

# CareTech Community Services Limited

## CareTech Community Services Limited - 25 Garrads Road

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

CareTech Community Services Limited - 25 Garrads Road is a care home providing personal care for up to 14 people in one adapted building and a self-contained bungalow within the grounds. At the time of our inspection, there were 12 people using the service. People living at the home had learning disabilities.

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

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

**Right Support:** People received safe care because staff knew their care needs well. Staff supported people to achieve the best outcomes in meetings their goals and aspirations.

**Right Care:** Staff attended to people's care needs with care and compassion. People's care records were person centred and up-to-date.

**Right Culture:** The management team was involved and available for support at all times. Values were set to implement the improvement-driven culture.

The staff team was planning to complete a learning disabilities training which was recently introduced. Medicines' stock management and records related to the mental capacity assessments required improving which we will review at our next planned inspection.

Policies and procedures related to infection control and prevention were followed by staff to prevent people and visitors from catching and spreading infections. People's care records guided staff on how to support people safely with their health conditions and risks associated with them. Appropriate recruitment checks were carried out before staff started working 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.

There was a clear management structure in place which supported staff's initiative and developing of skills to ensure effective care delivery. People were encouraged to set goals for themselves and staff helped them

to increase their independence. Staff encouraged people's communication so that they could make decisions themselves whenever possible.

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

#### Rating at last inspection

The last overall rating for this service was good (published 23/02/2019).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CareTech Community Services Limited - 25 Garrads Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe 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 the service and information we receive about them. 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# CareTech Community Services Limited - 25 Garrads 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.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

CareTech Community Services Limited - 25 Garrads 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 Limited - 25 Garrads 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

The inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed intelligence information we held on our system including notifications about important incidents.

During the inspection

We spoke with three people who used the service and three family members about their experience of the care provided. We also spoke with the registered manager, deputy manager and two members of staff.

We reviewed a range of records. This included people's care and risk management plans, medicines management records and staff files in relation to recruitment data. A variety of records relating to the management of the service, including audits and policies and procedures were also 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 focused inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- People were kept safe from avoidable harm.
- People told us they felt safe and well supported by the staff team, with one person telling us, "I like [name of the staff member], she makes me laugh... I like my key worker [name of the staff member], I see doctor for my eyes." A family member told us, "I do feel my [relative] is safe living in this home."
- Staff had training on how to recognize and report abuse and they knew how to apply it. One staff member told us, "Safeguarding is about working in the safe environment. We make sure the residents are safe from harm and danger, we protect them... Depending on the type of abuse, I would report it to the shift leader and if they don't take action I would report to the manager or CQC (Care Quality Commission)."
- The provider had safeguarding and whistle-blowing policies in place so that staff could follow the procedure to pass on concerning information to protect people as necessary.
- Systems were in place to monitor any safeguarding concerns received, including the date and outcome of the abuse allegation.

Assessing risk, safety monitoring and management

- People's care records helped them get the support they needed because staff kept accurate, complete and up-to-date records.
- Care plans were person- centred and included information in relation to the support people required with personal care, accessing community and nutrition. Risks to people's safety were identified so that staff could mitigate the risk of injury occurring. Guidelines were provided for staff on how to support people safely with their health conditions such as epilepsy.
- Regular fire safety checks were carried out to ensure safe environment for people.
- Behaviours that could cause anxiety or distress were effectively supported by staff who had a good level of knowledge about the people they cared for. We saw a staff member helping a person to plan their day and talking about their favourite activities after some signs of anxiety were noticed.
- Staff received training appropriate for their role. They planned to complete a training course for learning disabilities which was recently introduced. We will check their progress at our next planned inspection.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the principles of the MCA and told us how they supported people in the decision making process. One staff member said, "We give choices to residents, like what clothes to wear, we show two or three clothes to choose from. No matter what we write on the [communication] board, we give [people] choices what they want to eat or what they want to do on the day. If they say they don't want to walk in the park, we do something else."
- Although staff were well aware of people's care needs, we found that some mental capacity assessments required more information to clearly identify the decision made. For example, where it was concluded that a person was not able to understand or retain information. We discussed this with the registered manager who took immediate action to address this concern. We will check their progress at our next planned inspection.

#### Staffing and recruitment

- The provider ensured that suitably recruited and appropriate numbers of staff supported people safely.
- The service had enough staff, including for one-to-one support for people to take part in the activities of their choice. A family member told us, "There seems to be enough staff. They bring [my relative] to the day centre and they do activities at home."
- During our visit staff were visible and available throughout the day to assist people as necessary. The registered manager told us that staffing levels varied depending on the people's care needs, for example they had more staff if a person required to attend a health appointment.
- Checks were carried out to ensure safe recruitment decisions. Staff were required to attend an interview, provide references and undertake a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
  - People's medicines were kept securely in locked cabinets.
  - There were checks of medicines and audits to identify any concerns and address any shortfalls.
  - Guidance for staff was provided on how to manage 'when required' medicines for each person.
- Although medicine stocks were accurate, we found that the large prescription medicines were not counted down after the administration to monitor the number of the remaining medicines after it's given to people. We discussed this with the registered manager who took immediate action to address this concern. We will check their progress at our next planned inspection.

#### 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 using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

The service received the Lambeth Council's recognising award for all the efforts made during the Covid-19 pandemic.

#### Learning lessons when things go wrong



- People received safe care because staff learned from safety alerts and incidents.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, where a person had a fall.
- Team meetings took place to discuss on-going practice so that action could be put in place to address changes needed in care delivery.

# 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 focused inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Managers set a culture that valued people as individuals.
- People told us they were supported to socialise and maintain their independence. One person said, "I do some cooking... My brothers and sisters are coming to my birthday party. I am going on holiday soon... I go out on my own to shops."
- Staff showed concern for people's wellbeing. They said, "We are in the job for the job and not for money" and "I love the people I care for and the team, we get the job done." A family member told us, "Staff always appear kind and caring, and I trust this is not just when family or friends are in the building, but that this is all the time." People chose if they wanted their bedroom doors to be closed or opened, how to decorate their bedrooms and where to have their meals.
- Key working system was used to set and review people's goals so that they could aim to learn new skills and engage in more stimulating activities.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- Managers worked directly with people and led by example. One staff member told us, "For [registered] manager, there is no task he cannot do, from caring to the top. That is how he is motivating everyone." Another staff member said, "The [registered] manager is very supportive, ready to listen. He is the best manager I have ever worked for. Any time we have a concern, he takes action." A relative told us, "Manager is very very good, very good at responding and communicating."
- There was a clear management structure in place with delegated tasks to ensure smooth running of the service. Senior staff members were given a responsibility to overlook specific areas, such as health and safety and medicines making sure everything was correct and up to date.

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

- Staff supported people to be involved in the care provision.
- We observed staff listening and communicating with people in ways they could understand.

Communication boards with pictures were used to support people's understanding where they could not read. People's care plans included information related to the support they required to engage in conversations. One person was supported to learn to use a digital equipment which they now used to

socialise, make calls and access internet.

- We saw people being offered different activities to take part in should they wanted to socialise and keep busy. A pool table was bought to occupy people's time during the pandemic lockdown.

Continuous learning and improving care; Duty of Candour

- Systems were in place to monitor effectiveness of the care delivery and to inform improvements to the service as necessary.
- Audits were carried out in relation to medicines management, infection control, health and safety, care records and fire safety at the service.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the service had applied duty of candour where appropriate and openly shared information with us related to workforce challenges and the actions taken to ensure safe care delivery for people during the pandemic.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to improve people's wellbeing.
- People had support to attend their healthcare appointments as and when necessary. The healthcare professionals were contacted for guidance to support people's nutritional and mobility needs.