

CareTech Community Services Limited
CareTech Community
Services Limited - 19
Wheelwright Road

Inspection report

19 Wheelwright Road
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West Midlands
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31 January 2022
23 February 2022
03 March 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

CareTech Community Services Limited - 19 Wheelwright Road is a residential care home providing personal care to six people at the time of the inspection. The service can support up to six people.

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

Right Support

- The provider had not always assessed, monitored and mitigated the risks associated with people's care.
- Staff had supported people with their daily medicines in a way that achieved the best possible health outcome. We found that monitoring of 'as required' medicines required further improvement.
- The provider ensured the home's environment was clean, well equipped and well-furnished.
- People had a choice about their living environment and were able to personalise their rooms.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
- Staff enabled people to access specialist health and social care support in the community.

Right Care

- People had not always been supported to take part in activities and pursue interests based on their individual preferences.
- People had not been supported to develop goals and aspirations based on their individual preferences.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. The provider worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

- Staff evaluated the quality of support provided to people. However, people had not always been involved in these reviews.
- The provider enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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.

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

Rating at last inspection and update

Our last inspection of the service was a focussed inspection of Safe and Well Led and the service was rated requires improvement (published 23 October 2020). There were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had not been sufficiently made and the provider remains in breach of regulation. The service had been rated requires improvement for the last three consecutive inspections.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

This inspection was prompted in part by a review of information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well Led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, safe care and treatment and systems to ensure safe and good quality care at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 - 19 Wheelwright 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

One inspector carried out the inspection. An assistant inspector carried out phone calls to relatives.

Service and service type

CareTech Community Services Limited- 19 Wheelwright Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CareTech Community Services- 19 Wheelwright Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and 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.

We visited the service on 31 January 2022 and 23 February 2022. The inspection activity concluded on 3 March 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met all the people living at the service, spoke with one person and communicated with two other people. People who lived at the service who were unable to talk with us used differing means of communication including Makaton, pictures, photos and their body language. We spoke with one relative about their experience of the care provided.

We spoke with six members of staff including the registered manager, locality manager and four members of care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and two 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, including policies and procedures, training data and quality assurance records 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 requires improvement. At this inspection this key question has now remained the same. 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.

Assessing risk, safety monitoring and management

- The provider had not always identified or mitigated the risks associated with people's care.
- Where people were at risk of choking, we found insufficient risk assessments had been put in place and specialist guidance had not been consistently followed by staff. One person had been given foods which were not safe for them to eat and this had not been identified through the provider's monitoring checks.
- We observed a meal-time and noted that the person was going to be given inappropriate food. We spoke to staff who told us this meal would be cut up. The inspector had to intervene to ensure food that was unsafe and prepared incorrectly was not given to the person.
- Where people were diagnosed with epilepsy, care plans and guidance were not always available to support staff in knowing what to do should a person experience a seizure. This meant there could have been delays in seeking medical attention or staff not recognising seizure activity.
- We spoke with a staff member about a person's epilepsy and they were unable to tell us the nature or likely duration of the person's seizure or at what point they would call for emergency services.
- Risks relating to the home's environment had not always been acted on in a timely manner. A fire risk assessment had determined several specific actions that needed to be taken to ensure the safety of the service within a specific timeframe. We found that these actions had not been completed. We raised these concerns with the provider who took action to mitigate immediate risks and developed an action plan to address these areas.

People had not always been supported to receive safe support or live in a safe environment. This was a breach of Regulation 12, Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people experienced emotional distress care plans were in place to support staff to provide an appropriate and consistent approach. These care plans referenced that these periods were a form of communication for the person.
- Staff could recognise when people were experiencing emotional distress. Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. Staff told us about the care plans in place to aid this. One staff member said, "There is a support plan for communication. We read through that for better understanding of their needs."

Using medicines safely

- We identified a medicine error whereby an 'as required' medication had been given incorrectly. Whilst audits were carried out on medicine administration, they had not always been effective in identifying

medication errors.

- People received their regular medicines correctly and at the times they were prescribed and when they needed them. A relative we spoke with was assured their relative received correct support with their medicines.
- People were supported by staff who had received training and competency checks around safe medicine administration.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were able to tell us the specific ways a person may indicate signs of abuse through differing means of communication. One staff member told us, "If something was not right, I would report it to the manager. If she didn't do anything I would whistle-blow. I am sure the manager would report it."

Staffing and recruitment

- Staff recruitment and induction training processes promoted people's safety, including those for agency staff.
- The service had enough staff, including for one-to-one support for people. There had been the need to use regular agency staff due to high staff turnover at the service.
- Regular agency staff knew people's needs well. The service was working hard to ensure more permanent staff were recruited to ensure consistency in support for the people living at the home.

Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. Where people needed staff to remove PPE to enable effective communication, further consideration was needed around the records of what was in place to reduce the risk. In addition, we noted that further guidance and consideration was needed where people visited family outside of the service.
- 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 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.
- People living at the home were supported to maintain contact with their relatives. People were supported to have visits from relatives both in and outside the home.

Learning lessons when things go wrong

- There were systems in place to ensure incidents were reviewed and steps put in place to reduce the risk of reoccurrence.
- The provider managed incidents affecting people's safety well. Where systems pointed towards an increase in incidents, staff sought additional support from healthcare professionals to investigate possible causes for this and to support the person through this period of time. Staff also had access to support from a behavioural specialist team who were available to provide advice and assessments to determine possible functions of behaviours.

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.

Our last inspection published October 2020 did not review this key question. This key question was last rated as requires improvement in July 2020. At this inspection this key question has now improved to good. 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 had lived at the home for a number of years and therefore there had been no recent admissions to the home.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction and a programme of training sessions to support their understanding of how to support people with their individual needs. One staff member told us, "The training is quite good; I learnt quite a bit."
- We noted that some staff had outstanding refresher training to complete. The registered manager had already noted this, and a plan was in place to ensure staff completed this training.
- Staff informed us they received supervisions to enable them to seek support and reflect on their practice. One staff member told us, "I have found with the [registered] manager she is very helpful if I am stuck or have an issue. She is at hand to support me."
- We noted some staff had not received consistent planned supervision. The registered manager had identified this, and a schedule was been put in place to enable this to occur.

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

- People had not always been supported to receive food in a safe manner in line with the speech and language team's guidance. This placed people at potential risk of choking. The provider took steps to address these concerns during the inspection.
- People's care records detailed how they could be supported to be involved in preparing meals and drinks.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- People's care and support was provided in a clean, well equipped and well-furnished environment.

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

- People had health action plans that described how to support them with their healthcare in the way they

needed.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. We were informed of examples of support people had received to monitor and investigate health related concerns. These examples demonstrated the provider had worked with a number of healthcare professionals, over a period of time, to ensure people had received the healthcare they needed which had resulted in positive outcomes for people.
- People had been supported to receive support to maintain good oral healthcare. Care plans were in place that explained the support people needed to achieve this and the frequency of visits to healthcare professionals.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People chose where they spent their time and who with.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded mental capacity assessments and any best interest decisions.
- There were systems in place to provide oversight of all DoLS applications that were in place, when reviews were required and renewal dates. This ensured any restrictions on people's care were kept under review.
- People's care plans recorded the importance of offering choice and involving people in decisions about their care. Staff were able to tell us how people communicated using differing means and what this meant for the person.

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.

Our last inspection published October 2020 did not review this key question. This key question was last rated as requires improvement in July 2020. At this inspection this key question has now improved to good. 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

The last inspection of this key line of enquiry found one person had not been supported to have adequate living conditions, the service had not considered the impact of poor staff behaviour on people's care and people had been restricted to access some parts of the home. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The environment in the home had been renovated and extensively improved to ensure people had good living conditions. The environment was homely, and people had the opportunity to personalise their bedrooms. People had been involved in choosing paint colours and furnishings when changes were made.
- The provider had carried out work around the culture in the home and where poor staff behaviour was identified it was challenged appropriately.
- A relative we spoke with shared positive comments about the service. They said, "I like where he [person] is. As long as he is happy, I am happy. He has his own room. He can come and go as he likes, out of his room into the lounge; he is happy. He interacts with other service users."
- Staff had worked with people over a period of time and had got to know people well. Staff enjoyed supporting people at the home. When we asked staff what the best part of their job was one staff member told us, "I love my job. I understand the service users very well." Another staff member told us the best thing was, "seeing the service users progress in their life and seeing them smile." Another staff member told us, "The service users are the best thing. It's so good to see them happy and see them doing better. It brings happiness for myself."
- Staff members showed warmth and respect when interacting with people.
- Staff were patient and used appropriate styles of interaction with people.

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff supported people to maintain links with those that were important to them. One relative told us, "We can ring up and speak to him [person], as he has his own mobile phone."
- Whilst people had been involved in some day to day decisions further work was needed to ensure people

were fully involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- People had care plans that recorded areas of their lives in which their independence could be further promoted. There was direction for staff on how to support people with maintaining and developing their independence.

Is the service responsive?

Our findings

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

Our last inspection published October 2020 did not review this key question. This key question was last rated as requires improvement in July 2020. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

The last inspection of this key line of enquiry found that people had not been supported to contribute to their care reviews and people were not supported consistently with their communication. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection insufficient improvement had been made and the provider remains in breach of regulation 9.

- Staff had not used a person-centred approach to discuss with people what goals and aspirations they may have. Goals that had been set for people were not person-centred and there was no evidence people had been involved in the development of their goals. For example, two people had the same goal and this goal did not encompass their interests or aspirations.
- Staff had not ensured people's goals were meaningful nor spent time with people understanding how they could be achieved. There was no plan in place that detailed how people were going to reach their goals and aspirations.
- People were not always encouraged and motivated by staff to reach their goals and aspirations.
- People living at the home received support from one designated member of staff for most of the day. However, people had not consistently been supported to participate in social and leisure activities based on their interests.
- Staff had not used a person-centred approach to provide people with an opportunity to contribute to or review their care plans.

People had not been supported to be involved in the planning and reviewing of their care. People had not been supported to access and develop activities of interest to them. This was a continued breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

End of life care and support

- Whilst no one at the service was receiving end of life support, consultation and considerations had been made with people's loved ones to record people's wishes should they pass suddenly.

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 now 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; Continuous learning and improving care

At our last inspection we found that the provider had failed to implement robust governance systems. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection insufficient improvement had been made and the provider remains in breach of regulation 17.

- The provider's governance systems had not enabled them to address fire safety concerns within the building. This had left people at potential risk of harm.
- The provider's quality assurance systems had not identified that people with specific dietary needs had received food that were unsafe. This had placed people at increased risk of potential harm from choking.
- The provider's quality assurance systems had not identified that sufficient guidance for supporting people who lived with epilepsy was not always available to staff. This had placed people at risk of not receiving appropriate support.
- Care plan review processes had not always enabled the provider to identify where people's risk assessments were inaccurate or did not refer to all mitigation in place to support people.
- Systems had not been put in place to monitor safe visits for people outside of the home. All steps to identify and mitigate potential risks of COVID-19 had not been taken into consideration.
- Systems to monitor the provision of social and recreational activities had not identified that people had not had consistent support to access activities in line with their interests.
- Systems to monitor safe medication administration had not identified a PRN medication error. This had meant that timely action had not been taken to seek medical advice.

Systems were not robust enough to demonstrate effective monitoring of the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediate action was taken to mitigate immediate risk to service users and an initial plan of improvement in these areas was sent to us following the inspection.

- The provider had put new processes put in place to monitor the progress and development of the service. These development plans were specific to the service to enable the specific needs of the people living there to be taken into account.
- The service had a management structure in place and access to resources to enable them to make improvements in the service. There were planned visits from the locality manager and a newly updated service improvement plan to enable planned and measured improvement to be made.

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

- Staff felt supported by the registered manager. One member of staff told us, "Yeah, I do feel supported."
- Staff felt able to raise concerns with the registered manager. One staff told us, "I could raise concerns and it would be dealt with."
- The registered manager shared their willingness and drive to improve the service. They told us, "The service has faced a lot of challenges, but I am in a position now to run with the feedback and deal with it. I am always willing to learn." The registered manager further commented, "I only want the best for service users."

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 apologised to people, and those important to them, when things went wrong.
- The registered manager and locality manager had been open during the inspection process and spoke of their desire to improve the service.

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

- There were methods for people to feedback their views of the service through service user surveys and service user meetings.
- Staff had the opportunity to be involved in the development of the service through staff meetings. Staff felt able to suggest improvements to the provider at any time. One member of staff told us, "If I do something that is working well, I can tell everyone." Another member of staff told us, "We talk about ways to improve the service. The registered manager is open to it. It's all about what is best for the service users."

Working in partnership with others

- Staff worked collaboratively with other key healthcare professionals to ensure people's needs were met.
- The registered manager had approached various advocacy groups to enable people using the service to have a voice. At the time of the inspection they were awaiting contact from these advocacy groups.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured all risks associated with people's care had been monitored and mitigated. 12 (1)(2)(a)(b).</p> <p>The provider had not ensured all risks associated within the environment had been mitigated in a timely manner. 12 (2)(d)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure service users individual preferences had been consistently been met. The provider had failed to ensure service users had been involved in developing and reviewing care plans. 9 (1)(2)(3)(a)(b)(d)(f)

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish robust systems to assess, monitor and improve the quality and safety of the service. 17 (1)(2)(a)(b)(c)(f).

The enforcement action we took:

We served a warning notice.