Review of compliance

<table>
<thead>
<tr>
<th>CareTech Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareTech Community Services Limited - 68 West Park Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region:</th>
<th>West Midlands</th>
</tr>
</thead>
</table>
| Location address: | 68 West Park Road  
Smethwick  
Birmingham  
West Midlands  
B67 7JH |
| Type of service: | Care home service without nursing |
| Date of Publication: | December 2011 |
| Overview of the service: | 68 West Park Road is a care service that accommodates up to 12 adults with a learning disability. Nursing care is not provided by the service. |
Our current overall judgement

CareTech Community Services Limited - 68 West Park Road was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

**Why we carried out this review**

We carried out this review as part of our routine schedule of planned reviews.

**How we carried out this review**

We reviewed all the information we hold about this provider and carried out a visit on 21 October 2011.

**What people told us**

We met with a number of people living at the home and saw that they looked clean and well. They were appropriately dressed as to reflect their age and gender. None of the people living at West Park Road showed any concerns or reservations when it came to communicating with us or the staff on duty at the home. We saw positive interactions between people and staff members.

A number of the people living at the home were out in the community with staff at the time of our visit, and another told us that they were getting ready to go shopping with staff. They said they were looking forward to this.

People that we talked with told us that they were happy living at West Park Road one saying "Alright – happy here". We have heard from social services that one person remains satisfied with their placement at the home.

We looked at people's individual care plans and where possible checked out with people, if these plans were accurate. We also spoke to a number of staff about their understanding of how people wanted to be supported, as detailed in their plans.

Based on these discussions and observations during the time we visited, we found these plans to reflect people's preferences and support needs. One person told us that staff had talked through their plan with them although they could not remember it all. They did say their support was provided in a way that agreed with their likes and dislikes.

Some people told us about what they like to do and said they have choices available to them. One person told us tasks they did within the home that helped them be more
independent such as preparing lunch. One person told us that if they need anything they only need to ask staff and they will get it. They also said that they get on well with staff.

We heard from people and the provider earlier in the year that there had been a number of alleged or actual incidents that had compromised people's safety or well being. These incidents have been the subject of on going investigation by the local authority with cooperation by the provider.

Staff told us at the time of our previous visit that they had whistle blown on bad practice by other staff to protect people living at the home. We spoke to staff on our visit, who also stated they would do the same.

Involvement from other statutory agencies since the time of our last review has indicated that people are now safer at the home. There have been some further safeguarding alerts since the time of our last visit. These have been reported to us and social services more promptly. The service is more responsive in ensuring issues are addressed than was the case earlier this year.

People we spoke to told us that they feel safe at the home. We saw that one person was anxious and made reference to not liking a member of staff. Based on records we saw, this is common occurrence for that person as stated in their behaviour management plan. We saw that the staff member present did not assume this was just a routine part of their behaviour patterns, and we saw that they explored with the person as to whether they wished to take this matter further.

We also saw the staff have encouraged people to be aware of how to raise concerns through producing more user friendly complaints procedures. These were signed by people where they were able to do so.

At the time of our last review of the home, we had concerns that medicines had not always been handled safely, securely or appropriately. This concern was partly based on what the provider told us. The management of the home informed us that they would continue to audit and monitor medication on a weekly basis. They have since forwarded copies of action plans so we have been aware of their progress towards compliance. They have told us that management of medication is much safer.

At the time of our last review staff told us that their morale and confidence in previous management was low.

They have told us when we spoke to them that morale is much improved and they feel that the support they provide for people is far more effective and consistent.

What we found about the standards we reviewed and how well CareTech Community Services Limited - 68 West Park Road was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People's care is now more effective and consistent due to improvements in care planning,
and how staff communicate with individuals based on their specific support needs.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People are now safer as the home is managing incidents that may constitute abuse far more pro-actively. Staff are better prepared to manage challenging behaviour so as to ensure any restraint is appropriate and in accordance with people’s behaviour plans.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Medicines are now handled safely, securely and appropriately this ensuring there is less risk to people’s health and welfare. Management of ‘as required’ sedative medication is now better controlled, meaning people are not chemically restrained unless it is necessary for their, or others safety.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People are now safer as the home is carrying out more robust checks when employing staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People are benefiting from improving care, treatment and support due to more robust management and monitoring arrangements, this also meaning people are safer due to better management of risks.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We met with a number of people living at the home and saw that they looked clean and well. They were appropriately dressed as to reflect their age and gender. None of the people living at West Park Road showed any concerns or reservations when it came to communicating with us or the staff on duty at the home. We saw positive interactions between people and staff members.

A number of the people living at the home were out in the community with staff at the time of our visit, and another told us that they were getting ready to go shopping with staff. They said they were looking forward to this.

People that we talked with told us that they were happy living at West Park Road one saying "Alright – happy here". We have heard from social services that one person remains satisfied with their placement at the home.

We looked at people's individual care plans and where possible checked out with people, if these plans were accurate. We also spoke to a number of staff about their understanding of how people wanted to be supported, as detailed in their plans.

Based on these discussions and observations during the time we visited, we found these plans to reflect people's preferences and support needs. One person told us that staff had talked through their plan with them although they could not remember it all. They did say their support was provided in a way that agreed with their likes and dislikes.
Some people told us about what they like to do and said they have choices available to them. One person told us tasks they did within the home that helped them be more independent such as preparing lunch. One person told us that if they need anything they only need to ask staff and they will get it. They also said that they get on well with staff.

**Other evidence**

We carried out a review of the home's compliance in July 2011 following a number of safeguarding allegations. Following our visit we judged that the planning of care and treatment for individuals living at the home had not always been followed by staff. We judged at the time this had resulted in a lack of consistency in the way care was provided, with an impact on people’s welfare and safety.

We saw from looking at a number of people's care plans that the way these are written has been improved, with use of 'my support plans'. These are set out to support easier understanding of what people's support needs are. They have clear aims and objectives that include simple pointers as to what staff need to do to meet people's needs and wishes.

We spoke to staff about what these plans said and they showed that they had a good understanding of them. This included understanding of how people expressed their views and what they needed to do to support this. Examples included use of pictorial tools.

Based on our observations, discussion with people and staff, we judged that staff are now following care plans in a way that ensures people receive appropriate support. This support is more consistent than at the time of our last review of compliance.

The management of the home had told us that they had a strategy to improve training and communication with staff. Based on what we found these strategies have improved staff knowledge, allowing them to respond better to what people living at the home tell them.

We did note that staff still need to have training and guidance in diabetes so that they are aware of how to respond to instances where people's health may be affected by this disease. There are a number of people living at the home with diabetes. We saw the manager discuss the provision of this with a visiting community nurse at the time of the visit, with the intention of setting up an awareness session for staff.

**Our judgement**

People's care is now more effective and consistent due to improvements in care planning, and how staff communicate with individuals based on their specific support needs.
Outcome 07: 
Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We heard from people and the provider earlier in the year that there had been a number of alleged or actual incidents that had compromised people's safety or well being. These incidents have been the subject of on going investigation by the local authority with co-operation by the provider.

Staff told us at the time of our previous visit that they had whistle blown on bad practice by other staff to protect people living at the home. We spoke to staff on our visit, who also stated they would do the same.

Involvement from other statutory agencies since the time of our last review has indicated that people are now safer at the home. There have been some further safeguarding alerts since the time of our last visit. These have been reported to us and social services more promptly. The service is more responsive in ensuring issues are addressed than was the case earlier this year.

People we spoke to told us that they feel safe at the home. We saw that one person was anxious and made reference to not liking a member of staff. Based on records we saw, this is common occurrence for that person as stated in their behaviour management plan. We saw that the staff member present did not assume this was just a routine part of their behaviour patterns, and we saw that they explored with the person as to whether they wished to take this matter further.
We also saw the staff have encouraged people to be aware of how to raise concerns through producing more user friendly complaints procedures. These were signed by people where they were able to do so.

**Other evidence**

We carried out a review of the home's compliance in July 2011 following numerous safeguarding allegations. Following our visit we judged that the there had been occasions where action has not been taken to identify and prevent abuse from happening, together with a lack of appropriate response from the service.

In addition we stated that the arrangements for ensuring that people that use the service are safeguarded against the risk of abuse had not always been followed.

There have been more safeguarding alerts since our last review, these resulting in prompt referral to social services and action to protect people living at the home. A number of staff previously involved in abusive practice have now been dismissed. The provider has committed to ensuring no suspended staff return to West Park Road. This indicates the provider is responding to any concerns about people's safety far more robustly.

Where there have been safeguarding referrals in respect of protecting people living at the home from each other, methods have been employed such as pressure mats and door alarms. We heard from staff that these are checked to ensure they are working on a daily basis. The provider is also taking steps to divide the home more distinctly into two sub units, this to assist with making the management of people's behaviours easier.

We spoke to a number of staff about what they saw as abuse and how they would deal with it. They gave us informed and accurate responses. This shows the training the provider has put in place since our last review of compliance has been effective.

We looked at a number of behaviour management plans and found that these have been reviewed, are well set out, and from talking to staff are understood by them. The manager told us that they are working with the Community Learning Disability Team (CTLD) in reviewing all of these. One of the provider's trainers has also been based at the home and worked alongside staff to ensure there is a practical application to the theory behind challenging behaviour training. Staff we spoke to were positive about the support the trainer has provided them and felt this had helped in terms of the consistency of staff responses to challenges from people.

We saw that behaviour plans that we looked at showed that there was a measured response to people's challenging behaviour, and that staff clearly understood the reasons for this, in that responses were based on low escalation. This means that minimal restraint is used, and physical restraint would only be employed when all other methods have been exhausted.

**Our judgement**

People are now safer as the home is managing incidents that may constitute abuse far more pro-actively. Staff are better prepared to manage challenging behaviour so as to ensure any restraint is appropriate and in accordance with people's behaviour plans.
Outcome 09: Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
</table>
The provider is compliant with Outcome 09: Management of medicines

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
</table>
What people who use the service experienced and told us
At the time of our last review of the home, we had concerns that medicines had not always been handled safely, securely or appropriately. This concern was partly based on what the provider told us. The management of the home informed us that they would continue to audit and monitor medication on a weekly basis. They have since forwarded copies of action plans so we have been aware of their progress towards compliance. They have told us that management of medication is much safer.

We saw from records that the staff have explored gaining consent from people as to the home handling their medication. This permission has been obtained where possible.

We heard from the manager that there has been a medication error in August 2011. We heard that the error was quickly identified and NHS direct contacted for advice, this to ensure any potential harm to the person concerned was minimised. This error was promptly brought to our attention. There have been no repeats of the same error since.

Staff we spoke to clearly understood the written protocols in place for the giving of 'as required' sedative medication and were aware it was only to be used if people showed certain behaviours that pointed to escalating challenging behaviour. They also knew that it could not be given without a manager's sanction, this meaning less possibility of inappropriate chemical restraint. Staff also told us that they were clearer as to how medication should be handled and administered following training and updates.
Other evidence
We carried out a review of the homes compliance in July 2011 following numerous safeguarding allegations. Following our visit we judged that medicines have not always been handled safely, securely or appropriately this indicating people's health and welfare was compromised.

We looked at some people's medication records and found these to be appropriately completed with no gaps evident. We also saw that storage of medication ensured it was kept safely.

We looked at the use of 'as required' medication (that is used in response to challenging behaviours) and saw that the use of the same has reduced greatly since our last review. We saw that there were very clear protocols in place that state how and when this should be given, this to ensure it is not used inappropriately as a form of restraint.

We saw that the home carries out weekly stock checks of medication, these seen to be well documented.

We asked the manager what safeguards were in place in respect of auditing medication management systems in the absence of external pharmacy inspectors. They told us that two staff assessed as competent are allocated to check and administer medication. We were also told that records and blister packs (that contain tablets) are checked by staff three times daily, with tablets in boxes checked at every administration. In addition to these checks the manager has told us that they or the deputy will do weekly spot checks with any findings recorded. There are staff still on medication training this to be completed by 17 January 2012.

Our judgement
Medicines are now handled safely, securely and appropriately this ensuring there is less risk to people's health and welfare. Management of 'as required' sedative medication is now better controlled, meaning people are not chemically restrained unless it is necessary for their, or others safety.
Outcome 12:
Requirements relating to workers

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement
The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People spoke to us that they were "happy here" and that they liked the staff.

People told us that they had gone through their care plan with a member of staff and it had been updated whilst being discussed with them.

We heard from staff that meetings are held every 2 weeks to improve the communication between them. Staff spoke to us that the team morale had improved, this helped by the fact that staff were more consistent in how they worked. They told us that this had improved outcomes for people living at the home, as staff were following their care plans.

We spoke to staff who told us about the care plans that are in place for residents and that they were easy to understand and as a result easier to apply in practice. This means that staff follow people's care plans and provide more consistent care.

Other evidence
The Care Quality Commission (CQC) had been made aware of issues with staff recruitment since our last review. Concerns were raised as to the safety of staff following safeguarding allegations early this year. The provider has undertaken an audit on checks to ensure that existing staff at the home are safe to work with vulnerable adults. Disciplinary action has led to some staff been dismissed.

We spoke to a member of staff who had recently completed the induction programme
as part of their recruitment.

We were told about the interview process which included a tour of the building. This enabled any person that was interviewed to get a feel for the environment and make an informed decision as to whether they would be suitable.

We were told about the training that was provided as part of the induction programme. Furthermore we were informed about what checks were made prior to the member of staff starting their employment, this to ensure that were suitable and safe.

We heard that the checks were able to be tracked online and that references were required from previous employers.

The member of staff felt they were confident as they had completed the induction training to do the job well. They told us that they work alongside other staff so that they could get to know people living at the home, and understand how their care was to be provided. Existing staff we spoke to told us that this process worked well and ensured new staff knew what to do.

Staff retraining has been completed to ensure that they are competent in doing their job which includes dealing with people who have challenging behaviour and medication.

We have seen an action plan which sets out when staff are to undertake refresher training.

**Our judgement**

People are now safer as the home is carrying out more robust checks when employing staff.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
</table>
| **What people who use the service experienced and told us**
People that we talked with told us that they were happy living at West Park Road one saying "Alright – happy here". We have heard from social services that one person remains satisfied with their placement at the home. From discussion with people, observation and looking at records we saw that the care plans reflected what people said, demonstrating their involvement in the support they receive.

At the time of our last review staff told us that their morale and confidence in previous management was low.

They have told us when we spoke to them that morale is much improved and they feel that the support they provide for people is far more effective and consistent.

**Other evidence**
We carried out a review of the homes compliance in July 2011 following numerous safeguarding allegations. Following our visit we judged that quality monitoring systems at West Park Road had not maintained compliance with essential standards, and as a result risks to people's health, welfare and safety had occurred.

Since the last review the provider has kept us informed of the actions they have taken to improve the service through regular updates of action plans, these initially reported to us on a weekly basis.

Through information the provider has made available via safeguarding forums we have
seen a detailed recovery plan proposed for the service. Based on the outcomes from this review we have seen that the service has improved and that people living there are safer as a result.

We have heard from the manager that they are looking at more robust management arrangements since the previous manager has left, and they were interviewing for a deputy manager on the day we visited.

**Our judgement**
People are benefiting from improving care, treatment and support due to more robust management and monitoring arrangements, this also meaning people are safer due to better management of risks.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions**: These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
## Information for the reader

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
<tr>
<td>Copyright</td>
<td>Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
</tbody>
</table>

## Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
</tbody>
</table>
| Postal address | Care Quality Commission  
                  Citygate  
                  Gallowgate  
                  Newcastle upon Tyne  
                  NE1 4PA |