Freeways

Clevedon House

Inspection report

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Date of inspection visit: 24 and 25 September 2015
Date of publication: 16/11/2015

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

Overall summary

This inspection was unannounced and took place on 24 and 25 September 2015

Clevedon House provides personal care and support for up to 11 adults who have a range of needs including learning difficulties. There were 9 people using the service at the time of our inspection.

There was not a registered manager in post. 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. However the new manager was going through the process of registration.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

Summary of findings

Accidents and incidents were recorded appropriately and there had not been any recent safeguarding incidents. Comprehensive medicine audits were carried out regularly.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed MCA with the manager and looked at records. We found the provider was following the requirements in the MCA.

People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they supported.

People had a choice of meals, snacks and drinks chosen by themselves, which we saw they enjoyed. People had been included in planning their own menus and their feedback about the meals in the service had been listened to and acted on. Most people were actively involved in meal preparation.

We saw that the home supported people to access a full range of activities, in the home, at the providers' headquarters and in the community.

Care records showed that people's needs were assessed; care plans were personalised and regularly reviewed.

The provider had a complaints policy and procedure in place. There had not been any recent complaints however people knew how to make a complaint.

We saw evidence that comprehensive quality assurance processes were regularly undertaken to ensure the service was aware of people's views of the service. This ensured an open culture that is open to challenge and is learning from any issues affecting the quality of the service as they arise.

We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes.

We have made a recommendation about the provider making sure the laundry facilities are accessible to all people living in the service.

Summary of findings

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.

There were sufficient numbers of staff in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were recorded appropriately and there had not been any recent safeguarding incidents.

Comprehensive medicine audits were carried out regularly.

Good

Is the service effective?
The service was effective.

The service was providing staff with effective support through, clear management roles, and supervision and appraisal in line with its own organisational policy. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Good

Is the service caring?
The service was caring.

People were cared for by staff that had developed positive, caring relationships with them.

Staff took account of people's views and involved people in making decisions.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support.

Staff were knowledgeable about people's preferences and were able to respond to people's varying communication needs.

People felt the staff and manager were approachable.

The service had processes in place to deal with comments and complaints.

Good

Is the service well-led?
The service is well-led.

The manager was described as open, approachable and supportive.

Good

Summary of findings

The views and ideas of everyone involved in the service were listened to and acted upon, as appropriate.

The service regularly checked it was giving good care.

The manager and staff maintained and improved the quality of care whenever possible.

The service worked closely with others to achieve the best care for the people who live in the service.

Clevedon 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 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 inspection took place on 24 and 25 September 2015 and was unannounced. It was carried out by one adult social care inspector.

We reviewed information held about the service, including information from the local authority and the contracts department as well as notifications we had received. A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with four people and observed staff. We also spoke with two care staff, one student, the deputy manager and the manager, and two professionals who had been involved in the service. In addition we observed staff administering medicines and supporting people. We also looked at a range of management records. These included four care plans, four staff files, medication records, training records, and a range of quality assurance audits and the service's policies and procedures. We also conducted a tour of the building to look at the décor and facilities provided for people living in the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and with the staff who supported them. “I feel safe” and “Yes, I am safe here, this is my home”.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included checks to make sure staff were safe to work with vulnerable adults. We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the manager who told us there were 11 members of care staff employed at the home. The manager told us all absences were covered by existing staff. They told us that agency staff had only been used on one occasion in the past 12 months.

Staff told us, and records confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All staff were confident that any concerns reported to the manager, would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. We saw the provider’s safeguarding policy and discussed safeguarding with the manager, who was aware of their responsibilities. There had not been any safeguarding incidents at the home for some time. We spoke with the local authority who confirmed there had been no safeguarding concerns raised, or were aware of any concerns at Clevedon House.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. We asked staff whether there were plenty of staff on duty. They told us “Yes, there are enough for us to support people with their activities”. The manager confirmed that they would also rota more staff on if needed.

We saw that entry to the premises was via a front door and all visitors were required to sign in. This meant the provider had measures in place to ensure the safety of the people who used the service. However, people who lived in the home could come and go as they wished and used an “In” “Out” board to let staff know where they were. Staff explained that people chose to use this board.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others.

The service had a fire emergency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Portable Appliance Testing (PAT) records were all up to date and all the monthly checks were up to date. We also saw copies of the electrical installation certificate and gas safety record. Both were up to date and in order. Risks to people’s safety in the event of a fire had been identified and managed. The fire alarm, fire doors, emergency lighting and fire extinguishers were all regularly checked and we saw the checks were up to date.

People’s medicines were administered by registered staff that had their competency assessed on an annual basis to make sure their practice was safe.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records (M.A.R). We saw medicine administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. These records were accurate and up to date. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records

Good

Is the service safe?

relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

There were three people who had been risk assessed as able to self-medicate. One person said “Oh yes I do my own tablets and I keep them in a locked place in my room”, daily checks confirmed that people were taking their medication in the correct and safe manner. Staff were also supporting other people to be able to self-medicate in the future. Staff explained that this was a further step towards independence and possibly independent living in the future. Some people were prescribed medicines on an ‘as required’ basis and this was clearly recorded on the M.A.R sheets.

During our visit we identified one issue with regard to the accessibility of the laundry facilities for those people with mobility difficulties . We discussed this with the manager who said that this issue had been raised with the provider by them and by the previous manager.

We recommend that the provider looks at accessibility of the laundry facilities.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. The service supported staff on induction and ensured newer staff had an extended period of shadowing more experienced staff until they were comfortable and competent in their role.

Staff told us the level of training and support provided was 'excellent'. New staff completed a thorough induction process. Training covered safeguarding vulnerable adults, person centred care and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards as well as other Provider core training areas such as food safety and infection control. The manager explained that all new employees who were new to working in a caring role were going to be supported to undertake the Care Certificate within the first months of employment. Once successfully completed staff were going to be encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care to make sure people were supported by knowledgeable staff. The service also offered placements to health and social care students from a local college. One student said "I love coming here, the people are great to work with, the staff are really kind and caring and I have applied for a job here, I like it so much".

Staff attended regular supervision meetings with their supervisor where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The staff also had an annual appraisal to review their work performance over the year. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us "I find my supervisions really useful as I talk about my plans for the future and my development" another said "It helps me ensure I am up to date with current working practices and issues". This showed staff had the training and support they required to help ensure they were able to meet people's needs.

Staff were knowledgeable about the care people required and the things that were important to people in their lives. The service placed a particular emphasis on being familiar with all aspects of the lives of the people they supported. Staff accessed support plans and other relevant documentation which was only accessed after appropriate permissions had been given by senior management, so people could be confident that personal and sensitive information was kept securely and access was given as appropriate.

Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. People confirmed staff knew the support they needed and their preferences about their care. People described the staff team as "Lovely" and "They know me and what I like to do really well". One professional said "When a new member of staff comes, I can tell they have done their homework and have a good knowledge of [person's name] and his needs". During the inspection one person said they were supported to go to London and visit Buckingham Palace with their support worker. This was something they had wanted to do for a long time and it was clear the person was excited to have been able to spend time doing this.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. People saw their GP when they needed to and this was documented in records. For example, one person had a number of falls and was referred to the Falls Team and actions were taken by staff following advice and the falls had stopped. Professionals told us they had no concerns about the care and support they saw at the service and appropriate healthcare referrals were made.

One person said "I like to make my own meals and help staff when they cook" Another person showed us the menu board; they said "I like to see what is for tea every day and if I don't like it I can have something else". Staff explained that those people who were on specialist diets, such as diabetic diets, were supported to make appropriate food choices. Menu planning was done in a weekly meeting with all residents and was done in a way which combined

Good

Is the service effective?

healthy eating with the choices people made about their food. This meant people were supported to prepare the majority of their own meals. Staff made sure that people maintained a balanced diet.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw that mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. The manager was familiar with, and was able to carry out, their responsibilities under the Mental Capacity Act 2005 legislation.

Staff demonstrated an understanding of the importance of upholding people's human rights including the right to make decisions for themselves. We saw that people were asked for their consent to the support being offered. People said staff always offered suggestions and made sure people were happy before undertaking any support actions.

The design, layout and decoration of the premises met people's individual needs. Each person had chosen the decoration for their bedrooms and were able to personalise their own space as much or as little as they were comfortable with.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Many people told us that they were 'happy' at the service and felt that staff 'looked after' them. The professionals we spoke with were complimentary about the relationships staff had formed with people. One said "It seems that it is more than just a job for them, the staff really do care."

We observed many positive interactions throughout our visit between staff and people who used the service. We saw one person being supported with an activity and staff used words and signs to encourage and praise the achievements of the person. Another person was supported by staff using positive and enthusiastic verbal prompts to come downstairs and collect their lunch from the kitchen. This person had previously relied on staff to make their meals for them and had only more recently been coming downstairs to make their own lunch with staff support. Staff spoke about people in a positive manner and were clearly proud of the achievements that people had made in becoming more independent.

People were supported by staff who knew them well and understood their individual needs. Staff gave detailed information about how people preferred to be supported which matched the information in care plans. We witnessed staff talking with people about their interests and actively engaging with them to pursue these. Staff told us that they felt all staff were caring towards people who used the service. One staff member told us that there were 'definitely' caring relationships between staff and people and that it was 'impossible not to be [caring]'. We were told by staff that they got plenty of time to engage in activities and individual interests with people throughout the day if people wanted them to and we observed this to be the case.

We observed staff help people to make choices, by communicating clearly. Staff ensured they made eye contact with people and were able to use alternative communication techniques such as basic sign language.

Most people chose to go into the community each day. One person had two paid jobs and others went into town to have tea and cakes each afternoon. Staff would accompany people if they asked them to. Staff also respected people's wishes if they chose not to. The staff we spoke with told us they involved people in making decisions about their care and support. There had been an assessment of people's needs, likes and dislikes upon admission to the home. This information was used to form care plans and people's wishes were taken into account in the way they were cared for. There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. During the inspection we saw a care plan review taking place with the person being fully involved in all the decisions and changes that were being made to their plan.

Information was displayed about the "Choice and Voice" Group, which was run by the provider and involved people from all the homes owned by them. This was a group that discussed the provider's policies, new practices and had recently developed a picture library to be used by all staff in order for all information to be accessible for everyone.

The people we spoke with confirmed that they liked the staff who worked at the service. The professionals we spoke with were complimentary about staff. One said "The staff all seem to be very respectful and patient". Another commented "As far as I am aware the staff treat people very well". We observed staff respecting people's privacy and dignity when supporting them. For example, staff made sure that people were dressed in a way which protected their dignity. This support was carried out by staff in a professional and unobtrusive way. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this such as knocking on people's bedroom doors and ensuring that the door was closed if they needed to support someone with personal care. Information about what dignity meant to people was displayed on the wall in the office for all staff to read and it was embedded in the support that we saw being provided to people.

Staff had an appreciation of the importance of people's independence and we saw examples of staff supporting people with this throughout the day. There were no restrictions on friends and family visiting the home.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People told us they felt involved in the care they received. For example, one person told us "I attend review meetings and if I have any concerns I can talk it through with them [staff]". A health care professional told us they found the staff had the necessary skills to care for their particular service user. They said the staff responded very quickly if there was a concern regarding people who used the service.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care records gave staff important information about people's care needs. The care plans contained information for each person's life and social history, their interests, physical and mental health, allergies, activities, method of communication and were written in a clear language. The care plans included the level of support people needed, and what they were able to manage on their own. We saw some good examples of how staff could support people who had some communication needs. For example, there was clear guidance for staff on how some people could communicate better by using the sign language they had learnt on a recent course. We saw people and staff using it effectively throughout the inspection.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they like to do, the things that may upset them and how staff could best support them. For example, one person liked to have the radio on when they were in their bedroom. Another person like to colour in complex pictures and patterns. The manager told us "Some people like to go to church and others to a group activity on Wednesday to learn cooking skills." A staff member explained that the manager was encouraging staff to use other skills they might have to enhance activities with in the service, for example using their art degree to start an art group with people. Staff also went with people for meals if invited and on day trips if requested by people.

Each person using the service had a keyworker and daily care notes covered areas such as activities, food and drinks, personal hygiene and administration of medicine with details of what services were provided to people. Staff were able to tell us about people's needs and how they responded to them. Staff had handover meetings in place to share any immediate changes to people's needs on a daily basis to ensure continuity of care. Staff used a daily diary log to record key events such as hospital appointments, prescription and renewal of medicines.

People's concerns were responded to and addressed. People told us they knew how to complain and would do so if necessary. They said staff would support them to either write the complaint or use the "Happy App" on the IPad. People were able to take the iPad and press either the happy face or sad face and a picture of what they were happy or sad about. The iPad information is sent straight to a webpage and all responses are collated by the Provider. There was a system for reporting any concerns raised by people or their relatives. The complaints records showed concerns raised by people had been investigated and responded to appropriately. The manager told us the focus was on addressing concerns of people as they occurred before they escalated to requiring a formal complaint. There were monthly residents meetings and on reading the minutes, we saw that issues had been brought to the meetings, usually issues between residents, and these had been resolved by the staff and manager.

Good

Is the service well-led?

Our findings

Staff described the registered manager as approachable and said the culture of the home was open. They told us that even though they did not work in the home every day either the manager or the deputy were always available via the telephone or E-mail as were the area managers. They said that the management system worked well and they enjoyed the extra responsibilities they took on to support the management team, for example being the care plan champion, making sure all care plans written are to the expected standards by supporting staff. One staff member said ''I am happy because they develop my potential''. Another said ''it is a lovely home and people enjoy being here because it has the right staff team and management ''.

The manager had a clear vision as to how support should be provided in the home and how people who lived with learning disabilities should be involved in the community. We saw that the manager and the staff had supported people to achieve their goals. The manager told us that they "Facilitated, empowered and encouraged" staff and the people who used the service. They went on to say "Motivated staff impacts on the people we support".

People's and staff views were listened to. The service held monthly care review meetings, to discuss with people what's effective and what's not effective for people. Peoples' levels of happiness and contentment were identified by whether people were content. People's families, and if requested friends, were involved in all review processes, as appropriate. The service also held one team meeting a month. Included were discussions about the performance of the staff team, issues with people who lived in the home and new policies and procedures. The records of staff meetings noted possible solutions to problems and actions to be taken. Staff views and ideas were listened to and recorded. The regular audits, any shortfalls and the actions identified that needed to be taken were openly discussed. Changes made as a result of listening to people and staff included having photographs of people doing their activities on show and increasing the number of minibus drivers available.

The quality of the care provided was maintained and improved by the service. There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved. The area manager completed a quality assurance inspection every two months. This covered all areas of functioning of the service. After each inspection a service improvement plan was written by the manager. It noted what and why actions were to be taken, by who and when.

Management appraisals now included a ''360 degree'' review. For this review the supervisor sought the views of people who use the service, colleagues, people's families, and other professionals to ensure the quality of staff performance, this meant people and their families impacted on the management of their home. The manager explained that they were going to discuss this approach with staff and begin to do this with all appraisals in the future.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. One professional told us ''the staff are pro-active at seeking advice and support ''. Staff were kept up-to-date with any new developments by various means. Examples included the manager accessing local authority information about new developments in practice and ensuring staff had invitations to learning events. The provider also sent relevant bulletins and new policies and procedures to the service.

People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

The home has notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.