

# Caretech Community Services (No.2) Limited

## Caretech Community Services (No 2) Limited - 42 Russell Lane

### Inspection report

The Oaks  
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London  
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Tel: 02083616500

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31 January 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# 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 (No 2) Limited - 42 Russell Lane is a care home and is registered to provide care to up to 6 people with learning disabilities and complex needs including mental health and autism. On the day of our visit there were 6 people living in the home.

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

#### Right Support:

Staff supported people to access health and social care support in the community. They supported people being involved in maintaining their own health and wellbeing where possible. Staff communicated with people in ways that met their needs. The service gave people care and support in a safe environment. 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. Risks to people were assessed, monitored and managed. Staff had the necessary skills, knowledge and experience to provide safe and effective care. There were enough staff to meet people's needs.

#### Right Care:

People's needs were appropriately assessed before they moved to the service. The service worked together with healthcare professionals and relatives to ensure people's needs could be met. People were supported with nutrition and hydration. Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns. Care records contained risk assessments with clear guidance for staff to follow. Medicines were managed safely. Staff were recruited safely. The premises were clean. People had a choice about their living environment and were able to personalise their rooms. Some aspects of the home needed refurbishment and the provider was taking action to address this.

#### Right Culture:

The registered manager promoted a person-centred environment and people experienced good outcomes. People spoke positively about the management team and staff. People received good quality care, and support because trained staff could meet their needs and wishes.

Staff understood people's needs in relation to their strengths, impairments or sensitivities people with a

learning disability and/or autistic people may have. This enabled people to receive compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

More information is in the full report.

#### Rating at last inspection

At the last inspection we rated this service as good. The report was published on 1 May 2018.

#### Why we inspected

We carried out a focused inspection of this service on 31 January 2023, this inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 well-led?

Good ●

The service was well-led

Details are in our well-led section below

# Caretech Community Services (No 2) Limited - 42 Russell Lane

## **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 Health and Social Care Act 2008

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 team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Caretech Community Services (No 2) Limited - 42 Russell Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We used the information the provider sent us in the provider information return (PIR). 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.

#### During the inspection

We spoke with 4 people who lived in the home. We also observed interactions between people using the service and staff. We spoke with 2 staff and the registered manager. We reviewed 2 people's care records including risk assessments and 2 staff files in relation to recruitment. We also reviewed a range of management records including staff training, quality audits, medicines, and service user feedback.

# 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 remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Staff knew people well and received training on how to protect people from abuse.
- People told us they trust staff and felt the service was safe. A person told us "yes, I am safe, staff are kind."
- Staff were able to explain how they would recognise signs of abuse and how they would report it to the management. One staff member said, "It is our duty to protect people, so they live without abuse".

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed, monitored and managed. The provider assessed risks relating to people's health, skin integrity, oral care, personal care, going out in the community and finances. Assessments included plans to help keep people safe. The assessments and plans were regularly reviewed and updated.
- People had personal emergency evacuation plans in the event they needed support from staff to be evacuated from the service in an emergency.
- People had positive behaviour support plans which gave guidance to staff about how to support people who may become distressed or anxious.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.

Staffing and recruitment

- There were suitable numbers of qualified staff to meet people's needs. A staff member told us, "There are always lots of staff we are not rushed at all."
- Most staff had worked for the service for many years and therefore provided continuity in care.
- People told us there were always enough staff on duty to meet people's needs.
- The provider had systems in place to carry out checks on all staff before they commenced working at the service. These included employment references, proof of identification and right to work the UK. Disclosure and Barring Service (DBS) checks were carried out. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

Using medicines safely

- People received their medicines safely as prescribed. Medicines were safely stored and locked away, accurate and up to date medicines records were maintained for individuals. Daily medicines audits were completed by the registered manager. These were done to ensure errors or concerns were identified and

addressed appropriately.

- For medicines to be administered as 'when required' (PRN), person centred protocols were in place. These provided staff enough information to administer these medicines appropriately.
- A person told us "the staff are very good with medicines"
- Medicines were administered by staff who were trained and had their competency checked and records reviewed confirmed this.

#### Preventing and controlling infection

- There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE [personal protective equipment] effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date .
- The provider followed government COVID-19 guidance on care home visiting.

#### Learning lessons when things go wrong

- Systems were in place to manage incidents and accidents, including learning from these. The registered manager supported staff and the service to learn lessons when things went wrong.
- Staff told us that they receive regular updates by their manager on any changes following an incident. Records showed that a recent incident had been appropriately managed in a timely way.



# 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. 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, and choices were assessed. Assessments were carried out with families and advocates before a person began using the service to ensure that their needs could be met.
- People's care plans were up to date, personalised, and reflected their current needs and aspirations, including physical and mental health needs. They showed a good understanding of each person, including their communication support and cultural needs.
- Staff supported people to travel to different locations to celebrate their chosen religion and supported one person to upgrade their mobile phone to have access to applications that allowed them to communicate with family members who lived abroad.

Staff support: induction, training, skills and experience

- The provider supported staff to receive the right training and skills to support people appropriately.
- One staff member told us, " We get regular training some is face to face and we are informed when training is due."
- Training records showed that staff received training that included safe de-escalation, understanding behaviour, oral health, medicines management and mental capacity. This training was mandated by the provider.
- Staff told us they felt supported by the registered manager and had regular supervision meetings and information was shared on a what's app group. New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported, One one staff member commented, "we get supervision every month ,but we can go to the manager anytime we need to."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- There were pictorial menus and food choices for people who were unable to communicate verbally.
- Staff understood people's likes and dislikes and people were given a choice of different foods to eat,
- People's care plans contained detailed information about their dietary needs and preferences, including diets due to health reasons or religious beliefs.
- Care plans included details of risks posed to people in relation to eating and drinking. There were detailed instructions for staff to follow about how risks should be reduced, for example foods that were unsafe for the person to eat due to choking risks which were assessed by the speech and language team.
- A person told us " I am happy with the food".

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

- Staff worked with health professionals to meet people's health needs in a consistent and timely manner.
- People's care records held information regarding referrals to health professionals to support their wellbeing and help them to live healthy lives. For example, people were referred to the diabetes services, to help manage and advise staff how to support people with diabetes.
- People had detailed health actions plans and hospital passports. These were given to health professionals so they would know how the person would like to be supported if they were admitted to hospital.
- People were always accompanied by staff for their health appointments.
- Staff had a good understanding about people's medical and health conditions and what actions they needed to take if a person were to become unwell.

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

- People were supported to keep their home and bedrooms clean.
- People personalised their rooms, with pictures and their own bedding. The home provided the furniture for the people's rooms.
- A staff member told us "The environment is clean. The kitchen is always clean and regularly redecorated."
- People had access to a garden area, which was well-maintained.
- The provider had carried out building checks as required, such as electrical and gas safety.
- Some areas of the home required repair and redecoration. The registered manager told us that funding had been approved and the provider was taking action to address this.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records contained signed consent forms, mental capacity assessments and best interest assessments in line with guidance.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Staff put their knowledge about the principles of the MCA into practice. We saw staff sought consent from people before providing support and encouraged people to make decisions about how they wanted their day to day care to be delivered.
- The registered manager maintained oversight of all DoLS applications. They ensured relevant information was included in care records so staff were aware of how restrictions may impact on the care they provided.
- A staff member told us "We always give people a choice and explain what we are doing."
- Staff confirmed that they had undertaken training in relation to the MCA.



# Is the service well-led?

## Our findings

Well-Led – this means 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 remained the same.

This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive and transparent culture which supported the delivery of person-centred care. All the feedback we received about the registered manager was positive. Our discussions with them demonstrated they were passionate about championing the rights and freedoms of people who lived at the service.
- The staff team were very experienced and knew people well. They promoted a homely and inclusive atmosphere. We observed staff interacting with and being respectful to people who used the service.
- Staff told us they felt respected, valued and well supported. One member of staff told us, "The manager is very good we can go to her with anything that bothers us, she quickly sorts things out."
- Care plans were extremely person-centred, which reflected people's individual needs, aspirations goals and outcomes.
- The manager and staff were motivated to provide the best possible person-centred care and support for people.
- Staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements

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 registered manager understood their role and responsibility under duty of candour. They were aware of their responsibility to be open and honest when things went wrong.

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

- There was a clear structure of governance in place. The registered manager had the skills and knowledge of their responsibilities for ensuring that risks are managed well and that they are reported under the regulatory requirements.
- The provider had up to date policies and procedures which reflected good practice guidance and legislation.

- The registered manager completed regular care plan audit checks. These looked at areas such as care plan reviews, whether outcomes for people were being met and any changes to a person's care needs.
- Staff were clear about their roles and responsibilities and felt supported by the registered manager. Comments from staff included, "We always have clear guidance and instructions from our manager." And "From the first day of working at the home I felt supported by the manager and staff team."

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

- The registered manager told us, they encouraged feedback from people, advocates and relatives through telephone conversations and face to face meetings. They had an open-door policy for staff to feel able to approach the management team with any concerns.

Continuous learning and improving care

- There were a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There were systems and processes to monitor the quality of the service and these were operated effectively.
- There was oversight of accidents and incidents in the service to safeguard people and to identify any actions to help prevent recurrence.
- Team meetings were used to share good practice ideas and problem solve.

Working in partnership with others

- The registered manager and staff told us how they work in partnership with external professionals such as the GP, consultant psychiatrist, opticians, dentists and the speech and language therapy team.
- Care plans showed that partnership working was taking place to review people's health and wellbeing.