their needs. People participated in a range of activities within and outside the care home.

Good 

Complaints were managed appropriately within the service.

Is the service well-led?

The service was not always well-led. Changes in management in the 12 months prior to our inspection had left the service without strong leadership and oversight. Systems to check and improve the quality of the service people received were not always operated effectively.

Staff felt valued by managers and recent team meetings had improved the culture of the service.

Requires Improvement 

CareTech Community Services Limited - 25 Garrads Road

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.

The inspection was prompted in part by information we received from staff who worked at the care home, specifically relating to how the service managed and responded to challenging behaviours. The information we received left us concerned for the safety of people who use the service, as well as staff.

This unannounced inspection took place on 6 November and 28 December 2017. We undertook a focused inspection on 6 November as we had received information of concern from a staff member working at the service, as well as concerns from one of the local authorities who commission placements for people at the service. The focused inspection looked at whether the service was safe and well-led. We returned on 28 December to complete the full comprehensive inspection of the service. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) and concerns that had been reported to us. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with commissioning officers from two local authorities.

During the inspection, we spoke with seven people who use the service. Some people were not able to tell

us of their experiences, so we observed their interactions with staff. We also spoke with the provider organisation's locality manager (who was overseeing the service after the previous registered manager had left), the new manager, a deputy manager, one senior support worker and four support workers. We also spoke with the provider organisation's head of quality for adults' services and the regional manager.

We looked at personal care and support records for four people, three people's medicine administration records, and personnel records for three staff. We looked around the service premises and also reviewed records relating to the management of the home such as records of audits and checks, staff training and supervision, safety plans and maintenance records.

After the inspection we spoke with one professional involved with people who use the service, for their feedback.

Is the service safe?

Our findings

The first day of our inspection was prompted by information we received from staff, who told us they did not feel that challenging behaviours were well-managed within the service. Challenging behaviours are behaviours that pose a risk of harm to the person displaying the behaviours, other people or property. We looked at how such behaviours were managed within the home. We found that people with such identified behaviours had up-to-date positive behaviour support plans that were regularly reviewed, records of all incidents of such behaviours were maintained and analysed to determine triggering factors, and staff were trained in proactive and reactive techniques for responding to such behaviours. Staff were also supported by a specialist, employed by the provider organisation, to assist them to work with people who use the service to use more community appropriate behaviours. For example, we saw that one person often pulled people's hair. We saw that staff working with the person were provided with headscarves to protect their hair as personal protective equipment (PPE), and used appropriate distractive techniques to assist the person to calm down when necessary. One staff member told us, "You don't say 'no', you redirect and work around."

On the first day of our inspection, we noted that most of the incidents of challenging behaviours recorded within the service related to the actions of one person, and left staff and other people who used the service at risk. We saw that specific measures were in place to support them to reduce the incidence of these behaviours, however by the time of the second day of our inspection the person had moved away from the service to a more appropriate placement.

The person moving away resulted in people telling us they felt safer living at the service, and were safeguarded from the risk of abuse. One person told us, "It's calm now, so peaceful. I am safe here." A staff member told us, "I am really going to miss [the person] but it's a lot better and safer now for everyone else." We saw that information on how to keep safe was displayed on the walls of the service in pictorial format so that it was easily understood. Similarly, we saw reminders of appropriate behaviours were also displayed on the wall in pictorial format, for example "No hitting". Contact details for the local safeguarding authority and CQC were available for staff and people who use the service to report suspected abuse, and the provider organisation also had clear information for staff to 'whistleblow' poor practices or suspected abuse they observed. The locality manager showed us records of one such concern that was being investigated at the time of our inspection, and had taken appropriate immediate action to ensure people were safe.

Other risks relating to the support people received had been assessed and strategies were in place to mitigate those risks. Each person had a range of care plans covering the activities with which they required support, and each care plan had a page titled "How to do this safely" with guidelines for staff. Each person also had risk assessments for specific areas of risk. For example, we saw that one person, who used a wheelchair, had a moving and handling risk assessment that clearly identified that two staff were required to support the person to transfer to and from their wheelchair, and clear guidelines for how to do so safely.

Where people had specific medical conditions that left them at risk, such as epilepsy or diabetes, we saw that their records contained plans with guidelines for staff on how to support the person to manage these

risks and staff were aware of them. Specialist equipment was also provided to ensure this, for example one person had a seizure monitor in their room to alert staff should a seizure occur.

There were clear guidelines for staff on what to do in an emergency. The provider maintained an on-call system so that people and staff had support outside of regular office hours. Staff told us this system worked well and they received the support they needed. Emergency plans were also in place, and each person had a "fire pen picture" which detailed the support they would need to evacuate the premises in a fire or other emergency. Staff knew what to do for each person and were clear about what was necessary in order to keep people safe. We also saw that safety equipment, such as emergency lights and fire extinguishers, were serviced regularly and equipment used to support people, such as ceiling hoists and the lifting bath, were also subject to a regular maintenance schedule.

People received their medicines as prescribed. Each person's bedroom had a lockable cabinet (known as a medicine pod) in their room, in which most medicines were stored. Medicines requiring refrigeration were stored in a separate fridge in the staff room, and records showed that the temperature of this fridge was checked regularly to ensure that the medicines were kept at the correct temperature. Each person's medicine pod also had a thermometer so staff could ensure that those medicines were also stored at appropriate temperatures. Medicines were administered by a senior support worker accompanied by a support worker, both of whom had been trained and assessed as competent for the task.

We checked three people's medicines and medicine administration records (MARs). These were all up-to-date and had been appropriately completed. We saw that where people were prescribed medicines to be taken 'as needed' (known as PRN medicines) there were guidelines from the prescriber on the circumstances in which these were to be administered that had been reviewed regularly. Records showed, and staff confirmed, that PRN medicines were not used excessively in order to manage people's behaviour.

Recruitment records showed that the provider followed the principles of safer recruitment. Each staff member's personnel records contained a criminal records check, at least two references that had been verified as legitimate, an application form detailing the applicant's employment history in social care roles, and proof of the applicant's identity and right to work in the United Kingdom.

There were enough staff deployed to meet people's needs, however this included regular agency staff who worked at the service due to a period of high staff turnover. Permanent recruitment was acknowledged as a clear area for development of the service by senior managers. One senior manager told us, "Our next step is to build up the staff team as they are not really functional at the moment". Another manager told us, "Staffing is a real headache at the moment, there are too many vacancies and lots of pressure. We need consistency." A support worker told us, "With lots of agency staff you always have to check their work. It's more work and very tiring. We need more permanent staff." Staffing at the home had recently been reviewed and some changes implemented, and the provider had an ongoing permanent recruitment campaign in place that was starting to prove successful by the time of the second day of our inspection, with some key roles filled such as manager.

The service premises were cleaned to a high standard and we observed staff using effective infection control practices, for example wearing PPE such as gloves and aprons when supporting people. Staff had completed food hygiene training and we saw that food was stored appropriately in the kitchens.

Accident and incident records showed these were reviewed by the manager to prevent reoccurrence and improve the service, however we noted that the changes in management over the 12 months prior to our inspection meant that there was no comprehensive oversight of these. We will check this at our next

inspection of the service.

Is the service effective?

Our findings

People told us they received effective support at CareTech Community Services Limited – 25 Garrads Road. One person said, "The staff look after me very well." Another person told us, "The staff help me a lot. If there is anything I need they help me to do it. My social worker asked if I wanted to move and I said no. I really like it here."

People's needs were assessed before they moved into the home and their support was delivered to meet those needs. People's records contained an assessment of their needs. We saw that support was delivered by staff in line with evidence-based practice including using active support principles to facilitate people's engagement with their support. One person told us, "I do the hoovering and do my own chores. The staff help me but it's up to me."

The provider organisation's head of quality for adults' services told us there were further plans to implement and embed active support, through more advanced training for staff. We also saw that there had been some modifications to the service premises to facilitate the use of these principles, for example, adjustable height benches in the ground floor kitchen so that people who used wheelchairs were more easily able to participate in meal preparation. One support worker told us, "You can't just do things for people, that's not what we are about. My best hope is that [people who use the service] don't need me anymore, I will have succeeded when I have done myself out of a job."

People's individual needs were otherwise met by the design of the service premises. Each person had their own bedroom with washing facilities, and there was a range of communal spaces people could use. There were two self-contained parts of the service premises, a flat on the second floor of the main building and a bungalow within the grounds of the property, which were used by people who needed more intensive support from staff. There were large, established gardens that people used in nicer weather. We saw a range of photographs on one wall titled "Our Home" which showed people using the spaces in the home for different activities and relaxing. The ground and first floors of the main building were self-contained, each with its own kitchen, dining room and lounge, so that people lived in smaller groups within the home.

Staff received the training they needed to provide effective care and support. One staff member told us, "There is training available all the time, all year. I have had the training I need to work safely." We saw there was a comprehensive induction programme for staff new to the organisation, modelled on the requirements of the Care Certificate. The Care Certificate provides staff new to social care with a grounding in the standards expected of them as a social care worker. The induction programme involved at least one week of shadowing more experienced staff before working on their own with the people who used the service. The locality manager told us they also required agency staff working at the service for the first time to read through an induction booklet to ensure they were familiar with the provider organisation's values.

Records showed that most staff had been trained in the topics that the provider considered mandatory, such as health and safety, medicines management, positive behaviour support and fire safety, with refresher training provided as required. The manager told us they had identified a need to "go back to basics" and

some staff would be required to attend refresher training on some topics, to ensure they "maintained the right focus on understanding service users' needs". Staff personnel records showed that most staff held appropriate qualifications for their work, such as a diploma in social care to level two or three, or were working towards them.

Staff had not always received the support they needed through supervision meetings with their line manager and annual appraisals of their work, however we saw that the manager had scheduled each staff member's supervision meetings and an appraisal for 2018, and had some supervision meetings with staff in the nine days they had been in post. Supervision records showed that these meetings were used as an opportunity to discuss the staff member's work performance and any concerns about people who used the service, and identified development needs with an action plan. Supervision meetings were also used to discuss one additional topic each time, such as safeguarding people from abuse, or one of the provider's policies.

Staff supported people to eat nutritious foods and maintain a balanced diet. Each week, people chose the meals they wanted for the coming week, and staff used pictorial resources to support people to choose their meals. There were fresh fruit and vegetables available in each of the kitchens and we saw that meals looked and smelled appetising. People told us that staff supported them to prepare meals, snacks and drinks for themselves.

Where people had specific needs relating to eating and drinking, staff followed guidelines developed by medical professionals. For example, we saw that one person had been assessed as being at high risk of choking and had guidelines in place for staff to support the person to reduce this risk. We observed staff following these guidelines, and saw that the person had also been provided with the specialist equipment recommended by the speech and language therapist who had developed the guidelines.

Staff supported people to maintain good health by facilitating their access to health services. One person told us, "Staff help me to go to the doctor when I need to." People's personal care and support records showed that they attended medical appointments as required, and staff facilitated this.

Staff worked together to ensure that people received timely and consistent support when they moved between services. We saw that one person had moved into the service quite recently prior to our inspection. Staff from CareTech Community Services – 25 Garrads Road had started working with the person at their previous service more than two months before they moved, so the person could get used to them and the staff could learn from their previous staff. Some staff had also moved with the person, to maintain consistency for them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found that staff and the management of the service understood the principles of the MCA and worked within them. People's records included assessment of their capacity to

understand and make decisions relating to their support, and records of best interests decision-making when the person had been assessed as lacking capacity to make a specific decision. For example, one person had been assessed as not having the capacity to understand and make a decision about administering their own medicines. Their records contained record of a best interests meeting which agreed that it was in the person's best interests for staff to administer their medicines to them.

Where people did not have capacity and were required to have their liberty restricted in order to keep them safe, we saw that the provider had applied to the appropriate supervisory body and DoLS were in place. Staff were aware of these, and of any conditions pertaining to people's individual authorisations. Where people had deputies appointed by the Court of Protection to make decisions on their behalf, this was recorded in their records and staff were aware.

Is the service caring?

Our findings

We observed staff treating people with kindness and compassion at CareTech Community Services Limited – 25 Garrads Road, and people told us they were treated well. One person said, "[Staff] help me to sort out my problems. They talk to me and all of the others and help us to sort things out." Another person told us, "[Staff] listen to me and help me. They look after me well here." A staff member told us, "I want people who live here to smile, that's the most important thing! I want people to be happy and live the lives they want."

The service had considered people's communication needs and worked with them to make sure they understood. We saw that people were provided with information in pictorial format where that met the person's communication needs. The manager told us that they planned to embed the principles of total communication within the service's practice and we saw that some changes had been made to this effect between the first and second days of our inspection. For example, notice boards detailing which staff were on duty that day had been made pictorial so that all people could use them to know who was working with them, and when. Staff also told us of the most effective ways to communicate with people with specific communication needs, which worked.

Staff were aware of people's life histories, experiences and what was important to them. We saw staff use this knowledge to work more effectively with people. For example, one person wished to visit a particular railway, and staff were able to remind the person about the previous times they had visited the railway and what they had encountered there to ensure that the person's expectations about visiting the railway weren't unrealistic, resulting in disappointment.

Staff encouraged and facilitated people to have contact with their families and friends. One person told us about how staff had supported them to set up a social media account so they could more easily video call with their family and friends on their computer, as their communication needs made speaking on the phone difficult. They told us, "I am so happy I can talk to people myself now, I don't need any help." Other people told us about how they were welcome to have their families and friends visit the home without restriction.

The staffing roster was organised in such a way that people were supported by staff according to their preferences, when this was required. For example, one person was supported by women staff only for personal care as this was their choice. Staff also had enough time to chat with and spend time with people, and we observed this occurring in a comfortable, relaxed and friendly manner. When staff spoke with us about the people they supported, their care for them was evident. For example, one person said, "I love working here, I love my job. I love working with [person who uses the service], [they] are so loving and caring and it really lifts my heart working with [them] each day and seeing them grow. I'm very, very happy in my job."

Some people who used the service were supported by community advocates. The service facilitated this by contacting the advocate on the person's behalf when required. People's personal care and support records showed that information was provided to people about advocacy services should they require them. Records also showed that people had been provided with information about other services to assist them,

such as clubs and a social group.

Staff respected people's privacy and dignity. People told us that staff were mindful of these when supporting them with personal care. One person said, "Oh they're fine. [Staff] always make sure I'm decent. They're gentle. I don't hear them talking about people in front of me." Staff ensured that information about people was kept securely.

Is the service responsive?

Our findings

The service provided support to people that met their needs. Each person's personal care and support records included information about their assessed needs, preferences, choices and aspirations, and care plans to support staff to meet those needs. Care plans were developed with the person and their families or representative where appropriate, such as when the person did not have capacity to understand and make decisions about their support. The support people received was reviewed annually and when people's needs changed, in meetings with the person, their representative, staff of the home and other parties involved in the person's support such as medical professionals and social workers. Care plans were updated as required, and the locality manager told us that all staff, including agency staff, were required to read through the care plans when any changes were made to ensure they were aware of changes to the person's support. Staff confirmed they did this. On the second day of our inspection we saw that 'read and sign' sheets had been introduced to record that staff read and understood any changes.

Staff supported people with activities of their choice, although the manager told us this was a specific area she wished to focus on to improve and had a plan in place to do so which she had started to implement. For example, one person wished to work in a specific job. The manager had supported the person to refer to an employment support agency to this end, and they were developing a weekly goal plan together to support and record progress towards this.

People told us about some of the activities they undertook, both within and outside the service premises. One person said, "I go out, I go to the railway. I like to meet my friends and the staff help me to go. I don't like swimming so I don't go anymore." Another person told us about how staff had supported them to learn the routes to local facilities, and they could now travel locally without staff support. They said, "I like to go out on my own, go to the café or the library. [Staff] helped me but I can do it myself now."

Some people who used the service required additional support when out in the community, to ensure their needs were able to be met and to ensure the person and other people were safe. One staff member told us, "We are going out a lot more, now we have a driver in the team. [Person who uses the service] needs to go out in the car due to [their] behaviours, and we can do that now."

The service had a system in place for receiving and responding to complaints. Three complaints had been received during 2017 and we saw that each of these had been responded to and action taken to improve the service people received as a result. For example, one person had complained about staff speaking too much about one topic while supporting the person, and the staff member's supervision records showed this had been discussed with them and more general discussions about appropriate conversation had taken place with all staff. We saw that all information about how to complain was available in pictorial format so that people could understand. Information about how to escalate a complaint to the Local Government Ombudsman was also available in pictorial format. People told us they felt able to make a complaint and were listened to. One person said, "If there is anything wrong I just talk to [the staff] and they will sort it out for me and help me."

Is the service well-led?

Our findings

The service had undergone several changes in management over the 12 months prior to our inspection, in part due to maternity and sickness. When we visited for the first day of our inspection, the locality manager had very recently started managing the day-to-day operation of the service full-time. Prior to that there had been inconsistent management from the provider organisation's quality team. One staff member told us, "There have been so many changes and every manager has their different approach. I just try to get on with it and do my job anyway." Another staff member said, "The constant change has really impacted on us. It's difficult, very disruptive and things have been missed as there is no oversight." The locality manager told us, "There was a breakdown in communication and staff don't trust each other. We need to build the staff team again, using their strengths. There's been a lot of changes over the last few years." By the time we returned to the home for the second day of our inspection, a permanent manager had been recruited and had been in post for nine days, supported by the locality manager.

During those nine days, however, the manager had introduced a number of positive changes to the service. One staff member told us, "Things are getting better, we are recruiting and new staff are starting. The new manager knows what she is doing. We have already had a meeting that was very open and honest. She is trying to raise the service up." The manager told us, "I have a strong vision for the service and for the people who live here. Structure and consistency, giving staff a voice so they are empowered to try new things and new ways of working for the best results for the service users."

Staff told us they had benefitted from the team meetings that had taken place since the locality manager had started working in the service full-time, and one had already taken place since the manager had taken up post. The manager showed us the schedule of meetings in place for 2018. Staff told us that they felt well-supported by the locality manager and the manager. One support worker told us, "I get a lot of support from [the locality manager] and the new manager. I just hope she stays as the service users need consistency. We need consistency too, not people coming and going very quickly. It's very early days, [the manager] still has a lot to put in place but we are very hopeful." We also saw that an 'employee of the month' award had recently been introduced and staff told us about how they had received individual letters of thanks from the locality manager for specific good work they had done.

The service had a system of audits and checks in place to monitor and improve the quality of the service people received, however some of these had been somewhat inconsistently undertaken during the period the service was without a permanent manager. For example, weekly fire checks had not always taken place and a monthly equipment audit was recorded as being undertaken around every six weeks. Other audits had been undertaken more consistently, such as the monthly medicines administration audit and weekly check of people's finances kept at the home. The manager had implemented a daily fire safety checklist which had picked up a number of minor maintenance issues that we saw were being addressed on the second day of our inspection. The provider organisation's compliance team also visited the service regularly to undertake an overall check of the service, which resulted in an action plan. At the time of our inspection these visits were taking place weekly. The manager also told us about how she intended to introduce 'Driving Up Quality' assessments to the service, an initiative to assess and improve services for people with

learning disabilities.

The service was aware of the requirements of their registration with CQC and submitted notifications of events that affected the service as required.

Staff worked in partnership with others. We saw that information about people was shared with relevant parties, however this had been affected by the general inconsistency in leadership at the service. One local authority commissioner told us, "There have certainly been some issues at CareTech Community Services – 25 Garrads Road, however they are working with us to ensure that people are safe and receive effective support. Stability and oversight has been lacking."