

Clear Thinking Care Limited

# Lower Compton Road

## Inspection report

1 Lower Compton Road  
Plymouth  
Devon  
PL3 5DH

Tel: 01752969030

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11 December 2019  
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18 December 2019

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## 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

### About the service

Lower Compton Road, known as Clear Thinking Care Limited, provides a 24-hour supported living service and home care support for adults with a learning disability, mental health condition, physical disability, substance misuse support need, dementia or sensory impairment.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the days of our inspection the service was providing personal care to four people.

The service has been 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were happy with the care and support provided and felt safe and comfortable in staff's presence. Staff treated people with kindness and upheld their dignity and respect in how they supported them. One person told us, "I think they are exceptional because they care about what happens to their service users."

People were supported by staff who were aware of the risks to them and how to support them safely in line with their care needs. Staff had received training in how to recognise signs of abuse and were aware of their responsibilities to report and act on any concerns that came to their attention.

People received personalised care and support from trained, competent staff, who understood their needs and provided them with personalised care and support. Staff received the guidance and support they needed to do their job well and effectively meet people's needs.

People were supported to have maximum choice and control of their lives and care 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 was planned with the full involvement of people using the service and where applicable their relatives. People had detailed, person-centred care plans which guided staff as to the support they required. People had full and active lives and were encouraged to partake in activities of their choosing and to be a part of their community.

Medicines were managed safely. People were encouraged and supported to maintain good nutrition and hydration and access the healthcare they needed to stay well.

Effective systems were in place to consistently monitor and review the standard of care and support provided. The leadership of the service promoted a positive culture that was person-centred and inclusive. The registered manager and staff showed a desire to improve on the service provided and in turn the quality of life experiences for the people using the service.

The service applied 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 23 June 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Lower Compton 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 team consisted of one inspector from the Care Quality Commission (CQC).

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager would be available to support the inspection and to allow time to arrange home visits to speak to people in person. Inspection activity started on 11 December and ended on 17 December 2019.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked 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 of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and support workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment along with a variety of records relating to the management of the service, including policies and procedures, audits and quality monitoring information.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Every person we spoke with told us they felt safe using the service and with the staff who supported them.
- Effective systems were in place to keep people safe and staff understood how to keep people safe. Staff knew the different types of abuse and how to address safeguarding concerns. One staff member told us, "If I thought a client wasn't getting the right care I would report it straight away to my manager or safeguarding."
- Safeguarding referrals were made to the local authority when appropriate.

Assessing risk, safety monitoring and management

- At our last inspection in June 2017, risk assessments were not always in place. This meant staff did not always have the necessary information written down; to ensure the continuity of people's care and to help mitigate ongoing associated risks.
- At this inspection in December 2019 we found all risks, including risks associated with people's health needs, were assessed and managed. The provider identified potential risks to people's health, safety and wellbeing and assessments were put in place to manage them, such as choking. Risks were reviewed regularly and updated in line with people's changing needs.
- Staff understood potential risks and how to mitigate them.
- People with complex behaviours were supported by small teams of consistent staff. Staff knew people's needs well and were able to explain how they supported them to manage their behaviours, deal with difficult situations and respond to unforeseen events using positive behaviour support to avoid the need for crisis intervention.

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff to meet their needs.
- Where people required 1:1 support to meet their needs, this was provided.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were received prior to staff commencing employment.

Using medicines safely

- People received their medicines safely. There were suitable systems in place to ensure that medicines

were securely stored, ordered and disposed of correctly and in accordance with best practice guidance.

- Staff received training in safe administration of medicines and underwent regular observed competency reviews to check people's medicines were administered safely.
- Where people were able to, they were supported to be as independent as possible in managing and administering their own medicines. There were suitable plans in place for staff to oversee this and support them if needed. This increased people's ability to improve their independence within the community.
- Medicines records were properly completed. Staff recorded when they administered medicines and when support had been given to people to administer their own medicines on medicines administration records which were monitored by the registered manager.

#### Preventing and controlling infection

- The provider followed appropriate infection control procedures to prevent and control infection.
- Staff were trained in infection control and used suitable aprons and gloves when providing care.

#### Learning lessons when things go wrong

- Staff understood the accident and incident procedure and had recorded and reported incidents appropriately. The manager maintained good oversight of incidents and analysed records for trends and patterns. Any learning was shared amongst the staff team via regular staff meetings.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a thorough assessment of their needs prior to admission to the service. The process was inclusive and involved people, relatives and professionals. This enabled the service to ensure there was sufficiently trained staff available to provide the care and support required.
- People's health conditions, religion, relationships, culture, likes, dislikes and hobbies were all included in the assessment process. This information was used to plan people's care and support.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to carry out their roles.
- Staff received an induction into their role, which included the provider's mandatory training. They worked alongside more experienced staff until they felt confident and were competent to work directly with the person they would be supporting.
- Induction and training was bespoke to people's individual needs, for example when people had specific care needs such as catheter care, epilepsy or mental health needs, staff had received training in these areas. Staff also completed regular training in areas such as safeguarding, fire safety, first aid, moving and handling and infection control. The training was repeated at set intervals.
- Staff had regular supervision and an annual appraisal, which enabled the registered manager to monitor and support them in their role and to identify any training opportunities.
- Staff told us they felt supported in their roles by the management team and the provider. One said, "Yes I feel supported. I feel a lot more supported with this company than I did before."

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

- People were well supported with food and drink, they were encouraged to shop for and prepare foods and meals of their choice.
- Healthy eating was promoted and encouraged, but people's right to choose was respected. For example, one person needed to maintain a healthy weight due to a health condition. To help them with this staff encouraged them to make healthy choices when eating but respected their wish to have they occasional unhealthy meal.
- People had nutritional support plans, which clearly explained their needs, how staff should support them and included recommendations from health professionals, where relevant, such as speech and language therapists (SALT).

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

- The service worked closely with a multi-disciplinary team of professionals to promote the most effective outcomes for people.
- Where necessary, the service had either made referrals to health professionals or supported the person to do so. The service worked closely with other healthcare professionals, such as GP's, speech and language therapists and community nurses, to ensure people received the required support.
- Staff recorded in daily care logs how they supported each person with their personal care, behavioural, social care, and dietary needs. This enabled staff and the registered manager to monitor each person's health and provide effective care.
- Some people had hospital passports in place to help guide staff how to support the person if they attended hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us they were in control of their care and involved in decision-making. One person told us, "I'm supported to do what I want to do. It's their role to always support me and it's about my progression. Staff are very good at doing just that."
- The registered manager and staff demonstrated an understanding of the MCA and could describe their responsibilities regarding the legislation. All staff had received training on the Mental Capacity Act.
- There were systems in place to assess people's mental capacity to consent to care. People's care plans informed staff on whether or not they had capacity and how to involve them in decision making and encourage them to make choices.
- Staff asked people for their consent before providing care and gave them choices.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and staff had built caring relationships with people and treated people with warmth and compassion. We saw people were comfortable with staff and staff spoke warmly and with kindness to the people they supported. People's comments about staff and the care they received, included, "Brilliant, they take me out in my car", "They are very good" and "I think they are exceptional because they care about what happens to their service users."
- Staff knew people well and knew how best to support them. Some staff had worked with the same person over a number of years and told us they had developed a positive relationship with them. A staff member said, "It's all about continuity of care for [person's name]. We're a small team that know him well and we all have a great relationship with him and his family."
- Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff treated people as individuals and recognised how choice was important to people to ensure their individuality.
- People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans.

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

- People were supported to make decisions about their care and express their wishes, such as how they spent their time, what to spend their money on or how they wanted to decorate their home. This helped them to retain choice and control over how their care and support was delivered. People were also supported to access advocacy services to help ensure their rights were respected and their voice was heard.
- Care plans were regularly updated and were completed alongside people and their families, taking in to consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted the importance of respecting privacy and dignity. People told us staff treated them with dignity and respect.
- Staff understood the importance of respecting people's privacy and were able to give examples of how they maintained people's dignity, such as ensuring people's dignity was not compromised whilst assisting them with washing and dressing.

- People's confidential information, such as care plans, was stored securely and only people who required access could do so.
- Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised and staff understood people's individual care needs and requirements. A person told us, "They work really hard to put me at the centre of my care and I feel part of the team and in charge of my own care."
- People's care plans were person-centred, detailed, regularly reviewed and gave staff the information they need to safely and effectively support people.
- Care plans were reflective of the care being provided and contained details about their individual health issues as well as people's likes, dislikes and personal histories, including their religious or cultural needs.
- People were supported by consistent staff who were knowledgeable about their support needs. The detail included in people's care plans enabled staff to get to know the people they supported, things that were important to them and what they enjoyed doing. We found staff clearly knew people well and respected them as individuals. One person told us, "They [staff] know me and have read my care plan."

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required. In some instances, people had been provided with a semi-pictorial format, as this assisted their understanding.
- People's care plans contained detailed information about their individual communication needs, methods 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 lived in their own houses or flats as tenants and were supported by staff with their personal care or to go out in the community. Some people shared a house with other people who used the service.
- People had their own individual daily routines and activities. Activities were based around people's individual interests, hobbies and ambitions. People were supported to develop and maintain relationships

with people that mattered to them to avoid social isolation. People took part in a wide range of activities both in the home and in the wider community. For example, some people were supported to attend social community groups, attend church and socialise in local pubs and cafés.

#### Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. However, the service had a complaints procedure which set out the process which would be followed by the provider. This was shared with people and their relatives when they started to use the service.
- People, and their friends and families, had regular opportunities to raise issues, concerns and compliments. This was through discussions and meetings with the registered manager and staff on a regular basis.

#### End of life care and support

- At the time of inspection, no end of life care was being delivered. The registered manager was aware of what was required to support people who may need to receive end of life care.
- People's end of life preferences and choices, including cultural and spiritual needs, were explored where appropriate, and included in their care plans.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a person-centred approach in the service. The service and staff encouraged an inclusive environment where people were involved in their care and support, made their own choices and decisions and the service was flexible in meeting their needs.
- People, and staff spoke positively about the registered manager, the service and the support they received. One person said, "I have never known anyone as good as [registered manager's name] at putting the person at the centre of their care."
- Staff told us they found their jobs rewarding and enjoyed providing people with care and support. They spoke highly of the support they received from the registered manager and management team in carrying out their role and responsibilities. One staff member told us, "I have never known a manager that is more hands on than [registered manager's name]. She is supportive to the staff and goes out and works with the clients. I truly believe that [manager's name] and staff do everything possible for the clients."

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; Continuous learning and improving care

- The registered manager and were staff clear about the importance of being open and honest with people when something went wrong. They knew they needed to notify us, the local authority and others involved in people's care of significant events to do with the service and people's care.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped them to identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the reception area.

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

- The registered manager was clear about their own role and responsibilities and to develop their own

learning to ensure they were aware of the latest guidance. They attended regular outstanding manager network forums, was an active member of dementia champions and skills for care; and used online guidance and publications. The registered manager told us they were keen to develop, learn and improve the service for people.

- Staff understood their roles and responsibilities and were able to describe them to us. Telling us that they had the support of management to do their job effectively.
- Systems were in place to monitor the service provided to people, this was in the form of audits and reviews, which were carried out in a timely manner. These audits included; care files, medicine administration, health and safety and food safety. Any improvements were identified, and action plans developed and monitored to ensure improvements were made in a timely manner.
- Regular spot checks of staffs' competency throughout all elements of their role were carried out, with any actions being taken as required.

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

- The provider sought the opinions of people who used the service to identify how the service could be improved. The service also sought people's feedback through questionnaires. People and relatives were given the opportunity to attend meetings and reviews to discuss and share any concerns.
- Records showed management staff worked in partnership with people, their relatives and social care agencies to ensure people received care that met their needs.
- Staff had the opportunity to contribute their views through a variety of methods including staff surveys and meetings at both a local level and with representatives from the senior management team.

Working in partnership with others

- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with communities, commissioners and health and social care professionals.
- Staff made referrals to other health services when necessary and ensured these were appropriately followed up.