

Claremont Care Limited Standford House

Inspection report

Standford Villa

Sambrook

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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 

Overall summary

The inspection was unannounced and took place on 23 June 2015. At the last inspection in October 2013, we found the provider was meeting the regulations we inspected.

Standford House is registered to provide care and accommodation for up to 12 people with a learning disability across three buildings on one site. At the time of this inspection there were five people living in the recently opened purpose built home, who required different levels of support. The registered manager no longer worked at the home. A new manager was in post

and had applied to become registered with us. They were on annual leave when we visited. The operations manager therefore assisted with the inspection. 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.

Summary of findings

People told us they felt safe living at the home and staff knew how to protect people against the risk of abuse or harm and how to report any concerns. There were enough staff to support people at the time of the inspection although some people commented staffing was stretched at times given people's individual support needs, particularly when out in the community. People received their medicines as prescribed.

Staff had received training and were knowledgeable about people's care and support needs. We saw that care and support was provided with patience and kindness. People were supported to make their own decisions and choices by staff who understood and promoted people's rights and worked in their best interests. People were supported to maintain their health through regular appointments with healthcare professionals.

People told us they liked the staff. We saw people had developed positive working relationships with the staff who supported them. People looked relaxed in the company of the people they lived with and the staff on

duty. People were treated as individuals by staff who knew them well. Staff shared examples of how they respected people's privacy and dignity and we saw this in practice during the inspection.

People's needs were assessed and their support plans provided staff with clear guidance about how they wanted their individual needs met. Staff were able to tell us how people preferred their care and support to be delivered. People participated in a range of activities and were regularly supported to access facilities and amenities in the local community that reflected their individual interests and preferences. People knew who to speak with if they had any concerns.

The manager had submitted an application to be registered with CQC. We saw the provider assessed and monitored the quality of the service but we found there was some scope for improvement. Audits and questionnaires were used to obtain people's views on the service provided in addition to regular key worker meetings and meetings held with staff. Most people told us they found the manager approachable.

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 staff to meet people's care and support needs most of the time. Effective systems were in place to manage potential risks to people's welfare. Staff could identify signs of abuse and were aware of how to keep people safe from harm. People received their medicines as described although auditing of systems required improvement.

Good



Is the service effective?

The service was effective.

Staff received training to meet people's needs and support them in their role. People's rights were promoted and they were supported to maintain good health with access to healthcare services and support.

Good



Is the service caring?

The service was caring.

People were happy with the care and support they received from staff who understood their needs and preferences. People were respected, involved in their care and support and their privacy and dignity was upheld.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and reviewed to ensure that any changes accurately reflected the care and support people received. People were supported to follow their interests and maintain links in the community. People knew who to speak with if they had any concerns.

Good



Is the service well-led?

The service was well-led.

The provider had appointed a new manager. Staff were aware of their responsibilities and confident in their roles. Systems were in place to review people's experiences and to monitor the quality of the service provided however, this required some improvement.

Good



Stanford 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 unannounced inspection took place on 23 June 2015. The inspection team included two inspectors.

We reviewed the information we held about Stanford House and looked at the information the provider had sent us. We looked at statutory notifications we had been sent

by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information from the local authority and used this to help us plan our inspection of the home.

During the inspection we met and spoke with all five people who lived at the home. We spoke with the operations manager, three support workers and one visiting relative. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to two people's care. We also looked at how medicine was managed, reviewed complaints, staff training and systems used for monitoring quality.

Is the service safe?

Our findings

People who were able to told us they felt safe and staff treated them well. One person told us, “I get on well with the others. I feel safe, I like it quiet”. Another person said, “It’s a nice care home. I feel safe here. The staff do a good job”. We saw people looked comfortable and relaxed in their home with the staff and other people they shared their home with. People had moved to a newly opened purpose built home on the same site of their previous home. We saw this provided level access throughout and had particularly helped people with mobility difficulties and promoted their independence within a safe environment.

People were protected from the risk of abuse by staff who understood their responsibilities to protect the people in their care. Staff were able to identify different types of abuse and were aware of what action to take in the event of witnessing abuse or poor staff practice in order to keep people safe from harm. A member of staff told us, “I would definitely speak up”. Where allegations of abuse had been made these had been appropriately referred to the local authority, who take responsibility for investigating concerns about alleged abuse. The operations manager told us, “We are transparent and submit referrals into safeguarding, we don’t sit on it”. They told us they had acted on behalf of two people they supported and raised an alert due to anxieties caused by another agency involved in the people’s care.

We saw risks to individuals had been identified, assessed and recorded in people’s care plans. The operations manager told us, “It’s always a balancing act. We empower and promote people’s independence in a dignified and safe environment. We look at every potential risk and how it’s managed”. They shared an example with us of how they had minimised the risks for one individual while they were in the community. A member of staff told us, “As soon as we identify anything that may be of risk to people, we report it to the manager. Risks are assessed and an assessment is put in place and it’s regularly reviewed”. We saw where people’s behaviours challenged the service or other people, support plans were in place to manage risks to themselves or others. These identified any triggers and provided guidance and detailed strategies for staff to follow to ensure risks were minimised as much as possible. We saw the provider had sought specialist input to gain advice and support in relation to one person. This had provided

staff with a better understanding of how to support the person safely. We saw staff had also received training in managing behaviours that challenged to equip them with the skills and knowledge to keep people safe. The operations manager told us that staff reinforced positive behaviours. A member of staff told us, “[Name of person’s] behaviours have significantly reduced in the last 18 months”. They were able to clearly describe the improvements the person had made and how the team supported them and shared examples with us.

People told us there were enough staff to support them. One person commented, “There’s plenty of staff here”. We asked staff whether they felt there were enough staff to provide care and support to people safely. One member of staff told us, “The majority of time staffing levels are OK but people’s behaviour can impact on others getting out. We could do with another member of staff”. Another member of staff told us, “If the needs of the people change, then management review the staffing rotas to be able to meet their needs”.

We saw people were supported by four staff throughout the day. We were told there were two waking night staff to support people each night. People were supported in a calm unhurried manner. We were told hours provided were based on people’s assessed needs. We saw people were funded to receive allocated core support hours to partake in community activities for their and other people’s safety. The home had two staff vacancies and these hours were currently being covered by permanent staff until new staff were appointed. Staff told us this put them under pressure at times due to staff also taking annual leave. The rural locality of the home also presented challenges as staff needed to be able to drive due to the lack of public transport available. We saw people were supported by an established staff team of support workers and senior support workers who had been promoted over time.

The operations manager explained the process in place that ensured only suitable staff were employed to work at the home. They told us, “We can’t just take anybody. The people here are very selective of who they want around them”. They considered the recruitment procedure was robust and safeguarded people and included all of the relevant checks to ensure only suitable people were employed. We spoke with a member of staff who had left the organisation and later returned to work for the

Is the service safe?

provider. They told us they were required to repeat all of the required checks before they commenced working at the home. They said, “I think that’s definitely the right way to do it”.

People told us they got their tablets on time. One person said, “Staff give me my tablets everyday”. We looked at how people were supported with their medicines. We saw people who required prescribed medicines received them when they needed them and this was done safely. We saw most medicines were stored as required. Records were completed correctly and showed that people had received

their medicines when they were required to have them. A member of staff explained the procedure for ordering, securing and disposing of people’s medicines. Care records we reviewed showed regular reviews were held to ensure people received the right medicine in the right quantity. Where medicine had a adverse effect on one person, staff had sourced professional advice in the person’s best interests. Staff told us seniors were responsible for administering people’s medicines and had received training, although they told us this was some time ago.

Is the service effective?

Our findings

One person told us, [Name of keyworker] knows all about me. We get on well". Discussions with staff on duty and the operations manager showed they had an in-depth knowledge of people's needs. The operations manager told us, "I can't sing their praises enough, the staff give it their all. They do an exceptional job with the resources they have". Staff told us they felt supported and received regular meetings with the manager. A member of staff told us, "We have a brilliant staff team. We all pull together as a team, it's absolutely brilliant". Another member of staff said, "I don't wait for supervisions to speak to managers, I tell them when I need to as I know I will be listened to". The operations manager told us, "You can only empower staff if you involve them and put support mechanisms in place". One member of staff said, "I've been asked what training I want to do and I'll be put on courses as soon as they become available". Staff told us they had received training to equip them with the skills and knowledge to carry out their work safely and meet people's individual needs. They said they preferred face to face training rather than E-learning (electronic media) or DVD's. One person told us, "Most staff are equipped with the skills and knowledge" to meet people's needs. A member of staff said, "I could do with refresher training in some areas as I don't remember everything. It's a rewarding job and I really enjoy making a difference". The training plan showed staff had received training to keep people safe in addition to training in diversity and equality. A small number of staff had also received training in dementia awareness and dignity. We were told new staff would be completing the new care certificate as part of their induction training.

We saw people's consent was sought before providing care and support. For example, a member of staff asked a person if they wanted to go to their room to change their clothes. Another person was asked if they wanted to help make drinks in the kitchen. Staff were able to share examples of good practice. One member of staff said, "We always ask people and explain what we are going to do". Staff had received training in relation to protecting people's human rights. The operations manager advised us that one person was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. We saw a record of this on the person's file and staff were aware of the reasons for the person's liberty being restricted. We were told a best interest decision had been made with the person's family

and a health professional in relation to the person concerned. Based on our discussions the operations manager agreed to review if any other person required a DoLS application being submitted for continuous supervision in the community to ensure their safety. One member of staff told us, "People are involved in making decisions themselves. If they are unable to we look to see if others need to be involved". The operations manager said, "We mustn't lose sight of choice, we have to embrace the people's rights and respect for choice and look at how we can empower them and take them to the next level. People are adults in their own rights".

People told us they chose their own food and enjoyed their meals. One person said, "I like the food here, it's nice". They told us they had lost weight through eating healthily and they were clearly pleased with their achievement. We saw people were supported with their nutrition and hydration needs. Their food preferences were recorded on their files. A member of staff told us people's food choices were discussed in weekly key worker meetings held. People told us they were asked what they would like for their lunchtime and evening meals. A member of staff said, "I feel people get a balanced diet. The majority of meals are made from scratch, we don't use packet foods". They described how they had supported a person with making healthy choices for their packed lunches to take to college. We saw people had access to snacks and drinks to include fresh fruit. Staff were aware of one person who required a special diet and gave examples of how they ensured the person's nutritional needs were met. Staff were aware that one person required their food cut up due to a risk of them choking and we saw this in practice at lunch time. The operations manager told us, "We look at people's dietary requirements and promote healthy options".

People saw health care professionals when they needed to. One person said, "I go and see the doctor". Staff told us they had developed excellent working relationships with the local doctor. A member of staff said, "We get medical advice straight away if we feel someone is ill. The doctor is absolutely brilliant and provides a first class service and comes out to see people". Records showed people had regular health checks to monitor and review their health. The operations manager said, "Any changes to a person's health is documented and communicated to staff at staff handovers and in the communication book. We saw this in

Is the service effective?

practice when we joined the handover meeting. During the inspection we saw staff recognised when a person was in pain and acted on this in the person's best interest to ensure they received pain relief quickly.

Is the service caring?

Our findings

People told us staff were kind to them and spoke positively about the support they received from staff. One person said, “I like the staff here, they are nice”. Another person said, “I like all the staff. They make me feel happy because they are happy”. A relative considered staff were caring and they were happy with the care their family member received. They felt staff knew their family member well. We saw people had developed positive relationships with staff at the home and people looked relaxed and at ease with the staff supporting them. Staff took time to listen to people and understood what they wanted. There was a pleasant and relaxed atmosphere in the home throughout the inspection. We saw sensitive and appropriate interactions between people using the service and staff on duty. Staff demonstrated a clear understanding of people's individual needs and preferences and had a positive approach to supporting people.

One person told us, “I like to have my own choice. I choose when I go to bed and what I wear”. People told us they chose their own colour decor before they moved into their new home and were encouraged to personalise their own bedroom in accordance with their own choice. We saw people were supported to make their own choices and decisions. For example, when they wanted to get up, how they wanted to spend their time, the clothes they wanted to wear and the activities they wanted to do. One person chose to remain in bed for most of the morning and staff made regular checks on them to encourage them to get up when they were happy to do so. Another person chose to change their clothing on three occasions and on each

occasion were supported to go to their own room and choose what they wanted to wear. Throughout the inspection staff listened to what people wanted and respected their choices. We saw people were involved in planning and reviewing their care and support and attended their review meetings held. People had designated key workers that were responsible for holding regular one to one meetings with the person they keyworked for. Staff told us these sessions encouraged people to give their opinions regarding their care and say what they would like to be changed.

We saw people were supported to assist with daily living tasks such as their washing, pegging out the laundry and filling the dishwasher. People told us they also helped to keep their rooms tidy. One person was supported in the kitchen to make inspectors a drink. One person said, “I clean the sofas and my own room on a Wednesday.” A member of staff told us, “We encourage people to help with jobs around the house to encourage their independence”.

The operations manager told us, “This is their home and we are visitors and should be mindful. We embed that with the staff. We ask the person how they want to be treated and treat people how they wish to be treated. We all have different values and beliefs”. We saw people were treated with respect and their privacy and dignity was promoted. One person said, “I like to get washed by myself. They help me shave my legs, I do everything else. They don't come in when I'm in the shower”. We saw staff knocked on people's doors and waited to be invited in. Staff were able to share examples of how they promoted people's privacy and dignity. For example, ensuring people's bedroom curtains were closed when assisting with personal care.

Is the service responsive?

Our findings

People received personalised care and support that was responsive to their needs. Staff understood people's preferred communication methods and responded to their needs quickly. For example, when a person indicated to staff that they were in pain, staff ensured they received their pain relief promptly.

We saw people attended meetings with their key workers and their reviews. A relative told us they were, "Very much involved" in their relatives' care. We looked in detail at the care and support two people received. Each person had a personalised plan of care that provided staff with detailed guidance about how to meet the person's needs. Care plans were written from the point of view of the person receiving the care and support. They included people's likes and dislikes. We saw people's needs were assessed, reviewed and monitored and any changes in people's needs were reflected in their care records. People involved in the person's care and the person's relatives attended their reviews. Staff considered people's care records were sufficiently detailed to ensure they provided people with

consistent care and support. The operations manager and staff were able to tell us about people's individual needs and preferences. One person told us they wrote a lot of their care plan themselves.

We saw people chose when they wanted to get up and what they wanted to do. One person told us they had enjoyed a holiday abroad with two other people who shared their home. We were told some people were due to go on holiday in Cornwall shortly. A barbeque party had recently been held to celebrate a person's special birthday and friends from the provider's other homes joined them for the celebration. People were encouraged to maintain relationships with their friends and family and led active lifestyles and took part in a range of activities out in the local community. One person told us, "I go to college, I go swimming and bowling. Sometimes I go to the pub and to the chippy".

People knew what to do if they had any concerns. One person said, "I have no reason to complain as "I am always happy". We saw people had information that was in an accessible format about how to make a complaint. No formal complaints had been received since the last inspection. Discussions held with staff showed they were familiar with the complaints process in the event of receiving a complaint.

Is the service well-led?

Our findings

We saw a range of internal quality audits were undertaken to monitor the service however, not all of these were effective. For example, the audit to monitor medicines held in the home had not taken into account some medicine held in the office on behalf of one person. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and analysed for trends and patterns. These included action points for future learning but did not demonstrate if the actions recommended had been met. A compliance audit had also been completed in November 2014 covering aspects of health and safety, care plans, risk assessments and daily reports. According to the document actions had been completed within the required timescale. We were told the manager had recently been asked to do an internal quality improvement plan to look at areas of the service and how the service can be taken forward.

There were systems in place to monitor and improve the quality of the service. These included key worker meeting, reviews, satisfaction surveys and staff one-to-one meetings with the manager. We saw there were forms available for people to complete about what they thought about the home. These forms were pictorial to enhance people's understanding and also signposted people to other agencies if they were not happy with the service they received.

We saw there was a management structure in place with a team of support workers, senior support workers and the manager who was supported by the operations manager. We saw the people living at the home were very much at ease with the operations manager and the staff on duty. The operations manager was visible to people throughout the inspection and told us they covered shifts if required to support the team. People told us they liked the manager

and said that they could speak with them. One member of staff told us, "I'm very passionate about my work. I love it". There was a positive and friendly atmosphere in the home throughout the inspection. People were supported by an established staff team who were committed to their work and aware of their role and responsibilities. They told us about the arrangements in place to support them and said they were listened to and their views were sought on how the service was run. Both the staff and operations manager were able to share the strengths of the service and areas requiring improvement. Improvements shared with us included developing the garden area to include a sensory garden for people to make use of and possibly employing an activities co-ordinator to organise activities.

One person who lived at the home said, "I like [name of manager], she's really nice. She's the boss!". Another person told us they were able to talk to the manager and that the manager listened to them. Most people told us the manager was approachable and open to suggestions to improve the service. A member of staff told us, "I feel the service is well led. [Name of manager] is a very good manager and has been in our position so she understands how it's run. I'm happy with the management". Staff told us they were happy working at the home and it was the people they supported who motivated them to do a good job.

Staff told us they had developed good links in the community. During the inspection we saw people being supported out into the community for individual activities to include shopping and lunch out.

The operations manager shared the organisations values and said these were discussed as part of staff training. They considered leadership of the home was more transparent and staff were confident to challenge. They said, "I believe staff have to be empowered to have a better understanding to take the service forward". They told us the provider was supportive of the home and was familiar with the names of people when they visited.