

CareTech Community Services Limited
CareTech Community
Services Limited - 82
Chaucer Road

Inspection report

82 Chaucer Road
Bedford
Bedfordshire
MK40 2AP

Tel: 01234216319

Date of inspection visit:
18 December 2019
19 December 2019
20 December 2019

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03 February 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

CareTech Community Services Limited- 82 Chaucer Road is a residential care home providing personal care to eight younger adults living with a learning disability or autism. People had their own bedrooms with en-suite facilities and shared communal areas such as a kitchen, lounges, bathrooms and a garden.

The service had not been fully developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider and registered manager had limited oversight of the service and audits were not always effective at identifying where improvements could be made. Staff did not feel supported by the provider and people were not always being supported to achieve good outcomes. Feedback about the service from people was not always actioned in a timely manner.

People were not always kept safe at the service as medicines were not always managed safely. Risks assessments were in place; however, these were not always reflective of people's current support needs. Some areas of the service needed a deep clean to promote good infection control. There were enough staff to support people safely. However, staff members were not receiving relevant training or frequent supervision to ensure that they were effective in their job roles. We have made a recommendation about the provider's training programme.

The premises were in need of redecoration and repair in several areas. We have made a recommendation about the environment at the service. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We have made a recommendation about best practice regarding the Mental Capacity Act.

The service did not always consistently apply the principles and values of Registering the Right Support and

other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support as people were not always supported to follow their interests, have meaningful goals and be a part of their community. We have made a recommendation that the service consult best practice guidance when supporting people living with a learning disability.

People were supported by a kind and compassionate staff team who had gotten to know them as individuals. People's privacy, dignity and independence was respected and upheld by the staff team. However the provider did not always support staff to do this as they did not keep up to date with best practice guidance.

People were supported to live healthy lives and were supported to eat and drink a varied diet. People had access to a complaints procedure and had been supported to put plans in place for the end of their life.

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

Rating at last inspection:

The last rating for this service was Good (report published 20 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement:

We have identified a breach in relation to the management and governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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 - 82 Chaucer 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:

This inspection was carried out by two inspectors.

Service and service type:

CareTech Community Services Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 on the first day of the inspection (18 December 2019). We spoke to relatives on the telephone on 19 December 2019 and announced that we would return to the service on 20 December 2019 to review staff files.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We received feedback from the local authorities 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 spoke to three people who used the service and two relatives about the experience of the care provided. We saw staff interacting with people during the inspection. We spoke to five staff members including one support worker, two senior support workers, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection:

The deputy manager sent us further information in relation to training data and quality assurance records.

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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were not always supported safely with medicines. There was not enough information for staff to safely administer as and when required (PRN) medicines. People were taking PRN medicines with no guidance or protocols in place for staff to follow. This meant that people were at risk of taking medicines when they did not need them. Following the inspection, the deputy manager put protocols for PRN medicines in place immediately.
- People felt safe being supported with their medicines and were supported to self-administer where this was appropriate. One person said, "I take medicines but do not really understand what I am doing so the staff help me. This helps make me feel safe."
- Staff members received training in the administration of medicines. They knew how people preferred to be supported to take their medicines and had their competency in this area checked regularly.

Learning lessons when things go wrong

- Lessons were not always learned when incidents happened. Incidents and accidents were reported by staff and then reviewed by the registered manager and deputy manager. These were very few in number and actions were not always taken to learn from these events and improve. For example, staff were regularly administering PRN medicines, but there was no review as to why this was and whether people might be supported to not take medicines as frequently.
- Staff members told us that they would report incidents to the registered manager, who would report this to the provider through an online system. However, staff also told us that they did not receive feedback about the reported incident so that they could reflect and improve upon their care practice.
- Staff members told us they knew people well and could diffuse situations before they became an incident or accident. We saw that this was the case during the inspection.

Assessing risk, safety monitoring and management

- People had risk assessments completed in various areas such as cooking, accessing the community and completing daily chores. However, we saw that some risk assessments were not relevant for people's current support needs or were not being followed by staff members.
- One person had a risk assessment for physical restraint however, this was no longer needed, and staff members were no longer trained in this form of restraint. There was a risk that this risk assessment may be followed by new or agency staff.
- Another person had a risk assessment for a PRN medicine which instructed staff to monitor an aspect of this person's physical health. However, this aspect of physical health was not being recorded and staff were administering this PRN medication daily. This meant that staff members were not following the risk

assessment.

- One person told us, "I have a risk assessment which was done by [registered manager] so I get help using the fryer. There is always someone to help."
- Staff members completed regular health and safety checks of the premises which included fire safety. This ensured that people were safe living in their environment.

Preventing and controlling infection

- Some areas of the premises were visibly dirty and in need of deep cleaning. These included the kitchen, the conservatory and the hallways. The nominated individual told us that there were plans to deep clean the service soon.
- Areas such as bedrooms and bathrooms, though were kept clean by staff members. One person said, "Staff help me clean my bedroom in the bits that I miss."
- Staff members had training in infection control and had the equipment necessary to complete cleaning tasks.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe. One relative said, "[Person] is very safe living at Chaucer Road and I am very reassured by this."
- Staff members were trained and had a good understanding of what abuse looked like and how to report this. Staff knew they could report to external agencies such as the CQC or local authority safeguarding team. Incidents had been reported to these bodies if this was necessary.

Staffing and recruitment

- People and relatives told us that there were enough staff to support them safely. One relative told us, "Whenever I visit there are always sufficient staff on shift."
- Staff members and rotas confirmed that enough staff were on shift to support people safely. Staff had time to sit and talk to people. Staff were allocated depending on what activities people wanted to do throughout the day.
- The provider had robust recruitment checks in place to ensure that staff members were suitable of their job role.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Many areas of the service needed redecoration and repair. There were large cracks in the walls and several areas where damp caused by leaks had left large stains on the ceiling. The leaks had been fixed so there was no risk to people's safety, however no consideration had been given to re-decorating these areas.
- The conservatory area was not fit for purpose due to rain that had caused several leaks and left the area in a state of disrepair. People did not use this area apart from to eat meals sometimes and it was being used as a storage area. Areas such as bathrooms and lounge areas looked visibly very tired and in need of decoration.
- One person and relatives told us that they felt that the environment needed some improvement. We spoke to the nominated individual about this and they told us that improvements would be made according to the providers re-decoration program. However, we could not be sure that this program was effective as staff members told us that even minor maintenance and decoration requests either did not take place or took a long time to action.
- People's bedrooms were personalised according to their likes and dislikes. In some areas signage was in place to support people who did not communicate verbally.

Staff support: induction, training, skills and experience

- Senior staff members were not receiving supervision in line with the providers policy. Senior staff members told us that they did not feel as supported as in the past due to the lack of supervision and meetings that used to take place. This meant that morale was low for some staff members who did not feel supported.
- Other than competencies for administering medicines, staff members were not being observed in other areas of their job roles. This meant that there were missed opportunities to support staff members to improve their practice.
- Staff members received training in areas such as safeguarding and moving and handling, however some staff's training was due for renewal and this had not been done. Staff members had not received training in supporting people living with autism or oral health care. Staff members told us this would have been useful when supporting people living at the service.
- Staff members made positive comments about the support they received from senior support workers and the deputy manager. Staff members completed an induction at the service to ensure that they were prepared for their job roles.
- Despite our findings, people and their relatives were positive about staff members training and knowledge. One person said "Staff are very good and they help me all the time." A relative told us, "They must have a very good training programme at the service."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who needed support to make decisions did not always have capacity assessments and best interests' decisions completed in line with best practice. This was true in areas such as finances. Decisions had been made about people's money by the provider and people's relatives. This included the amount that people paid towards staff costs for activities and meals out.
- Staff members received training in the MCA however their knowledge of this was not always effective. Staff understanding of the MCA training was not being checked by the senior team.
- People were supported to make some decisions and consent to their care. One person said, "I make all the decisions [about my support]. [Staff] help me once a week to manage my money and I do my own medication."
- People who needed them had DOLS in place in line with legal requirements and best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. However, people had been living at the service for a number of years and their needs and wishes had not always been reconsidered or reassessed.
- The management team did not have a good understanding of current best practice guidance such as Registering the Right Support and STOMP (Stopping over medication of people living with a learning disability.) This meant that people did not receive support in line with current guidance and good practice.

We have made a recommendation to the provider that they must identify reputable sources to ensure the service is following best practice in relation to the needs of people being supported. This should include the environment for people living with a learning disability, appropriate training for staff members and ensuring that current best practice guidance such as STOMP is adhered to in day to day practice.

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

- People were positive about the support they received with food and drink. People were involved in choosing what they wanted to eat and drink and made menus for the week. People could eat whenever they wanted and were prompted to eat and drink enough throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see professionals such as GP's, dentists and psychiatrists, depending on their needs. Advice from professionals was recorded and used to update people's care plans. Staff members told us that they were made aware of any changes to people's support needs that may arise from this advice.
- Staff had completed 'passports' for people to use when they went to hospital. This meant that hospital

staff would have access to key information about people if they needed to support them.

- People were supported to live healthily. Staff members supported people to be healthy in ways such as choosing healthy foods or taking regular exercise.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff members had worked at the service for a long time and knew people as individuals. We saw staff having kind and caring interactions with people using the person's preferred communication methods.
- However, staff were not supported by a provider who enabled them to empower people and support them in line with best practice guidance. This was evident from the poor environment which staff were supporting people in, and the lack of training and support which staff members were receiving.
- People and relatives were positive about the care they received. One person said, "[Staff] are really good and would always help me if I needed it." A relative told us, "[Staff] are very good and very caring. I am happy with the support [person] receives." Another relative spoke of the caring support their relative received during a visit to the hospital.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always upheld as the provider was not ensuring that the environment was always suitable for people. People's dignity was also not always respected as the provider was not supporting the staff team to follow best practice guidance such as STOMP or registering the right support.
- People's independence was promoted. One person told us, "I do all of my own cooking, cleaning and shopping." Staff members had a good understanding of how to support people to be independent and how much this meant to people. We saw people being supported to be independent in all manner of tasks such as making a cup of tea or cleaning their rooms.
- Staff members respected people's privacy and dignity by ensuring that they had time to themselves if they chose to do so. Staff members explained how little things, such as allowing a person to complete some aspects of their own care, promoted their dignity.

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

- People told us they could make choices about their care. One person said, "I get all the choice here. How to spend my day, my clothes and my meals."
- We saw staff members offering choice to people throughout the day. Staff used appropriate methods to enable people to communicate their choices. For example, signing and pictures.
- People and their relatives were involved in regular reviews of their care and support. This meant that they could make choices about how they were supported.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were person-centred and focused on them as individuals with information about likes, dislikes and preferences. However, more work was needed in areas such as identifying and supporting people to follow their interests and achieving their goals.
- People's care plans all contained the same goals which had been completed in 2018 and then put in place again for 2019. These included planning a holiday, having a Christmas party or going on a day trip. People were not always being supported to achieve more meaningful goals and goals were not discussed with people throughout the year. Senior staff had identified that this area needed improvement however, no actions had been taken to rectify this.
- The management and staff team did not have a good understanding of Registering the Right Support or how to implement this for people. People were supported to do activities such as attend day centres or go for occasional pre-planned community trips. However, people were not supported to become a part of their community in a meaningful way. People were not being supported to discuss and try new activities which they may be interested in.
- We reviewed people's daily records and saw that some people spent the majority of their time when they were not at the day centre relaxing in the home. Other activity opportunities were not being routinely offered to people.

We recommend that the provider consults best practice guidance around Registering the Right Support and how to support people to identify and take part in meaningful activities.

- People told us that they took part in some activities in and out of the house. People told us, "Sometimes I go out with staff. We might go for a walk at the weekends." and, "I go out to town or sometimes I will go to the cinema." A relative told us that people sometimes went to local theatres.
- Staff members knew how to provide personalised care to people and knew people's preferred ways of being supported in the house.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service communicated in ways such as using signs or pictures. Staff members who

knew people well had a good understanding of how to communicate with people. However, no specific training was provided to staff members in different communication styles. This meant that staff members may miss out on opportunities to further improve the way they communicated with people.

- Information such as complaints procedures or some aspects of people's care plans were available in easy read formats to help people understand them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was available in different formats depending on people's communication styles.
- There had not been any recent complaints made at the service, but people and relatives told us that they knew how to make a complaint. One person said, "I would tell [management team] if I was not happy."

End of life care and support

- People had been supported to put plans in place for the end of their lives and these detailed how people would like to be supported at this time. Relatives had been involved in these plans where this was appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits were either not completed or were ineffective in identifying issues at the service. Most audits consisted of a tick list, and when issues were identified, no actions were taken to improve the service. Audits did not pick up on the areas that we found needed improvement in this inspection such as PRN medicines, the environment and the lack of supervision for staff members.
- There was limited provider oversight at the service. We had found similar issues at another service run by the provider and managed by the same registered manager. However the improvements needed at Chaucer Road were largely mitigated by a dedicated and long-standing staff team who knew people well. We had no assurances that the provider was effectively monitoring the quality of the service.
- The registered manager and provider had not kept up to date with best practice guidance and legislation around Registering the Right Support and supporting people living with autism or learning disabilities. This was evident in the lack of activities and community engagement being explored with people as outlined in other sections of his report.

We found no evidence that people had been harmed. However, audits were either not in place or were not effective at identifying areas of risk or improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager reported notifiable events to the CQC where this was necessary.

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

- Staff members were dedicated and wanted what was best for the people living at the service. However, staff morale was low as they did not feel well supported by the provider and registered manager. Staff members told us that issues raised with the registered manager were not always dealt with. They also told us that the length of time it took for the provider to action requests, such as improvements to the environment, did not make them feel that people were valued.
- People were not always being empowered to achieve good outcomes. There were few meaningful goals or activities which people were being supported with and limited opportunities for people to be engaged in the community.

- People had lived at the service for a long time and enjoyed each other's company. One person said, "I love living with every person who lives here."
- Despite our findings, people and their relatives felt that the service was managed well. One person said, "I can see [deputy manager] for any problems." A relative told us, "Chaucer Road is managed very well I think."

Continuous learning and improving care

- Opportunities for learning and improving care had been missed as the provider and registered manager were not keeping up to date with best practice guidance. There was little evidence that improvements to the service were discussed with staff to help them improve their practice.
- The lack of oversight from the registered manager and provider when incidents happened meant that opportunities to learn and improve were not always noticed.

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

- People were involved in meetings at the service. However, these meetings were not attended by people who could not communicate verbally. There was no evidence as to how feedback was collected from people who communicated in different ways. We also saw that simple requests such as changing blinds or having a coffee machine were requested by people over several months but were not actioned. This meant that people's feedback was not always acted upon.
- Staff members took part in team meetings and supervisions. However, staff told us, and we saw that these had not been happening over the last few months. Staff members told us that they felt that these were useful and felt that opportunities for feedback had now decreased. This meant that staff members felt less able to feedback about the service.
- Relatives told us that the deputy manager kept them up to date about their family member and events at the service. Questionnaires and surveys were sent to relatives to get feedback about the service.

Working in partnership with others

- The staff team linked with and worked with various health professionals to ensure that people received the support they needed.
- The registered manager and staff team linked with another service managed by the provider and local day services to ensure continuity of care for people.

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 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed. However, audits were either not in place or were not effective at identifying areas of risk or improvement at the service.