

CareTech Community Services Limited  
CareTech Community  
Services Limited - 237  
Kenton Road

### Inspection report

237 Kenton Road  
Harrow  
Middlesex  
HA3 0HQ

Tel: 02089076953

Date of inspection visit:  
13 January 2021

Date of publication:  
25 February 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

CareTech Community Services – 237 Kenton Road is a residential care home providing care and accommodation for up to 12 people with a learning disability. During the day of our inspection eight people lived at the service.

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

Quality assurance assessments were not always effective and improvements to the quality of care provided were not always actioned swiftly. As a result, people's environment was not maintained appropriately. We were not always assured that infection and prevention control was maintained safely. For example, we found surfaces were not cleaned regularly and people's temperature was not checked daily to ensure they did not show COVID-19 symptoms. There were no COVID-19 risk assessments for people who used the service or staff from vulnerable groups, this may put staff and people at unnecessary risk when exposed to the COVID-19 virus. We were concerned that the service did not use laptops provided for people to communicate with others or take part in virtual activities in replacement for activities provided by day centres they attended prior to their closure due to COVID-19.

Processes and procedures were in place to protect people from abuse and staff were confident that allegations of abuse would be dealt with. Risks in relation to people's health and social care needs had been assessed and guidance to manage those risks was developed to support staff and people to manage those risks. People who used the service received their medicines safely and enough staff were deployed to meet people's needs. Accidents and incidents were documented and discussed with staff during team meetings.

People's needs were assessed and supported by an experienced and skilled staff team. People received a well-balanced and nutritious diet and were not unlawfully deprived of their liberty. People's health care needs were met, and external stakeholders were involved in the care and support of people who used the service. Most of the time 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.

Care records were detailed and provided clear guidance for staff in how to support people and meet their needs.

Staff and relatives told us that they were happy with the new manager, who they said had an open-door policy and was supportive. The manager engaged with external sources to learn from and improve the quality of care provided.

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 guidance Care Quality Commission (CQC) follows to

make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not always able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. The service did not always provide person centred activities and lacked imagination in making use of Information Technology and Social Media.

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 11 May 2019).

#### Why we inspected

We received concerns in relation to safeguarding, staffing, infection control, maintenance, sharing of images, consent, activities and management. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led.

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

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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

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

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

#### Enforcement

We have identified breaches in relation to prevention and controlling of infection, person-centred care and quality assurance monitoring. Please see the action we have told the provider to take at the end of this report

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# CareTech Community Services Limited - 237 Kenton 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 carried out by two inspectors.

### Service and service type

CareTech Community Service – 237 Kenton 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 had a manager who has applied to be registered with the Care Quality Commission. This means that once registered, the manager like the provider are 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection-

We spoke with four care workers and the manager. We spoke with two people who used the service and three relatives.

We looked at two care records and three staff files. We also looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, incident data and analysis, staff allocation and quality assurance records.

# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured that the provider was accessing testing for people using the service and staff. Staff were receiving regular COVID-19 tests. However, people using the service had not been tested for COVID-19. The manager told us that due to some people not being able to consent to having the test she was in the process of arranging with healthcare professionals for personalised decisions to be made in people's best interests.
- We were not always assured that the provider was making sure infection outbreaks could effectively be prevented or managed. One symptom of COVID-19 is a raised temperature. Staff received daily checks of their temperature. However, at the time of the inspection it was not evident that every person was having their temperature checked at least daily. For example, one person's records indicated that they had not had their temperature checked since 8 November 2020. This could mean that people were at risk of harm due to the service possibly not identifying when people had a symptom of COVID-19.
- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. Care workers carried out the cleaning tasks. Cleaning schedules did not include enhanced cleaning of extractor fans and frequently touched surfaces such as light switches, door handles, and telephones. We found that the extractor fans in a laundry and a boiler room to be dusty and dirty. Cleaning tasks were not always carried out in line with the provider's procedures. Gaps in records indicated that no cleaning tasks on the first floor were carried out during some mornings and afternoons in December 2020 and January 2021.
- We found that the service had not ensured that risk assessments for people who used the service in relation to COVID 19 had been undertaken to ensure the risk of them contracting and being exposed to the virus was minimised. We discussed this with the manager who advised us that she would undertake COVID 19 risk assessments for all people who used the service shortly.
- The service employed care workers for the Black Asian Minority Ethnic (BAME) community. However, we saw that the service did not undertake risk assessments to protect staff from the BAME community and staff from other high-risk groups such as age.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and Treatment.

- 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 PPE effectively and safely.

- We were assured that the provider's infection prevention and control policy was up to date.

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

- Care workers we spoke with had a good understanding of different types of abuse. They understood their responsibilities to report any concerns to the manager and knew they could contact the local authority safeguarding team when needed
- Relatives told us that they had no concerns about the safety at the service. One relative said, "[Name] is safe and well looked after, if there would be anything wrong I would talk to the manager."
- We viewed people's financial records and found that people's accounts had been regularly audited and consistently checked by staff and management to ensure monies were spent appropriately.

#### Assessing risk, safety monitoring and management

- Apart from the above points about Covid-19, people's risk assessment were detailed and provided information and guidance for care workers to minimise the risk when supporting people who used the service.
- Risk assessments had been reviewed in periodic intervals or when people's needs had changed.
- There were a range of health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected.

#### Staffing and recruitment

- The service ensured that new care workers were vetted and checked in accordance with the legal requirements. This ensured that only staff were employed to work with people who was safe to do so.
- Care workers told us that there were enough staff available to support people and meet their needs. Relatives spoken with confirmed this. One relative said, "The staff are very good and whenever I have visited there were always enough around."
- We spoke with care worker about morale and teamwork. All care workers spoken with told us that teamwork is very good and that staff support each other. One care worker said, "We are a good team and work well together."

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medicines administration records confirmed they received their medicines as prescribed.
- People had personalised medicines care plans. These included details of what medicines had been prescribed and why.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Personalised PRN protocols were in place which included guidance staff needed to follow before they administered them.
- Staff had completed medicines training and had received assessment and regular reviews of their competency to administer medicines to people.
- Medicines audits to check that medicines were managed safely were regularly carried out. Shortfalls found were addressed and improvements made when needed.

#### Learning lessons when things go wrong

- The service ensured that accidents and incidents had been documented and recorded. The manager told us that she would discuss accidents and incidents during staff meetings to minimise the risk of them happening in the future again.
- We saw in accident and incident records that action had been taken by the manager to minimise the risk of similar events from happening in the future. For example, people have been referred to appropriate health



professionals for assessments and guidance for staff to follow.

# 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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care records demonstrated that people's needs had been assessed to ensure that the service was providing the care people required.
- One relative told us that they had been consulted when their relative moved into the service. They also said that the person was asked if he wanted to move into the service. They said, "[Name] was asked by staff if he want live at the home and I was asked if there was anything in particular required."

Staff support: induction, training, skills and experience

- Care workers told us they had received an induction when they started working in the home. They told us that their induction had been useful and informative, and had included learning about the organisation, the service and people's needs.
- The training matrix viewed confirmed that staff had received and had access to a wide range of training. We noticed some gaps in the training completed by staff. The manager was aware of this and was working with staff during their supervision's sessions providing them with support and guidance in completing the training. Staff told us they received the training they needed.
- Care workers told us that there was good teamwork and they were provided with the support that they needed during on-going supervision and through one-to-one supervision meetings with the manager.

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

- People who used the service were offered a balanced and varied diet. During our inspection we observed that people who used the service were given a choice of what they wanted to eat, and a pictorial menu was available to show people what was on the menu.
- People who used the service who had health related conditions which affected their eating and drinking were supported with external clinical input. Staff had received appropriate training and guidance to ensure that people's dietary needs were met.
- Personalised guidance that detailed the support people needed to minimise the risk of them choking when eating was available. Staff were aware of the importance of following that guidance to keep the person safe.

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

- The premises were suitable for people's needs. People with mobility needs had their bedroom located on the ground floor. Two people told us they were happy with their bedrooms, which they had personalised with items of their choice. We noted that people's bedrooms located on the ground floor were less individualised than those on the first floor. The manager told us they would look at working with people to

make their bedrooms more comfortable and personalised.

- A wooden rail located behind one person's bed was damaged and splintered. A senior care worker told us they would ensure suitable tape covered it to prevent the person being injured until it was repaired.
- Doors to bathrooms, kitchens and other facilities had written signage and one included some braille which described the rooms' use. However, most people were unable to read. Picture signage was discussed with the manager, who told us that they ensure would be purchased.
- Handrails throughout the home supported people's mobility needs.

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

- The manager and staff told us that they worked closely with health care professionals such as the GP, Speech and Language Therapists (SALT) and dietitians to ensure people's health as well as their social care needs were met.
- The manager told us that over recent weeks she had worked very closely with the GP, local authority and people's families to arrange COVID-19 vaccination with people. We were advised following our inspection visit that people who used the service had been vaccinated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw evidence that the service had applied for the renewal of DoLS for people with the supervisory bodies. However, we did not see any current standard DoLS authorisations in people's files. We discussed this with the manager and advised them to contact each local authority and ask them to renew the standard authorisation for all people the service had applied for.
- We saw that staff had received MCA 2005 and DoLS training and were able to demonstrate their knowledge to us when we spoke with them. One staff member said, "Never assume people cannot make their own decision."

# 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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Relatives told us that they managed to stay in touch with people who used the service during the current COVID-19 pandemic. They told us that they were able to visit or speak with people over the phone.
- Due to the current COVID-19 pandemic people who used the service had less opportunities to take part in community-based activities and access day service due to enforced closures. We saw in peoples' records that the service had offered in-house activities. However, these were not varied, and few were personalised. The service had two tablets available to use with people who use the service. However, we were told that they were currently not in operation due to a faulty charger and connectivity issues. We believe that the service should have addressed this issue to enable people using them for activities, communication and staying in touch with family and friends during the COVID – 19 pandemic.
- We discussed this with the manager who advised us that she would address these issues and ensured that people who used the service were provided with a working electronic tablet device which can be used to support peoples communication, used for activities, taking picture and videos and stay in touch with their family.
- The service had an additional spare room which was not fully utilised as an activity room for people with complex or sensory needs.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

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

- Care plans were detailed and contained information and guidance to ensure people's needs were met. Relatives told us that they had been consulted and involved in care plan reviews.
- Care plans follow person centred principles and told a story about the person's background, health and social care needs, their religious and sexual preferences as well as their personal care needs.
- One relative told us, "They [staff] contacted me and asked me for my opinion of what my relative would need."

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.

- Throughout the home we saw that the service used pictorial prompts to support the communication of people who used the service. For example, we saw in the kitchen a pictorial menu and some signage throughout using braille.
- However, we discussed with the manager that signage within the home should reflect people's individual needs and pictures or symbols could be used rather than written signage. There was little evidence of the service using object of reference or other communication tools being used to effectively communicate with people.

We recommend the service seeks guidance in how to improve communication with people who used the service

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure and relatives told us that they would raise concerns with the manager. One relative said, "I would call the home and speak to [name] and if this doesn't help, I would contact the CQC."
- Staff told us that they were confident to raise concerns with the manager and that their concerns were listened and would be dealt with. One staff member said, "We know people well and can tell if they are not happy." A relative said, "[Name] would tell the key worker, manager or myself if he is not happy with anything."

#### End of life care and support

- The service does not provide end of life care and support.

# 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.

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

- The service had various checks and quality assurance audits in operation. However, we found that these were not always effective.
- The service had an up to date COVID-19 contingency plan and service development plan available to ensure they were able to respond to unforeseen events and emergencies.
- Some quality assurance checks were detailed but had not always identified that audits were not consistently completed. For example, during a check dated 7 January 2021 it had not been picked up that hot food temperature had not been recorded since 31 December 2020.
- The service carried out monthly Health and Safety audits. During one check on 22 March 2020 it did record 'No hot water upstairs' and 'lounge sofas not in good condition' and on 30 May 2020 it stated, 'Toilet upstairs broken'. However, there was no record to show that action had been taken to address the issues. When we viewed the toilet upstairs, we found that the toilet was still faulty despite being reported in May 2020.
- We noted that maintenance issues were not responded to promptly. Staff provided us with examples of where requests for repairs had taken time to be addressed or were still awaiting attention. For example, the flooring in one bathroom was stained. The manager told us that this had been reported by the previous manager.
- Apart from the medicines audit most quality audits lacked detail and there was no clear audit trail who was auditing the audit records.
- The manager told us that she had received virtual support from her line manager. However, due to COVID-19 the regional manager had not visited the service to undertake a quality assurance monitoring visit.

The above deficiencies are a breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Good governance.

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

- The service did not always provide person centred care to people. There was limited imagination in providing person centred individual activities and a lack of using Information Technology or social media to support people in taking part and engaging in activities. Available space such as the sensory room was not

fully utilised.

- We saw that the service arranged regular residents' meetings during which the menu was planned, and people were engaged and encouraged to comment on the service provided and plan the week ahead.

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 new manager had been praised by some of the relatives we spoke with and we were told that she was very good in communicating any changes regarding people who used the service. One relative said, "[Name] very good she will call me if things go well and not so well, we are kept informed."
- The manager understood that she had to notify the CQC of events. Information viewed prior to this inspection showed that the service was transparent and open and has informed the CQC and local authorities if required to do so.

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

- During the COVID-19 pandemic visiting had only taken place outside. The manager told us that she planned to review this due to the winter weather and considered visits inside the home. People had telephone calls with family members but no video calls. However, the manager had obtained an electronic device which would enable video calls to take place.
- Staff that we spoke with spoke highly of the new manager. They told us that she was supportive and listened to them. One staff member said that, "If there are problems, she is always free to talk with." Another member of staff told us that the manager involved the staff and did not spend all the time in the office but was "Visible, out and about."
- The manager understood peoples' differing backgrounds and needs and gave us examples how the service supported by providing different culturally appropriate food or talking attending different places of worship. However, during the current COVID-19 pandemic this has proven very challenging.

Continuous learning and improving care

- The manager was new to the service. However, she told us that during the current pandemic staff had been encouraged to complete their learning log.
- Due to the location of the service the manager said she had access to support and learning calls provided by two local authorities. She told us that she has taken part in these regularly and shared knowledge and information with the local authorities and other registered providers. She said that this had provided her with support to make improvements in respect to the current COVID – 19 pandemic.

Working in partnership with others

- The manager told us that she works closely with the host local authority and another. She informed us that she attended provider meetings where current government COVID-19 policies and guidance were discussed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Treatment or care was not always designed with a view to service users' preferences and ensuring their needs were met.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service was not taking all necessary steps to prevent the risk of detecting and controlling the spread of infections such as COVID-19.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not always operate effective systems to assess, monitor and the improve the quality of service provided to people who used the service.