

# CareTech Community Services Limited

## CareTech Community Services Limited - 68 West Park Road

### Inspection report

68 West Park Road  
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Birmingham  
West Midlands  
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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Caretech Community Services Limited – 68 West Park Road is a residential care home providing personal and nursing care to 14 people who have Learning Disabilities at the time of the inspection. The service can support up to 14 people.

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

The provider had developed a range of audits and quality assurance checks to assist with driving improvement within the service.

People were clearly comfortable, relaxed and happy around care staff and staff understood how to keep people safe.

Training for staff to understand people's individual circumstances had been provided.

Staff understood who to report concerns to as well as the risks to people's health.

Staff had very good knowledge and understood people's health conditions and the support they required.

The risks to people's health were reviewed regularly and care plans updated following any changes.

Safe recruitment and background checks were carried out prior to staff commencing employment.

People's changing needs were reviewed and staffing needed to support people safely was updated.

People received their prescribed medications safely and in accordance with their specific guidance.

Staff were supported with regular supervisions and training.

People were supported to attend appointments with healthcare professionals and guidance was sought

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.

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

autistic people.

The service was able to demonstrate how they were working towards consistently meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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 27 July 2021).

Why we inspected

We received concerns in relation to the management of safeguarding incidents and the administration of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# CareTech Community Services Limited - 68 West Park Road

## **Detailed findings**

## Background to this inspection

### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

The inspection was completed by two inspectors.

### Service and service type

Caretech Community Services – 68 West Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed and was applying for registration. This means they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives. We spoke with seven members of staff including the team leader, service improvement manager and locality manager.

We reviewed a range of records. This included safeguarding records, four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "If I witnessed any kind of abuse, I would protect the person and report the matter to my manager." Another staff member told us, "If I was unhappy with how a safeguarding issue had been handled, I would contact the local authority safeguarding team, police or CQC."
- People were relaxed around staff and people told us they would speak with staff if they were not happy about something. People told us they felt safe. One person told us, "I feel very safe here."
- Risk assessments were in place for people and updated regularly. Risk assessments contained information to guide staff on how to manage people's risks safely. Staff we spoke with knew people well.
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service provider to reduce the risk of a recurrence. There were systems in place to monitor staff performance and actions to be taken, to reduce the risk of recurring poor performance.

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff to how they should support people safely.
- Some people displayed distressed behaviours. In these instances, the provider had identified triggers to these behaviours, early warning signs to indicate the person may be distressed and strategies to be used by staff to reassure and support the person to prevent any escalation. We saw staff put these strategies into practice to ensure people's safety.
- Risk assessments were regularly reviewed, and staff referred to these to ensure they supported people to reduce the risk of avoidable harm.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.
- Risks in relation to the premises were identified, assessed and well-managed.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS).
- Staff told us they had received an induction when starting work, had the opportunity to shadow other staff and completed training.
- Our observations during the day, indicated there were enough staff on duty to support people with their

care needs. People told us staff were available when they needed help.

#### Using medicines safely

- We reviewed a selection of medication administration records (MAR's) and saw that information for staff members to follow was clear.
- Medicines were safely stored, administered and destroyed when people declined to take them or they were no longer required.
- There were measures in place to monitor the use of 'as required' medications.
- Staff completed medication administration records (MARS) to show what medicines they had administered. Where people required as and when medicines (PRN) staff knew when to administer them and how to record them.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider had a system in place to check the vaccination status of staff and visiting professionals in line with the COVID-19 government guidance.

#### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the management team to reduce the likelihood of reoccurrence.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- The provider did not have 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. The locality manager informed us a new manager had been recruited and was due apply to become the registered manager.
- There were quality audits completed by the management team to reduce the risk to people living at the service and staff. The management team continues to develop and introduce audits when identifying areas within the home to develop and monitor. The locality manager told us, "We have improved are DoLS tracker. When we submit an application we ensure we now capture the confirmation email from the local authority to evidence we have sent a referral and are awaiting an authorisation".
- Staff we spoke with were positive about working for the service. One staff member told us, "The management team are all approachable, you can go to them at any time. The atmosphere at the home is really good."
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

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

- People, relatives and all staff we spoke with told us they felt listened to and the provider was approachable. A staff member said, "The team is very good, we all support each other. Any concerns are always listened to."
- The staff and management team put people first and promoted their independence, enabling people to make choices about their lives.
- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

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

- The management team understood their responsibilities around the duty of candour. They had a policy and procedure in place. We saw from records they had been open and honest when dealing with complaints.

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

- People had been given opportunity to feedback on the quality of the service via questionnaires. We reviewed the most recent responses and found they were mostly positive. The provider was currently in the process of analysing the responses to identify trends and patterns.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- The management team ensured they always kept up to date with changing guidance. They ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.