

CareTech Community Services Limited

CareTech Community Services Limited - 237 Kenton Road

Inspection report

237 Kenton Road
Harrow
Middlesex
HA3 0HQ

Tel: 02089076953

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27 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: CareTech Community Service Limited – 237 Kenton Road is a residential care home registered to accommodate up to 12 people. At the time of this inspection the service was providing personal care to eight people who have a learning disability. Not all people who used the service were able to communicate with us verbally.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service were able to live as full a life as possible and achieve the best possible outcomes. The principles reflected the need for people with learning disabilities and/or autism to live meaningful lives that included control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service:

- People told us they felt safe living in the home. Staff were aware of their responsibility of safeguarding people from the risk of potential abuse. Staff had access to risk assessments that told them how to promote people's independence and to reduce the risk of harm whilst doing so. Staff were recruited safely and were provided in enough numbers to ensure people's needs were met.
- People were supported by trained staff to take their medicines as prescribed. Systems and practices reduced the risk of cross infection. Where things went wrong, lessons were learned, and action was taken by the registered manager to reduce the risk of this happening again.
- People were cared for by staff who were skilled and supported in their role by the registered manager. People were involved in the assessment of their needs to ensure they received the service the way they liked. Staff supported people to access relevant healthcare services when needed. The environment was suitable for the people who used the service.
- People's consent was obtained before care and support was provided and staff had a good understanding of the Mental Capacity Act 2005.
- People were cared for by staff who were kind, caring and respected their right to privacy and dignity. People were encouraged and supported by staff to be involved in making decisions about their care and treatment.
- People were treated kindly by staff and were assisted to pursue social activities of their choice. People's concerns were listened to and acted on to ensure they received a safe service. At the time of our inspection visit the provider was not offering a service to people who required end of life care.
- The culture of the home was person-centred and supported people to achieve their goals. People were encouraged to be involved in the running of the home to ensure the service they received met their specific needs. The provider worked in partnership with other relevant agencies to ensure people's care needs were met. The provider's governance was effective in assessing, monitoring and driving improvements therefore, people received an effective and safe service.

Rating at last inspection: The service was rated Good at the last inspection in October 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspection and one expert by experience. The expert by experience was a person with a learning disability who was assisted by a supporter during this inspection.

Service and service type:

CareTech Community Service Limited – 237 Kenton Road is a care home. People in care homes receive accommodation and nursing or personal 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:

The inspection site visit was unannounced. It started and ended on 27 March 2019.

What we did:

We used information the provider sent us in the Provider Information Return. 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 reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We asked the local authority for any information they had which would assist our inspection. We used this information as part of our planning.

During the inspection we spoke with five people who used the service, one external advocate, two care staff and the registered manager. We looked at three care plans and risk assessments. We looked at records relating to the management of medicine, staff training, complaints and quality assurance monitoring.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- ☐ We saw the safeguarding procedure which was of a good standard and clearly detailed information of what to do if staff saw or suspected people being at harm or abuse. People who used the service told us that they felt safe.
- ☐ Care staff had received safeguarding training and demonstrated a clear understanding of the different forms of abuse. They told us that they would contact the registered manager if they heard or saw anything concerning. One care staff told us, "I would report everything to [managers name], but we also have a whistle blowing procedure, or I can call the police or local authority."
- ☐ The registered manager notified the Care Quality Commission (CQC) and local authority of any allegation of abuse and took appropriate action where required.

Assessing risk, safety monitoring and management

- ☐ People were able to take risks, however, these were assessed and managed appropriately and safely. Staff told us they had access to risk assessments that told them how to reduce the risk of harm to people. For example, some people required two staff members to support them or some people required specific responses from staff when they presented behaviours that challenged the service.
- ☐ Staff were trained to support people to manage their behaviours to reduce the risk of harm to the person and others.
- ☐ Regular checks were carried out on firefighting equipment to ensure they were suitable and safe for use.
- ☐ Individual fire evacuation risk assessments were in place that told staff the level of support the person would require to safely evacuate the building in an emergency.

Staffing and recruitment

- ☐ The registered manager told us that they were fully staffed and only used bank or agency staff to cover annual leave or sickness.
- ☐ Relatives told us that there were sufficient staff to meet people's needs. One relative said, "Whenever I visit there had always been enough staff around."
- ☐ The service followed safe recruitment practices. Appropriate checks, including a disclosing and barring check (DBS), were taken prior to staff working with people who used the service.

Using medicines safely

- ☐ People received their medicines when they needed them.
- ☐ Medicines were stored and recorded appropriately.
- ☐ The registered manager told us that staff who were responsible for the management of medicines had received training to do it safely. This was confirmed by the staff we spoke with.

- Training records viewed confirmed that all staff administering medicines had received training and their competency in medicines administration was assessed.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and we saw these in use. The appropriate use of PPE helps to reduce the spread of infection.
- There was an infection, prevention and control procedure in place and staff confirmed with their signature that they had read this procedure.
- Training records showed that all staff had received infection control training as part of their induction. Regular annual refresher training was provided to ensure staff kept their knowledge up to date
- The home was clean, and staff had access to hand wash facilities situated around the home. This helped and to promoted regular hand washing to reduce the risk of cross infection.

Learning lessons when things go wrong

- Where things had gone wrong, lessons were learned. We saw that one person recently had an increase in falls as a response to this the service referred the person to the local falls clinic and provided the person with additional equipment to minimise the risk of similar incidents happen again.
- The registered manager had notified the CQC of any accidents and incidents they had occurred since our last inspection.
- The registered manager told us if things went wrong, the person's care plan and risk assessment would be reviewed to reduce the risk of further harm.

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

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 a full assessment of their needs completed before moving to the home to check the home could meet their needs.
- ☐ Where people's care needs changed their care plans were amended to reflect emerging needs.
- ☐ Best practise guidance was on display, for example how to support people with epilepsy.

Staff support: induction, training, skills and experience

- ☐ New staff were supported to have an induction to learn people's needs and get to know them, complete training and learn how the home operated.
- ☐ Staff were provided with training in areas such as safeguarding adults, moving and handling, health and safety and fire safety.
- ☐ Staff were supported through regular supervision and appraisals. This gave them the opportunity to discuss any concerns, how best to meet people's needs, and staff development.

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

- ☐ People had access to cold and warm drinks when they wanted, we saw drinks being offered frequently.
- ☐ One person said, "I like the food, it is very good."
- ☐ We saw that people's dietary needs regarding their cultural background had been documented and people were able to choose what they wanted to eat.
- ☐ People who used the service, regularly went out for lunch or dinner or were offered an occasional take away. All meals were freshly prepared by staff.
- ☐ Detailed information was available for people who needed additional support to eat or who were at risk of choking. For example, how food needed to be prepared to help people eat their food independently, but also safely.

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

- ☐ People were supported to have their healthcare needs met, and access healthcare services when required such as the dentist and chiropodist.
- ☐ People were accompanied by staff to attend hospital appointments and records detailed the outcomes and actions to be taken following such appointments. We were told that people's health had improved since they have moved into the home. The advocate told us, "[Persons name] has never looked so well and she has moved weight since moving in."

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

- The service was well decorated and very spacious allowing people to move independently and access all areas of their home.
- People decorated their bedrooms according to their own taste and we saw that pictures, ornaments and furniture's were displayed in rooms people allowed us access to.

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 with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for.
- Staff gained consent from people with each interaction.
- Consent documentation was up to date and complete in care files.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People were positive about the staff's caring attitude. One person said, "It's good here. I like the staff."
- ☐ We observed staff supporting people with patience. For example, one person became distressed on a few occasions throughout the day. Staff took it in turns to offer reassurance and support which helped the person to relax.
- ☐ Staff enjoyed working in the home and were respectful to people. For example, we saw staff calling people by the names they preferred. One member of staff said, "We are a great team here, I like working here. It feels like home from home."
- ☐ Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care.
- ☐ Staff respected people's individuality and diversity and understood how people's past experiences could affect their responses now.

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

- ☐ People were asked to make choices about everyday life in the home, such as, what they wanted to wear and where they wanted to sit. Staff told us how people who had no verbal communication made their choices known. For example, one member of staff told us, "We observe people's gestures and we do know people well."

Respecting and promoting people's privacy, dignity and independence

- ☐ People's independence was respected and promoted. Staff supported people to do things for themselves where possible. For example, we saw that food was prepared in the way people preferred and required, which allowed the person to eat their meal without staff assistance. In another example, the staff team found out that one person was able to use cutlery which they observed when the person visited a relative. Staff told us that since then the person was eating at the service with a full set of cutleries instead of a spoon.
- ☐ People's dignity and privacy was respected. For example, we saw relatives visit people in their rooms so that they could enjoy some privacy. People told us staff always knocked on their bedroom doors before entering.
- ☐ People were supported to maintain and develop relationships with those close to them. Staff told us that relatives were free to visit anytime and always welcome.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received personalised care that was responsive to their needs.
- ☐ People's care plans were person-centred and covered key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. People were involved and encouraged to take part in the planning of their care.
- ☐ People had access to activities throughout the week. We observed planned activities such as arts and crafts, visits to the day centre, days out, pub lunches and takeaway evenings.
- ☐ People were supported to keep in touch with friends and loved ones. The home had WIFI and people had access to mobile phones and tablets.
- ☐ On the day of inspection, we observed people visiting their relatives, go to the local park and go shopping for personal items with staff.
- ☐ The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.

Improving care quality in response to complaints or concerns

- ☐ In the past twelve months the service had received one complaint. The complaint had been dealt with and resolved.
- ☐ Care staff told us that complaints were encouraged. One care staff told us, "Complaints are good, they help us to improve what we do."
- ☐ The complaints procedure was displayed on the notice board in the hallways and was available in pictorial format, this helped people to understand the procedure better.

End of life care and support

- ☐ The service did not provide end of life care. However, people's end of life wishes was discussed with them and recorded in their care plan.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The provider had good oversight of the service and had systems in place to identify and manage risks to the quality of the service. For example, they investigated and monitored accidents and incidents. Accidents were reviewed by the registered manager and discussed during staff team meetings to minimise the risk of similar incidents and accidents to happen again.
- ☐ The advocate told us that the service was well-led. They said, "[Managers name] is easy to talk to and would listen to what I have to say."
- ☐ Staff spoke positively about the registered manager. One staff member told us, "She is very easy to talk to and would always listen if I wanted to talk to her."
- ☐ Care plans were person centred and contained information about what was important to people and what goals they would like to achieve.
- ☐ The registered manager was open and honest about some of the challenges they faced within the service and how they were going to manage these.

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

- ☐ Staff received regular supervisions and competency checks. Staff confirmed this, and we saw evidence of this in records we checked.
- ☐ We saw that regular checks and reviews on the service took place to ensure people received good quality of care.
- ☐ The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- ☐ It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed on the provider's website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

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

- ☐ Staff were aware of the Accessible Information Standard and we saw that information for people was produced in an easy read format.
- ☐ Staff meetings were held to engage staff with the service and gain their feedback. One member of staff told us, "We have regular staff meetings and can add anything we would like to discuss to the agenda. It is a good way to make improvements and learn things." Regular residents' meetings were arranged to ensure

people who used the service were able to comment and contribute to the day to day running of the home.

Continuous learning and improving care

- ☐ The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- ☐ There was ongoing training for both management and staff to continuously develop their knowledge in order to support people appropriately.

Working in partnership with others

- ☐ The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.