

# CareTech Community Services Limited

## Minstead House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection took place on 28 September and 4 October 2016. This was an unannounced inspection. This was the first inspection of this service since its registration in December 2015.

Minstead House is registered to provide accommodation and support for up to eight people who have a learning disability. At the time of our inspection four people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Systems in place to monitor and improve the service had not always been effective in identifying where improvements to the service needed to be made.

People received care and support with their consent where possible, and the staff ensured that people were supported in the least restrictive way.

People were protected from the risk of abuse because the provider ensured that staff had received the training they needed so that they could recognise and respond to the risk of abuse.

People were supported by staff that were kind and caring and who took the time to get to know them. People were cared for by staff that protected their privacy and dignity and respected them as individuals.

People were supported by enough staff. Staff had been safely recruited and had received adequate training so that they had the skills and knowledge to support people effectively. □

People were supported to have their medicines when they required them, from staff that had the relevant knowledge and skills they required to promote safe medication management.

People were supported to stay healthy and had access to health care professionals as required.

People could choose how to spend their day and they took part in activities in the home and the community. People were supported to maintain positive relationships with their relatives.

There were some processes in place for responding to complaints.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse and harm because staff understood how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

People received their medication as prescribed because the provider had safe systems in place.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's rights were not always protected because key processes had not been followed or implemented to ensure that people's rights were upheld.

People received care and support with their consent, where possible.

People received care and support that met their individual needs because staff had the skills and knowledge they needed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People's independence was maintained.

People were supported to make choices and decisions about their day to day lives.

### Is the service responsive?

Good ●

The service was responsive.

Care was delivered in a way that met people's individual needs.

People were supported to maintain links with the local community and people important to them.

Arrangements were in place to ensure that concerns and complaints would be listened to and dealt with.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The systems in place had not always been effective at identifying where improvements were needed.

The new manager was making improvements and promoted an open and inclusive atmosphere.

# Minstead House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 28 September and 4 October 2016 and was unannounced on the first day. The inspection was carried out by one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The Local Authority commissioning service contacted us before our inspection to share their concerns with us about this service.

We spoke or spent time with all four people who lived at the home, we spoke with two relatives, three staff members including a designated shift leader the quality manager, the registered manager, the locality manager and two health and social care professionals. We looked at the care records of two people and looked at the medicine administration records. We looked at three staff files and records that were maintained by the home about recruitment and staff training. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication audits, accident and incident records.

# Is the service safe?

## Our findings

Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. One person told us they liked their new home and was happy living there. Relatives that we spoke with told us that their family members was happy and settled at the home and they had no concerns about the service. A relative told us, "Yes I think [person's name] is safe living here and when [person's name] has been to visit us [family] they are always happy to return to Minstead House".

Staff had received training in protecting people from abuse and had an understanding about the types of potential abuse. Staff told us that they knew the different types of abuse that could take place. They told us that they recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. A staff member told us, "If I had any concerns I would go to the manager and let her know. I know that she would report to social services and to our head office. There are procedures in place that she would follow". The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The information we hold showed that the provider had reported incidents of concern appropriately.

Risks to people were minimised because they had been identified, assessed and management plans put in place. Staff spoken with were knowledgeable about the risk to people from activities of daily living. We saw that people were supported in accordance with their risk management plans. For example, staff were aware of risks associated with community activities and supported people to take part safely and ensured people received the right support to eat safely. Care records showed that risk assessments had been completed specific to people's care needs such as risks relating to their physical health conditions and learning disabilities. For example, risks associated to eating and medication. The risk assessment informed staff about what action staff needed to take in order to reduce any potential risks and how to respond when required.

During our inspection we saw that there were enough staff to meet people's needs and ensure their safety. We saw that staff were available to respond to people's request for care and support. Staff spent time talking with people and engaged in activities with people. A staff member told us, "The staffing levels are good. I think we do have enough staff to support people. If we need shifts to be covered there is always staff to do it. We have bank staff who will also cover at short notice for staff sickness". (Bank staff are staff that work on an as and when required basis). Relatives that we spoke with told us that there were sufficient staff to support people when they visited the home.

Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us if the manager was not on duty that there was always a shift leader available or they could contact the on call staff member if needed for support and advice. We saw records showing that regular checks of the fire detection equipment and the emergency lighting were completed to ensure that it was fully working in the event of an emergency.

Staff told us that recruitment checks were carried out before they started work. The registered manager told

us that recruitment checks were carried out by the provider's central recruitment department. These checks included personal identity, previous work practices and the disclosure and barring service (DBS). The DBS Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

We looked at the systems in place for the safe handling of medicines. We saw that people received their medicines as prescribed. A staff member told us, "Only staff who are trained give out medicines. There is always two staff who will do the medicines together". Staff told us that they received training in the safe handling of medicines. Medicine administration records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. Staff knew when people would need their 'when required' medication and guidance on when to give this medication was available for staff to refer to. A staff member told us, "We would always try and reassure the person first and only use PRN (medication given on a when required basis) if we really needed to".

## Is the service effective?

### Our findings

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. This may include restricting a person's liberty in order to keep them safe and providers are required to submit an application to a 'supervisory body' for the authority to deprive a person's of their liberty under these circumstances. However, although staff told us that they had received MCA and DoLS training staff we spoke with including the registered manager were not always sure about their role and responsibilities with regards to DoLS and were unclear about who and why applications had been made for people. We found that DoLS applications had been made for all the people living at the service. When we returned for the second day of our inspection we were provided with clarity regarding DoLS applications that had been made and approved and staff and the registered manager were now clear about their role and responsibilities. We did see that where people lacked the mental capacity to consent to bigger decisions about their care or treatment, for example decisions relating to health care that the provider had arrangements in place to ensure that these decisions were made in the person's best interest.

We saw that staff gave people choices and asked people what help they needed. Staff we spoke with were able to give examples of how they gained consent and promoted independence as much as possible in all aspects of the day to day care and support they provided to people. One member of staff told us, "We are getting to know people and understand the different ways people communicate. If they can't tell us what they want verbally, we can offer choices in other ways". Staff were able to give us examples of how they knew when one person wanted to go out for a drive and they would go and stand by the window.

A staff member told us, "The training is good, we do all the basic training and we also do specialist training including autism and behaviour management". The registered manager told us that some training was completed on line and that specialist training was also provided. They showed us staff training records and we saw that the majority of staff had completed the providers required training. The registered manager told us that first aid training, autism and training to support people with behaviour that may challenge the service, were all provided in group sessions. We saw that dates for staff who had either not completed this training or needed refresher training, had been scheduled. Records we looked at confirmed that there was a planned approach to training.

Staff told us that they had received an induction when they were first employed. They told us that this included working alongside a more experienced member of staff. A staff member told us, "The induction was very good I learnt a lot. Staff spent time explaining people's needs to me and explained about people's behaviour and what to do to prevent people getting upset and challenging behaviour happening". A staff member new to working in social care environment confirmed to us that they were completing the Care Certificate and the registered manager confirmed that all new staff were completing this. The Care



Certificate sets fundamental standards for the induction of adult social care workers. All staff told us that they had regular supervision to discuss their performance and development. The registered manager and other managers of the provider's services in the locality operated a shared on call system so that staff had 24 hour access to support and advice if and when they need it.

One person told us, "I sit with staff and we plan what I am going to eat. I love sticky ribs they are my favourite". People indicated to us that they enjoyed their food. A relative told us that their family member at times can have a bit of a problem with their appetite. However, they told us that the staff were really good at trying different foods at different times and tried hard to ensure that their relative's dietary needs were met. Staff had a good understanding of people likes and dislikes in relation to food and any risks associated with eating and drinking.

One person told us that they had recently been to the doctors and they had also been to the dentist for a check-up. Records we looked at showed people were supported to maintain good health and attend medical appointments. Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health and also how they supported people with their changing healthcare needs. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get.

## Is the service caring?

### Our findings

We saw friendly, caring and warm interactions between people that lived at the service and the staff supporting them. When we arrived at the service one person was in the kitchen with staff as they prepared breakfast and they were chatting, laughing and enjoying staffs company.

A relative told us, "The staff seem kind and caring. They are really trying to think about and explore things that [person's name] would like to do". Another relative told us, "The staff make us feel really welcome when we visit. They offer us a drink and speak to us about how [person's name] is settling in".

Staff were developing a good understanding of people's needs. They were really enthusiastic about the people they supported and told us how they were getting to know the people that had recently moved into the service and building up a relationship with them. Staff were aware when some people did not respond well to unfamiliar people visiting their home, including ourselves and made us aware of this and helped ensure our visit was not too disruptive to people.

We saw that staff offered choices to people and promoted their independence. One person was supported to make their own drink. Staff gave us examples of how they supported people to do as much as they can for themselves. This included helping to look after their own bedroom, choosing meals and food items when out shopping.

We saw staff treated people with dignity and respect and in all the interactions we saw staff spoke to people politely. We saw that staff knocked on people's bedrooms door before entering. Staff told us how they would ensure people's privacy was maintained when supporting people with their personal care. We saw that when one person became anxious staff ensured that their privacy was maintained as much as possible. Staff remained calm and reassured the person and made sure they were given some space and privacy. People could spend time in their room so that they had privacy when they wanted it. People were dressed in clean, age appropriate styles of clothing.

Staff were aware of how they could support people to express their individuality and promote equality and diversity within the home. One person told us that they wanted their bedroom painted bright pink and they were supported to pick the colour and staff had painted their room for them. We saw that another person room had minimal furniture and it was explained to us that this was in accordance with their preference.

## Is the service responsive?

### Our findings

When we visited the service there was four people living there. Two people had lived there for several months and two people had recently moved into the service. One person told us that they liked their home, they could talk to staff and they were supported to do things they enjoyed doing. A relative told us that they were fully consulted and involved with their family members care. They told us that their family member had, "Settled really well into the home". They went on to tell us, "They [person using the service] seem happy and contented and they smile more now". They told us that they had no concerns about the persons care. Another relative told us, "I am completely happy with everything so far. I feel that the move for [person's name] into the home was managed excellently by staff at Minstead House".

Staff explained that each person that had moved into the home had been well supported with this process. They told us that some people were supported over a period of time to move into the home and some people were supported to move in more quickly. Staff told us that this had depended on the specific needs of the person and a 'transition plan' was in place to ensure this happened. A health and social care professional told us that they were very happy with how Minstead Road Staff had supported their person to move into the service. When they carried out a review they were 'more than satisfied' with all the care planning documentation and risk assessments that were in place to support the person's care needs and to inform staff how to meet these needs. They told us that staff had insight into the person's needs and how to support the person so that risks were minimised.

Staff had a good understanding of the needs of the people who had lived at the service for a while and they explained that they were still getting to know people who had recently moved into the service. A staff member explained they were updating people's care records all the time with any relevant information. For example, a staff member explained that they had learnt from a person's family member about how the person liked to listen to certain music tracks whilst out in the car and how the person would communicate when they wanted the music moved on to another track.

During our visit we saw that people were supported to do things that they enjoyed. We saw that one person was supported to go to a local college to explore some adult learning classes and they told us that they were really excited about going. Another person was supported to go out for a walk and on a bus journey and we saw from their care records that this is what they liked to do. One person told us, "I like going shopping and I enjoy playing music. I also like going for meals at the Harvester". A staff member told us, "We are exploring different opportunities for people which is really good. Some people can tell us what they enjoy and what they would like to do. Some people can't tell us verbally so we introduce them to things that we think they may like and find enjoyable."

People were supported to stay in touch with their family and people important to them. Relatives that we spoke with told us that they were made to feel welcome when they visited. We spoke with two relatives who told us that communication from the registered manager was good. They told us they were kept informed about their family member and any changes in the person's well-being.

One person told us that they could talk to staff about things that they needed to talk about. Staff told us that they were confident that if there were any complaints the registered manager would respond to them appropriately. Relatives told us that they knew how to raise concerns if they needed to. We saw that the provider had a complaints procedure in place. We were told that one complaint had been received from a neighbour and that this had been dealt with.

## Is the service well-led?

### Our findings

The service had supported a person to move from children to adult's service. However, at the time of the move the person was under 18 and the service was not registered to accommodate people aged under the age of 18. This meant that at that time, the provider was not meeting the registration requirements of CQC. However, when we visited all of the people living there were aged over 18 and the provider was meeting the registration requirements. We spoke with the provider representative about their registration and they assured us that if they intended to support another young person who was transitioning between children and adults services they would ensure that they informed CQC and would apply to have this addition to their registration and also ensure that their statement of purpose was updated to reflect this.

Birmingham City Council contacted us in September 2016 to advise us that following a visit they had made to the service they had some concerns about staff training and care plan documentation. Prior to our visit we spoke with the provider about this and they told us the steps they were taking to ensure the service was well led. This included transferring an experienced manager from one of their registered services located nearby.

We saw that there were some systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management. The provider representative also carried out an overall audit of the service on a monthly basis. However, these had not been effective at identifying the shortfalls in the service. We found that systems were not in place to analyse incidents and accidents that had occurred in the service and ensure steps were taken to prevent reoccurrence. Although there were reporting and recording procedures for incidents and accidents to staff, the systems in place had not identified that these had been consistently followed to ensure that all injuries were recorded. The system in place had not ensured that learning took place from notifiable incidents. Where deprivation of liberty safeguards applications had been made to the local authority staff had not been informed of the steps the provider had taken and staff training in this area had not been effective for all staff. When we visited the registered manager had only been in post for six weeks and had recently completed her interview with CQC to be the registered manager of the service. The registered manager was very open with us about what improvements were still required at the service. We saw that there was now a clear leadership structure within the service and the registered manager promoted a positive, person centred culture within the home. The registered manager told us that staff training had been a main priority and she had taken steps to ensure staff had the skills and knowledge they needed to care for people and that regular and consistent support for staff was available. The registered manager had also reviewed the medicine practice within the service and was in the process of improving the system so that it was more effective. People's care documentation had been updated. The registered manager was also in the process of implementing a more robust complaints system and ensuring that it was made available in different formats such as easy read so that it was more accessible to the people that live there. We were reassured by the registered managers and quality manager's openness and commitment to improve and develop the service and ensure that the service complied with the regulations. However, the provider needs to ensure that the required improvements are embedded and that this is balanced with the taking on of new referrals to the service in a way that is not detrimental to the people that currently live there.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were encouraged to raise any concerns. They told us that they felt comfortable raising concerns with the registered manager and would contact external agencies if they needed to. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

Staff spoke highly of the registered manager and told us that staff meetings took place. Staff told us that things had improved in the home since the new manager was appointed. A staff member told us that there was now a shift leader on each shift and they were identified as 'The designated responsible person'. They told us that this meant that things in the home were more organised and tasks were allocated amongst the staff team on a daily basis. A staff member told us, "Things were a little unsettled in the home however things are really improving now. Its more organised and the manager is really good and is very hands on". Another staff member told us, "It has been a difficult time with staff changes. The manager is very good she is putting things in place and we are now working as a team".

Relatives that we spoke with told us that they were pleased with the care their family member received. A relative told us, "We are really pleased with how things are going so far for [person's name]". Health and social care professional told us that communication with the registered manager was good. A health care professional told us that the manager was available to talk to and was responsive to any request for information that they had made.

The duty of candour requires all health and adult social care providers to be open with people when things go wrong, offer an apology and to state what further action the providers intends to take. The registered manager told us that she understood her responsibility to ensure that this regulation was met and how they reflected this within their practice.