

Carmand Ltd

# Topaz House

## Inspection report

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Date of inspection visit:  
21 April 2017

Date of publication:  
07 June 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Topaz House in Cleethorpes has a maximum occupancy of four people. The service is registered to provide accommodation for people requiring nursing or personal care and treatment of disease, disorder or injury. People that use the service may have a learning disability or mental health diagnosis. The house is indistinguishable from any other residential property on the street. At the last inspection the service was rated as Good. At this inspection we found the service remained Good.

The registered provider was required to have a registered manager in post and on the day of the inspection this requirement was being met. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm because the registered provider had systems in place to manage safeguarding concerns and staff were trained in safeguarding adults from abuse and understood their responsibilities in managing safeguarding concerns. Risks were also managed and reduced so that people avoided injury or harm.

The premises were safely maintained and there was documentary evidence to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters cross referenced with the staff that were on duty. Recruitment systems were followed to ensure staff were suitable to support people. The management of medicines was safe.

Qualified and competent staff were employed and supervised. Their personal performance was checked at an annual appraisal. Communication was effective.

People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitably designed and furnished for providing care and support to people with mild learning disability and mental health needs.

People received compassionate care from kind staff that knew about people's needs and preferences. People were supplied with the information they needed, were involved in their care and asked for their consent before staff undertook any support tasks.

People's wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to take control of their lives.

People were supported according to their person-centred care plans, which reflected their needs and were reviewed. People engaged in some pastimes and activities if they wished to and developed their living skills. People had very good family connections and support networks.

An effective complaint system was used and complaints were investigated without bias. People and their friends and relatives were encouraged to maintain relationships of their choosing.

The service was well-led and people had the benefit of a culture and management style that were positive. An effective system was in place for checking the quality of the service using audits, satisfaction surveys and meetings.

People made their views known through direct discussion with the registered provider or the staff and via the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely in the premises.

Further information is in the detailed findings below.

## 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 remains Good

Good ●

### Is the service effective?

The service remains Good

Good ●

### Is the service caring?

The service remains Good

Good ●

### Is the service responsive?

The service remains Good

Good ●

### Is the service well-led?

The service remains Good

Good ●

# Topaz House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection of Topaz House took place on 21 April 2017, was unannounced and carried out by one adult social care inspector. Information was gathered before the inspection from notifications sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We contacted the local authorities that contracted services with Topaz House and reviewed information from people who contacted CQC to make their views known about the service. We also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person that used the service, two staff and the deputy manager. We looked at care files belonging to one person that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We also looked at records held in respect of complaints and compliments.

We observed staff providing support to one person and observed the interactions between them. We looked around the premises and at people's bedrooms, after asking permission to do so.

## Is the service safe?

### Our findings

People told us Topaz House was a safe place to live. They explained to us that they found staff to be "Friendly, willing to share a joke and helpful."

There was a system in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse (records corroborated this). Staff demonstrated knowledge of what constituted a safeguarding concern and what their responsibility was with regard to abuse concerns. Records were held and notifications were sent to us regarding incidents.

Risk assessments reduced people's risk of harm from, for example, mental health deterioration (12 point Health of the Nation Outcome Scales), self-harm (STAR clinical risk assessment tool), inadequate nutritional intake and acquiring pressure wounds.

There were up-to-date maintenance safety certificates for utilities and equipment used in the service and contracts of maintenance for ensuring the premises and equipment were safe. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

Accident and incident policies and records were in place for in the event of any accidents. Records were maintained and showed the action taken to treat injuries and prevent re-occurrence.

The staffing roster corresponded with staff on duty during our inspection and the previous night. Usually staff worked one-to-one with the person that used the service and on occasion, when the person was out at day services, the staff member assisted at another Carmand location.

The person that used the service told us they were adequately supported. Staff told us they covered vacant shifts and had time to meet the person's needs, which were mainly those of supporting via prompting with personal care and offering guidance or advice when out in the community.

Recruitment procedures were followed to ensure support workers were suitable for the job and files contained the required documentary evidence to support this. While Disclosure and Barring Service and reference checks were made and received before staff started working, staff application forms were only completed on the start date, which was unconventional. The deputy manager was asked to review this recruitment practice. The deputy manager was also asked to consider keeping written accounts of staff interviews to evidence the rationale for selecting them to work in the service.

Medicines were safely managed and medication administration record (MAR) charts we looked at were accurately completed. Medicines were obtained in a timely way so that people did not run out of them. They were stored safely, and administered on time, recorded correctly and disposed of appropriately. Controlled drugs were also safely held in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

One person we spoke with said, "I get my medication when I need it but leave it to the staff to organise." Documents in the medicines file included a photograph, a Liverpool University Neuroleptic Side Effect Rating Scale and protocols for 'as and when required' medicines, to evidence that people's medicines were safely managed.

## Is the service effective?

### Our findings

People told us the staff at Topaz House understood them well and had the knowledge to care for them. One person said, "Staff are okay, they know what to do and help me when I need it. There is one that has some unusual ways in the kitchen, but these can be changed." These details were passed to the deputy manager who said they would speak to the staff member to ensure there were no problems.

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. Staff confirmed they had completed 'Respect' training, which ensured they managed confrontations safely and with the least intervention as possible. This training was due to be refreshed in May 2017. Some staff had completed NVQ qualifications and one staff member said they had not yet completed safeguarding or fire safety training and this was passed to the director for action. Staff received regular one-to-one supervision and took part in a staff appraisal scheme.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Only one person was under the Court of Protection regarding their finances, which was for their protection. This was managed within the legislation. The person had agreed to limit the number of cigarettes they smoked, as smoking aggravated their medical condition. Arrangements were recorded, risk assessed and reviewed regularly.

People using the service consented to support and guidance from staff by verbally agreeing to it, before staff undertook any tasks. We saw that interaction between staff members and people was mindful of people's rights to make decisions and give consent to support provided.

People's nutritional needs were met because staff consulted them about their dietary requirements. They ate three nutritional meals a day, which they planned on a menu each week. One person told us they liked to help prepare and cook meals and enjoyed the food produced. Nutritional risk assessments ensured the people ate healthily. One person told us they had eaten lunch out, but staff offered and made them a sandwich to ensure they had eaten sufficient nourishment.

People's health care needs were met because staff consulted them about medical conditions and liaised with healthcare professionals. A detailed health action plan and a support plan recorded this. Staff told us that people saw doctors on request and the district nurse, chiropodist, dentist and optician were also accessed in the community as necessary. Healthcare records confirmed all consultations and the reason why. They contained guidance on how to manage people's healthcare. Diary notes recorded when people were assisted with their healthcare.

The premises, which were not secure, were suitable to meet the needs of people living at Topaz House



because people were not detained under the Mental Health Act 1983. The premises were domestic in style and furnishings and decorations provided adequate comfort. The kitchen was accessed by staff and people that used the service, but infection control measures and good food hygiene practices ensured people were protected from the risk of harm. We asked that the exterior of the premises be cleaned more regularly, to reduce effects of traffic pollution from the main road and litter dropped by pedestrians.

## Is the service caring?

### Our findings

People told us they got on very well with staff, but looked forward to having other people living in the service. One person said, "We all have a laugh. I like to wind staff up as a joke and they take it in good fun. I miss [Name] who used to live here and will be much happier when there are others to share the house with."

Staff were friendly when they interacted with people that used the service. The staff member on duty had not worked at Topaz House more than four times but was competent to provide the required support to people. They were approachable and relaxed and offered appropriate advice when needed. The registered manager was not on site on a daily basis, as the service was small and people only required minimal support. At the time of the inspection one-to-one support was satisfactorily provided where needed.

People were settled and with the help of staff one had made much progress with their daily living skills, management of their finances and establishing some meaningful relationships with people at college, which they attended each day of the week. The staff member on duty and deputy manager who attended the inspection understood that people required plenty of occupation and activity to maintain a positive approach to life and stay focussed on their goals.

Their general well-being was considered and monitored by the staff who knew what could upset their mental or physical health. People were supported to engage in different pastimes and remain occupied, which meant they were able to move towards establishing a more routine based lifestyle and learn new skills. They were encouraged to develop positive relationships by the staff that acted as role models, offered advice and guidance and discreetly monitored how these relationships were progressing.

Staff followed clear policies in managing boundaries with regard to providing a caring environment while working alone. It was important to ensure people that used the service felt valued and cared for but understood the professional boundaries that had to be implemented. The staff managed this well and gave advice about what was acceptable.

People were consulted at all times about their planned day and contributed in having a say in how the support they required was to be provided. They made many decisions, for example, about daily activities, what they wanted to eat, when they left the house and when they wanted to smoke. In the main, they needed reassurance from staff that their actions and choices were wise ones, as they were self-caring with personal care, and independently accessed the community and day services. One person told us their privacy, dignity and independence were respected. They said, "Staff let me look after myself, my bedroom is kept private and I can go out when I want to as long as I sign myself in and out in the book."

## Is the service responsive?

### Our findings

People that used the service said their needs were being met. They talked about going out to day services, calling at local shops and getting involved in activities. One person told us they were planning a birthday party for themselves, was proud of their achievements and showed us their certificates on display. All support arrangements were recorded within the person's support plan.

Support plans reflected people's needs, were person-centred and contained information under ten areas of need. Where appropriate and necessary people had other legal documentation in place to protect them from harm, for example, Community Treatment Orders, which enabled people to receive the treatment they required to maintain their mental health. Risk assessments showed how risks to the people were reduced or managed, for example, with regard to their mental health, wellbeing and general health. We saw that all documents were reviewed monthly and when needs changed.

People determined their own activities, but staff and day care staff helped arrange and facilitate these. One person said they liked cooking and gardening. It was important for the person to maintain high levels of occupation and activity, so that they remained focussed and fulfilled. They were provided with choice and enabled to make decisions so they stayed in control of their lives. Relationships were respected and staff enabled people to keep in touch with friends and peers.

A complaint policy and procedure were followed and records showed that complaints and concerns were appropriately addressed. One person told us they knew how to complain, had done so in the past and their concerns had been satisfied. Staff knew their responsibilities with regard to complaints. All of this meant the service was responsive to people's needs.

## Is the service well-led?

### Our findings

People told us they felt the service had a pleasant, family orientated atmosphere. The culture of the service was relaxed and enabling in that people were supported but allowed to determine their own lifestyle. One person maintained good links with the local community, where possible. They used local transport, attended a day service and visited local shops, cafes and entertainments. Staff we spoke with agreed that the culture of the service was friendly, caring and supportive, but that people made their own decisions.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a registered manager in post. They managed this and a sister service, but did so on an arms-length basis, which meant they were not present in the service on a daily basis. The deputy manager, who was also the registered manager of a second sister service attended the inspection. Their management style was approachable and accountable.

The registered manager was also a company director and was aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to us and so the service fulfilled its responsibility under the Care Quality Commission (Registration) Regulations 2009.

We looked at documents relating to systems for monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis, which ensured systems were used to check on the quality of the service. We discussed the effectiveness of these with the deputy manager, as a minor shortfall with medicines (over-stocked for one person) had not been identified. They assured us that systems would be used more carefully.

Satisfaction surveys were issued to people that used the service, other stakeholders and health care professionals. Surveys showed that one person had requested help with taking medication and so an action plan was set up to show what would be done to meet their needs. Action was taken and this improved the person's experience of taking and understanding their medicines. The most frequently used consultation method for people that used the service was daily discussion to determine what people wanted to do and when.

The service continued to keep records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation, appropriately maintained, up-to-date and securely held.