

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:
12 April 2023
20 April 2023

Date of publication:
01 August 2023

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

About the service

CareTech Community Services Limited – 237 Kenton Road is a residential care home providing care to people with a learning disability and autistic people. The home can accommodate up to 12 people in two separate flats, each with shared communal facilities. The ground floor flat is accessible to people with physical impairments. At the time of our inspection 7 people were living at the home.

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

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.

Right support:

The provider had made improvements to the support they provided to people in relation to recognised models of care for people with a learning disability and autistic people. Staff demonstrated they understood the support people required. Staff were observed to communicate well with people.

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.

Right care:

People's care plans were person centred, Care plans contained guidance for staff in meeting people's assessed needs. Staff understood people's wishes and preferences and were observed to support people in a friendly and respectful manner. Where appropriate, staff encouraged people to take positive risks, such as participation in new activities. Staff had engaged with people, health care professionals and other relevant individuals to support people's care and support.

Right culture:

People and those important to them, such as family members had been involved in planning their care and support. People were asked about their needs and preferences and staff developed activities and support to ensure their requests and preferences were met. Staff and managers had received training in supporting people. The training reflected current best practice in supporting people with a learning disabilities and autistic people. Staff were supported to discuss best practice for the people they supported in supervisions and team meetings. People were provided with the support they required to use the home and the local community as they wished.

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

The last rating for this service was requires improvement (published 2 September 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider sought guidance in how to engage people and provide person centred care for people with a learning disability and autistic people. At this inspection we found the provider had acted on this recommendation and had made improvements.

Why we inspected

This inspection was prompted by a review of the 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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CareTech Community Services - 237 Kenton Road on our website at www.cqc.org.uk.

Follow up

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?

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 findings below.

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 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

This inspection was carried out by 1 inspector.

Service and service type

CareTech – 237 Kenton 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 – 237 Kenton 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

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 the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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. We used all this information to plan our inspection.

During the inspection

We observed people who used the service interacting with staff and taking part in various in-house activities. We spoke with 2 people. We spoke with 5 members of staff including the registered manager, the acting deputy manager and 3 support workers. We received feedback from 1 relative of a person living at the home.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider had failed to ensure that the administration of topical creams prescribed as PRN (as required) medicines had been recorded. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2012. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 12.

- People's medicines records showed medicines, including topical creams, were administered as prescribed. PRN protocols were in place. These detailed when and how PRN medicines should be given.
- People's medicines were stored securely.
- Information about people's medicines were included in their care plans and risk assessments. These included information about people's preferences in relation to medicines administration.
- Staff administering medicines had received appropriate training. The registered manager had carried out assessments of staff competency.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to address outstanding maintenance issues, including repairs to a faulty fire door and radiators in people's rooms. This was a breach of Regulation 15 (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 15.

- The provider had commissioned an independent fire safety assessment and had acted on the recommendations within the report. Fire doors had been replaced where required. Regular checks and servicing of fire safety equipment had taken place. People had individual personal emergency evacuation plans. These provided information for staff and emergency services should there be a need for an immediate evacuation of the home.
- The home's maintenance records were up to date. We saw that outstanding maintenance concerns had been addressed. Environmental safety checks, such as of gas safety, electrical systems and portable appliance testing had been carried out. The provider had carried out regular health and safety monitoring of the premises.
- People had person centred risk assessments. These included guidance for staff on managing support in areas such as personal care, moving and handling, behaviours and anxieties, medicines and activities, including activities outside the home. People's risk assessments were regularly reviewed and updated where there were changes in their needs.

- The registered manager told us that some people were anxious about leaving the home following the COVID-19 lockdowns. We saw examples of individual plans for reintroducing people to community-based activities. These plans reflected information recorded in people's care and support records.
- Staff had received training in positive behavioural support. They understood how to identify signs of anxiety in people and how best to support people in ways that helped them to manage and reduce anxiety-related behaviours.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of avoidable harm or abuse.
- Staff had received training on safeguarding and understood their roles in protecting people and ensuring suspicions and concerns were immediately reported.
- The home's safeguarding records showed that safeguarding concerns were appropriately reported to the local authority's safeguarding team. Notifications of safeguarding alerts had been provided to the CQC.

Staffing and recruitment

- Staff were recruited safely.
- The provider had carried out pre-employment checks to ensure staff were suitable for the work they were carrying out. Staff files included evidence of satisfactory references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- During our inspection there were sufficient numbers of staff to meet the needs of people using the service. Where people required additional staffing, for example, to attend activities or appointments, this was provided.
- The registered manager told us the provider had a roster of bank staff who were used to cover staff shortages. This reduced the need to use agency staff and ensured people were supported by staff they knew.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 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.
- People were supported to receive visitors such as family members, friends and health and social care professionals. The provider's visiting policy outlined arrangements should there be an outbreak of infection at the home. This reflected current best practice and guidance.

Learning lessons when things go wrong

- The provider's records showed actions were taken following incidents or accidents to reduce the risk of reoccurrence.
- People's care plans and risk assessments were updated following incidents and other health and social care professionals were involved where appropriate. Actions to reduce risk to people were discussed with

individual staff and at team meetings.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection we recommended the provider sought further guidance in how to engage people and provide person centred care for people with a learning disability and autistic people. During this inspection we found the provider had taken appropriate actions.

- People's needs had been assessed. The assessments informed their care plans and risk assessments, the content of which reflected good practice in supporting people with a learning disability and autistic people. These were regularly reviewed and updated where there were changes in people's needs and preferences.
- People's care plans and risk assessments were person centred and provided guidance for staff on providing sensitive support that respected their individual needs and preferences.
- Some people living at the home did not communicate verbally. Information about their communication preferences was included in their care plans. We observed staff interacting with people in ways they understood, for example, by use of words, signs and objects of reference.
- During our inspection we observed people engaging in a range of activities with staff support. These included singing and dancing, crafts, reading, planting seeds in the garden. Staff supported people to make choices about what they wished to do. Some people chose to go for walks or shopping in the local community and this was facilitated by staff.

Staff support: induction, training, skills and experience

- The provider ensured staff received the support they required to perform their roles.
- Staff members received an induction to the home when they first started working. This was linked to the outcomes of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had an ongoing mandatory training programme in place for all staff. This was 'refreshed' at regular intervals. The training programme included sessions on safeguarding adults, learning disabilities, autism, infection control, medicines administration, moving and handling of people and fire safety. Staff had also received training on specific health needs, such as diabetes and epilepsy. Some training for staff was provided on-line. Staff told us they found the training helpful. One staff member said, "Even when I have done the training before it's good to have a reminder so I can think about how I work with the people who live here."
- Staff received regular one to one supervision with a manager to support them in their roles. Regular team

meeting had also taken place. Staff told us they did not have to wait for a supervision or team meeting to speak with a manager. They told us the registered manager had an open-door policy and they could approach her at any time unless she was in a meeting. The provider maintained an 'on call' system that enabled staff to speak with a manager if they required support or advise outside of office hours.

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.
- Staff cooked meals from fresh ingredients. They encouraged and supported people to be involved in meal preparation if they wished.
- People were involved in choosing the meals they would like to see on the weekly menus. Alternative meals were provided for people if they preferred something different. The menus included a variety of foods from different cultures. The registered manager told us they would always endeavour to meet people's cultural dietary preferences, for example, by purchasing halal meats.
- We observed people at a lunch time where everyone ate a meal of pasta, pesto, chicken and vegetables. Staff sat with them to provide support if they required. Where people preferred to eat in their rooms, this was supported by staff. We also saw staff offering people drinks and snacks throughout the day.
- People told us they enjoyed the food at the home.

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 other professionals to ensure people received the care they required.
- People's care records confirmed referrals had been made to other healthcare professionals, such as psychiatrists, dentists, GPs and others where required.
- Staff supported people to maintain healthy lifestyles. Healthy eating and exercise were encouraged. During our inspection we saw that people went out for walks and staff danced along with people to music in 1 of the communal lounges.

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

- The home was well-decorated, clean and tidy. People with mobility impairments had access to ground floor rooms and accessible bathing facilities.
- People had been involved in choosing decorations for their rooms and the communal areas of the home. A person showed us their bedroom which was decorated and furnished in their preferred colour scheme and was personalised with pictures and items important to them.
- Work had commenced on improving the garden area, for example, through sensory planting, and objects of interest using upcycled materials. The acting deputy manager told us 1 person had been taking a lead on how the garden could be improved. During our inspection 4 people were in the garden being supported by staff to pot up and plant flower and vegetable seeds.

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 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 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, 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.

- The provider was meeting the requirements of the MCA.
- Information about people's capacity to make decisions was included in their care plans.
- Staff had referred people to the local authority for DoLS authorisations where required and these were contained in people's care records. Renewals of applications for DoLS authorisations had taken place in a timely manner.
- The provider had facilitated best interest meetings for people who were unable to make decisions for themselves. For example, best interest meeting had taken place in relation to COVID-19 vaccination. These meetings involved health professionals and people's family members where appropriate.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to ensure an effective quality monitoring system in relation to the management of medicines and the maintenance and upkeep of the premises. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance). At this inspection we found the provider had made improvements and was no longer in breach of Regulation 17.

- Managers and staff understood their roles and responsibilities in ensuring high quality support to people.
- The provider had carried out regular quality assurance monitoring of medicines, care and support, health and safety and staff training and records. Quality assurance information was recorded in an electronic monitoring system. This enabled the registered manager and other senior managers to review whether monitoring audits had been carried out in time and effectively. The home's records showed that, where issues were found, the records showed that prompt actions had taken place to address these.
- We looked at the home's maintenance records. These showed that outstanding maintenance concerns had been addressed quickly. Our observations of the premises confirmed this.
- The registered manager and staff team understood regulatory requirements. They described the importance of reporting and recording concerns regarding the quality of care and support people received.

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

Continuous learning and improving care

- Management and staff had a clear vision for the home and described the importance of ensuring a person-centred approach that put people at the heart of everything they do.
- The registered manager and acting deputy manager were visible at the home. They engaged with people and carried out care and support tasks where required. Staff spoke positively about the registered manager and told us she was always available to provide support and advice when they required it.
- Staff were supportive of changes introduced by the registered manager, such as improvements to record keeping and the development of a wider range of activities for people. One staff member said, "[Registered manager] always explains why change is necessary to improve people's lives and all the changes have been positive."

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 responsibilities in relation to duty of candour.
- We viewed records which showed incidents, accidents and concerns had been reported to local authorities and to the CQC.

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

- People, the public and staff were provided with opportunities to be involved.
- The registered manager facilitated regular meetings for staff where they could openly discuss the home's aims and objectives, regulatory requirements, people's support and planned changes. Staff said they valued the meetings which provided them with opportunities to discuss concerns and agree actions together.
- People were asked for their views at regular meetings. The notes of recent meetings showed people were involved in planning future menus, activities and outings. The provider promoted equality and diversity in its work and people who were unable to participate in group meetings were asked for their views individually.
- People were involved in reviews of their care plans. A relative told us they had been involved in supporting their family member in reviews. They said, "The staff are very good at telling us if there are any concerns about [family member] and giving us information about what is going on there."

Working in partnership with others

- People's care records showed that staff worked in partnership with other care and support agencies to ensure people's needs were fully met.
- The registered manager engaged with the local authority and other services to share information.