

CareTech Community Services Limited

CareTech Community Services Limited - 68 West Park Road

Inspection report

68 West Park Road
Smethwick
Birmingham
West Midlands
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. 14 people were using the service.

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

Records showed that people had not always been treated in a dignified way. These practices were no longer used, and the new management team acknowledged previous practices were not in line with best practice.

People were supported by staff who knew how to report concerns of abuse and manage risks to keep people safe. There were sufficient numbers of staff to support people. Medicines were managed safely and there were effective infection control practices in place.

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.

People received support from staff who had received training relevant to their role and the people they supported. People had independence and choice with regards to their diet. People accessed healthcare services where required.

People had positive, friendly relationships with staff and described staff as kind. People's dignity was

promoted and people were supported to maintain their independence.

People were supported by staff who knew them well. People's likes, dislikes and preferences with regards to their care were recorded. People had access to activities that met their individual interests. Complaints made were investigated and resolved.

There were systems in place to monitor the quality of the service. People were given opportunity to feedback on the quality of the service. People and staff spoke positively about the changes in management and felt the service was now well led.

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

Rating at last inspection

The last rating for this service was good (published 20 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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.

Inspection team

The inspection was completed by one inspector.

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 two visiting health professionals about their experience of the care provided. We spoke with three members of staff as well as the manager and the locality manager.

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

- People felt safe. One person told us, "I am safe as houses here."
- Staff had received training in how to safeguard people from abuse and could explain their responsibilities in escalating any concerns they had. Where concerns had been raised, appropriate action had been taken to keep people safe. This included sharing concerns with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- There were risk assessments in place which detailed the individual risks to people's safety and how staff should respond to these to keep people safe. The risk assessments were detailed and staff knowledge reflected what had been recorded.
- 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.
- Staff were aware of the action they should take in the event of an emergency such as fire.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There are staff here 24/7. We have a fully equipped staff team."
- Most people received one to one support from a staff member and we saw this to be the case. For people who did not require this level of support, staff were visible in communal areas throughout the day should they require any support.
- Staff had been recruited safely.

Using medicines safely

- People were satisfied with the support they received to take their medicines. One person commented, "They [staff] call me when its time for my medicine and I go to the medical room. They always make sure I get it [medicine] on time."
- Staff who were responsible for the administration of medicine could explain the procedure they followed to ensure this was completed safely. Medicines had been safely stored and records viewed indicated people had received their medicines as prescribed.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection. Staff had access to personal protective

equipment such as gloves and apron. The home was clean, tidy and odourless.

Learning lessons when things go wrong

- The manager displayed a commitment to learning where things had gone wrong. Records had been kept where accidents occurred and these showed action was being taken to reduce the risk to people where possible. Monthly analysis of accidents took place to monitor for trends and actions were taken to ensure risks were reduced.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into the service, and then regularly throughout their stay. These assessments focused on people's medical history and current care needs. The assessments showed consideration had been given to any protected characteristics under the Equality Act, such as religion.

Staff support: induction, training, skills and experience

- Staff told us the training they received enabled them to meet people's needs. One staff member told us, "The training is really applicable to the job and you can apply for extra training if you want it." Records showed that staff had received training in a variety of areas of care, and where needed training specific to people's individual needs had been provided. For example, a visiting health professional told us about bespoke training they had provided to staff to support them in managing one person's health diagnosis.
- Where there were gaps in staff training, or updates to training were due, the manager had booked a number of dates for this to refresh staff knowledge.
- New staff received an induction that included completing training and shadowing a more experienced member of staff. New staff also completed the Care Certificate. This is an identified set of standards that care workers should adhere too.

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

- People gave positive feedback about the food and drink. Comments made included, "The food here is the best, staff cook the best meals," and, "Staff ask me what I want to eat."
- People were supported to maintain their independence with their meals. Each person was provided with a personal budget and supported to do their own shopping, plan their own meals and prepare this where able.
- Where people had specific religious dietary requirements, this was clearly recorded and staff were aware of these.

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

- Visiting health professionals told us the staff team had worked well with them to ensure positive outcomes for one person. They told us, "We all worked as a team around [person] to ensure her needs were met but also that the staff were supported." The health professional told us how the person's condition had significantly improved as a result of the staff teams work. They said, "[Person] physical health has improved since they have been here. They have gained weight, they glow. Staff have done an amazing job and continue to do an amazing job."

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

- The design and décor of the service met people's needs. People had decorated their own rooms in a way that suited their individual style. Communal areas were large and spacious and people had free access to outside space.

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

- People told us staff supported them to access healthcare services where needed. One person said, "I broke a bone before and staff took me to the hospital and I go to the opticians."
- People were supported to see a variety of health services including community nurses, podiatry and psychiatry.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People told us staff obtained their consent before providing their support. Staff could explain the ways in which they gain consent from people who were unable to verbally provide this. One staff member told us, "I get consent by talking to the person. If they are unable talk, I use sign language. It's clear from their mood as well, you can tell if someone isn't happy to have support. [Person] for example, will ignore you if not ready so we have to leave them a while and go back."
- Where people lacked capacity, mental capacity assessments and best interests discussions had taken place. DoLS authorisations had been applied for appropriately. However, staff were not always aware of who had a DoLS authorisation in place and the reasons for these. Following the inspection, the locality manager informed us that work had begun on upskilling staff knowledge on this issue

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

- People spoke positively about the staff supporting them. Comments made about staff included, "Staff are very helpful, they make me laugh," and, "The staff make me happy, seeing [staff member] everyday makes me laugh."
- Staff spoke about people in a caring way and were motivated to ensure people were happy. One staff member told us, "I love it here. I can't wait to come to work. I enjoy seeing the service users, making them happy, guiding them. I don't get it right all the time but I get as much back from them as they do from me."
- It was clear staff had developed friendly relationships with people. Staff and people were seen spending time together, laughing and joking. Where people had become distressed, staff responded in a kind and compassionate way.

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

- People felt involved in their care and told us they were provided with choice. One person said, "I can stay in and do nothing if I want. I just tell them what I want. If I didn't want something, I could say."
- Staff gave examples of how they ensured people had choice. One staff member explained, "I will ask people what they want to eat and show them visual cues to help. I will also give them choices of things to do each day." We saw people being given choice. People were choosing their own activities, their own food and where they would like to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People felt they were treated with dignity and given privacy when they wished. One person said, "They [staff] always knock my door first [before coming into my room]." We saw examples of this. Staff obtained people's permission before entering their room and respecting their need for privacy when requested.
- People's independence was encouraged. People told us they were able to complete tasks for themselves where able. For example, we saw people access the kitchen area and prepare their own drinks and purchase their own food in the local community.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People felt staff knew them well. One person told us, "People don't always understand my behaviours but the staff here do, [staff member] really knows me well." Staff demonstrated an in depth understanding of people's care needs as well as their preferences with regards to their care. For example, staff identified where one person who received one to one support required time alone outside as a way to relax, and would support them in achieving this.
- Records held personalised information about people's likes, dislikes and preferences with regards to their care. People's preferred activities, time to get up and foods were recorded.

Meeting people's communication needs

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

- The AIS was being met. Some people were registered as having a hearing impairment. Staff had received training in British Sign Language to support them to communicate with the person. Staff could confidently demonstrate their signing and Makaton skills and how they use these to communicate with people.
- Care records made reference to the AIS and detailed the support the person may need to understand and communicate information.

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 told us they took part in activities that met their interests. Comments made included, "I go out most days, I like the cinema and going to the bingo," and, "I can go out and come back when I choose."
- People were being supported to find employment opportunities where they wished. One person had attended a jobs fair and was enquiring about volunteering to work with their favourite animals at the zoo.
- Where people wished to practice their religion, staff supported them to visit their place of worship.
- Staff supported people to maintain relationships with people who were important to them. One persons' family were located in another area of the country, and staff were supporting them to visit where possible.

Improving care quality in response to complaints or concerns

- People knew who they could speak to if they had a complaint or concern. One person said, "I love [deputy manager]. They are the best and down to earth, I would tell them if I had a problem."

- We viewed records held in relation to complaints and saw these had been investigated and resolved with the person.

End of life care and support

- Although no-one currently living at the service was at the end of their life, the manager advised that care plans would be put into place that reflected the person's wishes should this be required.

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 good. At this inspection this key question has deteriorated 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.

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

- We viewed records that indicated people had not always received care that was empowering or dignified. This included the removal of items significant to the person in response to challenging behaviour. We raised this with the manager. They advised that these records were historic, were no longer used and expressed her view that this was not acceptable practice. We spoke with the person who these records relate to and they advised that these practices no longer occurred. The manager removed these records and following the inspection, the locality manager informed us they had commenced a review of all behavioural care plans to ensure these meet best practice guidelines.
- People spoke positively about the new manager. Comments made included, "I love her, she is someone I can talk too," and, "I have met the new manager, she is lovely."
- Staff also spoke positively about the new manager and the changes this had brought into the service. One staff member said, "This new manager is brilliant, she is excellent. She will transform the place into something good."

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

- There was no registered manager in post. The last registered manager had left their role in December 2019 and no new application had been made to register a new manager. We met the new manager who had been in post for two weeks. They had begun the process of applying for registration with us.
- There were systems in place to monitor quality. This included audits of medicines and the environment. The locality manager also completed monthly audits of the service and the provider's own quality team completed mini inspections of the service on a quarterly basis. These systems recorded where action was taken as a result of the audits. For example, where the medicines audit identified that some 'as and when required' medicine protocols required updating, this action had been taken.
- The provider had met the regulatory requirements of their role. They had submitted their PIR as required and the most recent rating awarded was displayed in the entrance of the service.

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 provider and manager understood the duty of candour. Where incidents had occurred, the details of these had been shared with the relevant agencies and us. Where concerns were raised, the provider had

been open and honest with people and kept them informed of the outcome of their 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. The most recent of these were in January 2020. We reviewed responses to these and found they were mostly positive. The provider had completed an analysis of responses to identify trends and patterns and recorded where action was taken as a result of the questionnaire. For example, where people had indicated they were unsure of the complaints procedure, a new easy read complaints leaflet was produced as well as complaints workshops to inform people of how to complain.

Continuous learning and improving care / Working in partnership with others

- Visiting health professionals informed us how the staff team had worked effectively with them to ensure positive outcomes for one person. The health professionals told us this was achieved through joint working and said, "They [staff] worked effectively and never gave up on [person]".
- The manager expressed their commitment to learning and improving care. They told us they were in the process of making changes to the environment to ensure this provided more opportunities for people. This included putting a games room in place for people to spend time together. The manager said, "I have a vision for where I want this to be. I want it to reflect the people who live here, their personalities and their cultures."