

# Caretech Community Services (No.2) Limited

## Caretech Community Services (No 2) Limited - 100 Woodcote Grove Road

### Inspection report

100 Woodcote Grove Road  
Coulston  
Surrey  
CR5 2AF

Tel: 02087634256

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08 December 2022

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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

### About the service

Caretech Community Services (No.2) Limited - 100 Woodcote Grove Road is a residential care home providing accommodation and personal care to up to a maximum of 6 people. The service provides support to people with learning disabilities and/or autistic people living in a 5 bedroom house with a 1 bedroom self-contained annexe. At the time of our inspection there were 5 people using the service.

### 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 service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support.

The service worked in accordance with the Mental Capacity Act 2005. This meant the provider supported people to make decisions following best practice in decision-making.

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. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff supported people with their medicines in a way that achieved the best possible health outcome.

People's equality characteristics and individual diversity were considered when providing their care and support. People's care plans included information for staff to support people with their equality and diversity needs and wishes.

### Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported

them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds and pictures could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care and support because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 rating for this service was good (published 21 November 2017).

#### Why we inspected

The inspection was prompted by a review of the information we held about this service.

This was a focused inspection that considered 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.

The overall rating for the service has remained 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 (No.2) Limited - 100 Woodcote Grove Road on our website at [www.cqc.org.uk](http://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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Caretech Community Services (No 2) Limited - 100 Woodcote Grove 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

The inspection was carried out by one inspector.

### Service and service type

Caretech Community Services (No.2) Limited - 100 Woodcote Grove 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 (No.2) Limited - 100 Woodcote Grove 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 announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 8 December 2022 and ended on 13 December 2022. We visited the location's service on 8 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also 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 three people who used the service and three relatives of people who used the service about their experience of the care provided. We spoke with five members of staff, including the registered manager, the deputy manager and care workers. We reviewed a range of records. This included five people's care records and three staff files. A variety of records relating to the management of the service were also reviewed. After the inspection we continued to liaise with the provider to validate evidence.

# 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 good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and knew how to recognise signs of abuse and how to report abuse.
- Staff knew people well. This meant they knew people's personalities and ways of behaving and could recognise when there might be something wrong with a person.
- One person's relative told us, "[He/she] is definitely very safe there" and another person's relative said, "I think [he/she] definitely is safe there".

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm because risks were assessed, monitored and safely managed.
- People had specific and detailed risk assessments and care plans in place with information for staff about how to safely manage risks.
- Staff completed records of people's care and support on a daily basis and there was a staff 'handover' at the start of every shift. This meant staff beginning their shift had up to date information about people before they started work every day and knew what needed to be monitored.
- A person's relative told us, "[He/she] is safe there".

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment



- There were sufficient numbers of staff to meet people's needs and staff recruitment followed safer recruitment practice.
- There was very low staff turnover. This meant there was a stable staff team and people received continuity of care.
- People also had keyworkers. These were members of staff who acted as a focal point for people and their relatives. This provided more continuity of care and ensured people's personal requirements were not overlooked in the busy day-to-day environment.
- The provider carried out checks on new staff to make sure they were suitable to work with vulnerable people. This included checking people's identity and eligibility to work in the UK, obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks include information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely.
- Staff received medicines administration training and we saw accurate medicines administration records were maintained.
- People had clear and up to date medicines information in place for staff, including instructions for 'when required' medicines.
- The provider carried out medicines audits regularly. This meant they could identify and resolve medicines issues quickly.
- People were supported to lower the amount of medicines they took where possible. One person's relative told us, "[He/she] is hardly on any medicines now".

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The procedures for visits followed national guidance for visiting people living in care homes.
- People could have visitors whenever they wanted.

#### Learning lessons when things go wrong

- There were systems and processes in place to identify learning and share lessons when things went wrong.
- This included procedures for recording and reviewing accidents and incidents.
- Staff knew how to report and record accidents and incidents. The provider audited accidents and incidents to identify patterns or trends, so they could learn from them and make improvements. We saw records that confirmed this.
- Learning and updates were shared with staff in shift 'handovers', supervision, staff meetings and updates to people's care records.

# 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 good. At this inspection the rating for this key question has remained good.

This meant 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

- There was a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people.
- People and staff spoke positively about each other. One person told us, "I like it here. I like the staff. I am friends with the others [residents]. Everything is good here". Another person said, "I'm happy here. The staff are helpful and nice to me. I am friends with the others [residents]". One other person told us, "I am happy here. I like the staff. We get on well with each other [the residents]".
- The registered manager said, "Morale here is really good, we have a really good culture, it is excellent". A member of staff said, "Management are good to me, they are very supportive, I can go to them whenever I need to, with any concerns, with anything. They do listen and take action if necessary". Another member of staff told us, "The teamwork is good, the people are really good, they really appreciate what we do. It makes you feel good, you are not just coming for the money, you are able to empower them, it makes it feel like the job is worthwhile".
- Staff took on extra shifts when necessary to cover staff absence. There was very low staff turnover and a number of staff had worked at the service for many years. There was a staff reward scheme in place and staff received bonuses during the COVID-19 pandemic and at Christmas time.
- The support people received had a positive impact on their quality of life. People had choice, led active lives and were supported to be as independent as possible and stay in touch with people who were important to them.
- One person's relative said about the service, "It's fantastic, I can't fault them in any way, they are brilliant". Another person's relative told us, "I think it is the best place for [name of person], they have worked wonders with [him/her]". One other person's relative said, "I think it's absolutely excellent. It's a shame there's not more homes as good as this one".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the managers understood their responsibilities in relation to the duty of candour.
- The managers and staff communicated openly and honestly with people and their families and other organisations when there was an incident.

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

- Managers and staff were clear about their roles, they understood regulatory requirements and there were effective quality assurance systems in place.
- The provider and the managers regularly carried out audits of the service. The audits enabled them to identify issues and take action to improve things if necessary.
- Staff had job descriptions and received an induction and training. The provider had a statement of purpose and a set of values and these were given to staff. Information was shared with staff in shift 'handovers', meetings, supervision and updates to people's care records. This meant staff received clear information about their roles and what was expected of them.
- The provider assessed staff competency.
- There were quality monitoring systems in place for the provider to keep up to date with staff training requirements and DoLS applications.
- The managers were aware of their duty to submit notifications to CQC about key events that occurred at the service.

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

- The provider engaged and involved people, their relatives and staff in the development of the service.
- The provider used questionnaires to get people's feedback about the service and involve them in the development and improvement of the service. Staff used pictorial information for people who required it to understand the questionnaire. The provider also carried out family feedback surveys to involve people's relatives in the development and improvement of the service.
- The registered manager had an 'open-door policy' for people and staff to talk with them about anything whenever they wanted.
- There were also visitors' questionnaires people's relatives and friends could complete whenever they visited someone and annual surveys were sent to other professionals for their feedback about the service.
- People's assessments and care plans included their equality characteristics and individual diversity. The provider had considered people's gender, ethnicity, religion, culture, disability and other protected characteristics when carrying out assessments and planning people's care and support.

Continuous learning and improving care

- There were systems and processes in place to promote and support continuous learning and the improvement of the care provided.
- The provider's compliance team provided the managers of the service with updates to guidance and practice. The managers also received updates to guidance and practice from the local council and the local public health team. The registered manager attended meetings set up by the local council to support registered managers.
- The provider's compliance team carried out audits of the service. The local council also carried out audits of the service and provided the managers and staff with training. The pharmacy used by the service carried out annual medicines audits. The provider used these audits to identify what was going well and areas of the service that could be improved.
- The service worked with the fire brigade to keep up to date with fire safety requirements.
- The managers shared information and learning with staff via conversations, shift 'handovers', staff meetings, supervision, annual appraisals and updates to people's care and support plans.

Working in partnership with others

- Staff worked effectively in partnership with other professionals, agencies and organisations to meet people's needs.

- The managers and staff worked well with a range of services and organisations. These included GPs and specialist healthcare services, local authorities, Clinical Commissioning Groups, day centres, therapeutic support, exercise and leisure centres, colleges, faith groups and a women's club.