

CareTech Community Services Limited

CareTech Community Services Limited - 237 Kenton Road

Inspection report

237 Kenton Road
Harrow
Middlesex
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Tel: 02089076953

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

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 guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people

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

The service could not always show how they met some of the principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence.

People were encouraged and empowered to make their own decisions. Care staff ensured that people were supported and gave people daily choices which were appropriate to their needs and level of understanding and ability. People live in a large home which integrates well within the community. However, at times issues in relation to the maintenance of the property and environment were not responded to, which had an impact on people living in an environment which was not always safe and comfortable.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people very well and established positive relationships with them. People's dignity, privacy and human rights were maintained. People were treated and supported as an individual, and we saw that the service had made improvements around providing individual stimulating activities. We saw that further improvements are still required. We found some shortfalls around the safe management of topical creams proscribed to people who use the service.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People who use the service are involved in the community and take part in a wide range of community-based activities. We saw that the service supported people to access more community-based activities following the closure of facilities during the lockdown. People were put first, and the service has started to build activities and facilities around people. The new leadership team are open and transparent and easy to talk to. They listened to people who use the service and staff and visitors to discuss concerns and improve the service for people who use the service.

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.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. However, repairs were not always responded to in a timely manner, which may put people at risk,
- People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly in a person-centred way; people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.
- People who had behaviours that could challenge themselves or others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
- People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals. The service had started to design and build a sensory garden together with people and sought activities which were of specific interest for people. However, the service acknowledges that further work was required to ensure the service is fully inclusive.
- People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given involving the person, their families, and other professionals as appropriate.
- People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- People were supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

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.

Enforcement

We have identified breaches in relation to the safe management of medicines, the response and compliance with maintenance and repair requests and the effective monitoring and assessment of the quality of care.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, one Care Quality Commission (CQC) pharmacy inspector and one Expert by Experience (EXE). 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

Care-Tech Community Services - 237 Kenton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

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. 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 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 four members of staff including the deputy manager, senior care workers and care workers.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two 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.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, various policies and procedures and spoke to the registered. We spoke with three relatives about their experience of the care provided to their relative.

Recording breaches of regulation:

Following up breaches.

- During our last inspection in January 2021 we found that the service was in breach with Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. We were not always assured that the service took all necessary steps to prevent the risk of detecting and controlling the spread of infections such as COVID 19. During this inspection we found that the service had made improvements and provided us with assurances that people who used the service were protected for the spread of infections such as COVID 19.
- During our inspection in January 2021 we found the service was in breach with Regulation 9 (1) (a) (b) (c) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Person-Centred Care. Treatment or care was not always designed with a view to service users' preferences and ensuring their needs were met. During our inspection in June 2021 we saw that the service had made improvements. For example, people started to grow plants which can be used in the sensory garden currently build and developed. We also saw that items had been purchased to engage and enable people to take part in various in-house activities of their choice. We were advised by the registered manager and deputy manager that action had been taken to find and support people to take part in community-based activities of their choice and interest.

New Breaches

- During this inspection we found the service to be in breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2012 Safe care and treatment. The service did not always manage medicines safely. We saw evidence that people were not always given their medicines as prescribed. Some prescribed topical creams, including antibiotic creams were not administered as prescribed (PRN). Some PRN medicines administration records were left blank. Therefore, it was difficult to know whether these were ever administered, or ever needed by the people to whom it was prescribed. The providers own "management of medicines policy" did not specify how administration of PRN medicine should be recorded on the Medicines Administration Record (MAR).
- We further found that the service was in breach of Regulation 15 (1) (b) (e) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014 premises and equipment. The service did not always ensure that the premises provided were safe to use for their intended purpose. For example, we found one fire door on the ground floor was not closing properly, and found that radiators in two rooms were not working and the service provided electric heaters. The service had reported these issues to the provider's maintenance department as far back as February 2021. The repairs had not been attended to, and people were still at risk of not being fully protected if there was a fire, or an added fire risk, when using an electric heater.

Ongoing/ continued breaches

- During our inspection in January 2021 we found the service to be in breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. The service did not always operate effective systems to assess, monitor and the improve the quality of service provided to people who used the service. We found that the service had made some improvements to the assessment and monitoring of the quality of treatment and care. We found that the quality assurance system continued to still be ineffective around the management of medicines and maintenance and upkeep of the premises.

Recommendations

- We ask the service to seek further guidance in how to engage people and provide person centred care for people with learning disabilities and autistic people.

Is the service safe?

Our findings

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

- People's care and support was provided in a safe, clean, well equipped and well-furnished environment. The environment met people's sensory and physical needs. However, maintenance issues were not always acted upon, which put people who used the service at risk. For example, we found a fire door not closing properly and two radiators in people's rooms not working.

- People were kept safe from avoidable harm. The service had enough staff who knew the people and had received relevant training to keep them safe.

People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. One relative told us, "Carers know my relative well, the person's routine, it's remarkable how they all managed last year's lockdown, keeping them all safe and healthy."

- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way. There was a culture of positive risk taking. They had a high degree of understanding of people's needs. People's care and support was provided in line with care plans. One relative told us, "I think my relative is very happy. Whenever I come to visit, my relative is in his usual happy mood, excited to show me around. We never have any complaints. I am sure it's not all plain sailing as my relative is very demanding, but at the same time carers find ways to support my relative well, keep them healthy and well. They all have a great understanding of my relative's needs."

- The service does not use restrictive practices and staff have received training in how to manage behaviours that challenge the service pro-actively, by using diversion, reassurance and encouragement. We observed staff supporting a person who became upset by reassuring the person and distracting the person by offering an alternative.

- The service recorded all incidents where people's behaviours could challenge themselves or others including where restrictive interventions were used. Leaders reviewed these incidents and offered debriefs to both the person involved and their staff team. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring. The registered manager and care staff confirmed if there had been any incidents of behaviours that challenge the service, which was mostly verbal abuse, they would be discussed during team meetings.

- People's care records were accessible to staff, and it was easy for them to maintain high quality clinical and care records – whether paper-based or electronic. The service had updated and reviewed all care records since our last inspection. We saw that records were now more person-centred; for examples, pictures and symbols were used to help people understand them better. Relatives told us that they were involved in the review of the records.

- People were supported to make their own decisions about medicines. All people who used the service required full support to take their medicines. Overall people received the correct medicines at the right time. However, we found that the service did not record topical creams when administered to people. People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Staff followed systems and processes to safely order, receive, administer, record and store.

- Leaders understand and implement the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensure that people's medication is reviewed by prescribers in line

with these principles.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The service kept people and staff safe. The service had a good track record on safety and managed accidents and incidents well. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider service.

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.

- During our last inspection we found that people didn't have access to meaningful activities. We saw that the service had taken actions to improve this. For example, we saw that tabletop activities were offered during the day of our inspection, while other people went out shopping with staff and another person was supported to visit his family. The registered manager told us that they started to develop a sensory garden together with people and we could see the work going on. They told us that the garden will be ready at the end of July 2021 when they would enter it into a competition arranged by the provider. We also saw that various activities had been sourced and approached, for people to take part in the near future. People had access to a range of meaningful activities in line with their personal preferences. However, we discussed with the registered manager that further improvements were still required to demonstrate the environment reflected people's sensory and cognitive needs. This included to improve the sensory room and make it fully usable and accessible for people who used the service.
- People's human rights were upheld by staff who supported them to be independent and have control over their own lives.
- Care and support plans were holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. One relative told us, "My relative was assessed before they moved in and I supported them all the way. Whoever was in charge at that time would work with me, and it was very positive experience. I would receive reports and I would be able to comment on them."
- People were able to input into choosing their food and planning their meals. Staff supported them to be involved in preparing and cooking their meals. People could access drinks and snacks at any time. The service had a menu which had been discussed with people using pictures and symbols to enable people to choose what they wanted to eat. One relative told us, "My relative is actually well engaged in work and the running of service; they will give my relative odd jobs, e.g. sit in the office and answer the phones. I know that staff will give him as much as possible choices; food choices for lunch and dinner. We speak often in the evening and my relative tells me what was for dinner."
- Staff took the time to understand people's behaviours and what may be causing them. We saw that professionals were involved in the development of pro-active behaviour management plans.
- People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals and aspirations.
- People had good access to physical healthcare and were supported to live healthier lives. One relative told us, "My relative is fully vaccinated. I honestly don't know how they persuaded him to have it as he is so scared of needles, but they managed somehow, and I am so grateful to them for that. Yes, they asked me if I think it's ok."
- People received support from staff who had received relevant training, including about learning disability,

autism, mental health needs, trauma-informed care, human rights and all restrictive interventions.

- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards (DoLS). For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. One relative told us, "I receive all details about assessments. Last time, it was from council about DoLS and many details were wrong, so I had to call them back and correct it. It had nothing to do with Kenton Road, it was a social worker who I think had somebody's else file instead. But it shows that it is important somebody will keep an eye on those things."

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 enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their treatment and support. One relative told us, "Staff are fully aware of what my relative can and can't do, and they support my relative all the time. They will never go and push my relative to do something my relative is not comfortable with. When my relative is in their room and the door is closed, this means my relative wants to stay alone. I think my relative spends now more and more time in the communal area with others. My relative eats with rest of the people in the home and will watch movies with others. My relative loves chatting with staff, so staff are always part of a crowd."
- People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. People spoke highly of staff and the care they received. One relative told us, "As far as I know staff support my relative to do their favourite stuff. I do keep in touch and I can say they have been doing as much as they could do during the pandemic. Opening day centres will mean going back to normality, so I am sure they all are looking forward to that. My relative would love to be going back. There was no crisis, and they all coped well when day centres were closed."
- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. They felt listen to and valued. One relative told us, "Staff love my relative. Before lockdown they would take my relative everywhere with them in the car. My relative loves shiny, sparkly stuff so Christmas lights are unavoidable events. They would take my relative around for shopping as she is loves going out."
- People had easy access to independent, good quality advocacy. Staff supported people to maintain links with those that are important to them. The service used an external independent advocacy service. People who use the service are referred to this service and an advocate was allocated to support people.
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. Relatives told us that the communications with the registered manager and staff were very good. They received regular updates via phone or e-mail and were consulted to contribute to the day to day support their loved ones received.

Is the service responsive?

Our findings

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

- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom with an en-suite bathroom. People could personalise their room and keep their personal belongings safe. People had access to quiet areas for privacy. The service's design, layout and furnishings supported people and met their individual needs. All people had their own bedroom, which were nicely decorated, spacious and displayed personal items. One relative told us, "My relatives' room is nicely decorated with some of my relative's own furniture. My relative helped decide on colours and helped with painting the room. There is a new wardrobe in there, and a lot of family pictures on the walls and I recently made my relative an album about his mum. We looked at it together once, but I don't think he uses it. It's there for him anyway."
- The service met the needs of all people using the service, including those with needs related to equality and diversity. Staff helped people with advocacy, cultural and spiritual support. People's communication needs were always met. People had access to information in appropriate formats. Since our last inspection the service had reviewed and updated all care plans. They are now more person-centred, and use pictures and symbols to help people who can't read to take part in the planning of their care.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously investigated them and learned lessons from the results. They shared the learning with the whole team and the wider service. Relatives told us that if they had any concerns, they can discuss them with the registered manager or senior staff at Kenton Road. One relative said, "If I was unhappy with anything, I would just talk with deputy manager, and if nothing is done about it, I would take it further through the system. Never happened, and I am positive it would be resolved at home level. "
- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of right support, right care, right culture, and ensure that these principles were carried out. One relative told us, "As long my relative has music, things she likes and good people around, my relative will be happy. My relative loves hugs and being hugged, and I know my relative has that from staff. Somebody to comfort my relative. My relative is a such character that leaves nobody untouched. I didn't meet one single staff member who will not say how lovely my relative is."

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.

- Our findings from the other key questions showed that some governance processes were not always effective to keep people safe and provide good quality care and support. For example, we found shortfalls in the management of medicines and maintenance requests were not always responded to in a timely manner.
- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Care staff told us that the new management team consisting of the registered manager and deputy manager were very supportive easy to talk to and approachable. This was confirmed by relatives who told us that the communication between the service and families had improved since the new registered manager had started. One relative said, "[Name] calls me regularly and tells me anything in relation to my relative, this has improved and is much better than before."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff told us that the vision of the service was to support people's well-being and independence. The registered manager and deputy manager told us that they worked hard with the staff team to change their attitude around working with people with learning disabilities. They did this through in-house training and discussions at team meetings and individual coaching of staff.
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. All staff spoken with were confident that any issues raised with senior staff and managers would be listened to and taken seriously. One member of staff said ' [Deputy Manager] is very supportive and really takes time to listen; a lot of things changed since they [managers] started, all positive though.'
- Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally. Since our last Inspection the registered manager had worked hard to update all documents and guidance in relation to ensuring people received the care they needed, wanted and choose to have. Care plans and risk assessments were reviewed and updated, clinical advice was sought where required and relatives were as well as possible involved in the care of people who used the service.
- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. Staff engaged in local and national quality improvement activities. Relatives told us that they were regularly consulted about the service and the care provided. The service was carrying out a relative survey at the time of this inspection. We viewed returned questionnaires and the feedback was positive in respect to the environment, staffing, service delivery and communication.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. Relatives said that they felt listened to by the staff and management. One relative said, "They [staff] are well organised, efficient,

professional but they have all resident's needs in the centre." Another relative said, "I spoke many times over the lockdown with the new manager. She came in probably worst moment for any manager, but she was brave and understood that somebody will need to be at the top. She was very open with her position. I found her helpful, honest and very good with families. She kept us updated about infection and regulations and asked very sensible questions about vaccination."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely and properly managed. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service did not always ensure that the premises provided were safe to use and well maintained for their intended purpose. Regulation 15 (1) (b) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not always operate effective systems to assess, monitor and the improve the quality of service provided to people who used the service. Regulation 17 (1) (2) (a) (b)