

Carmand Ltd

Topaz House

Inspection report

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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: Topaz House is a care home providing personal care and accommodation and treatment of disease, disorder or injury for up to four people, who may be living with learning disabilities and mental health conditions. At the time of the inspection one person was using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Maintenance issues were not always reported to ensure these were addressed promptly. This was rectified during inspection.

Systems of governance and oversight were not sufficiently robust to have identified the issues we found in relation to maintenance. We made a recommendation about governance and oversight in the report.

Appropriate checks to ensure the service and equipment was safe for people were completed.

The environment was warm, welcoming, clean and free from malodours. People had personalised rooms.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe and staff understood how to keep people safe. Staff could recognise and report any safeguarding concerns if they suspected abuse.

Risks to people were well managed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

There was a wide range of opportunities for people to engage in activities and follow hobbies and interests.

People were positive about the staff and told us that their privacy and dignity was promoted.

Care records contained information about people's needs and risks. Preferences and choices were considered and reflected within records.

People were involved in meal preparation and had access to a varied balanced diet. Staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention

when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice.

People and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed. Staff told us they were well supported by the registered manager and management team.

People using the service and staff had the opportunity to feedback about the service. There was a system in place to respond to any concerns.

Rating at the last inspection: Good (published June 2017).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

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 ●

Topaz House

Detailed findings

Background to this inspection

The 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 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 was carried out by one inspector on both days of the inspection.

The service had a manager registered with CQC. 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.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection: The inspection was unannounced.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch England. Healthwatch England are an independent organisation who listen to people's views about local services and drive improvement by sharing those views with organisations who commission, deliver and regulate health and social care services. We also sought feedback from professionals who worked with the service.

We spoke with one person using the service, two members of staff and the registered manager. Following the inspection, we spoke with a health and social care professional.

We reviewed a range of documents. This included one person's care and medicine records. We looked at two staff recruitment and supervision records and documents relating to the management of the service and policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Environmental checks had not always been completed on a daily basis. For example, an uncovered excessively hot radiator, exposed hot water pipes and damage to the seal of a fire door had not been reported. The provider took immediate action to address this.
- New systems to monitor ongoing health and safety issues were yet to be developed.

We recommend the service make regular checks to identify health and safety issues and ensure necessary repairs are made .

- The provider completed assessments to evaluate and minimise risks to people's safety and well-being. Risk assessments had been updated to reflect people's changing needs. People were supported to take positive risks to aid their independence .
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans clearly documented the control measures for staff to follow to keep people safe.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic area.
- The person using the service told us they felt safe and supported by members of staff. They told us, "Yes, I am. I'm able to talk to staff and go to them with any problems."
- The provider operated a safe recruitment process. There were sufficient staff on duty to meet people's needs, enable people to participate in social activities and to attend medical appointments.

Using medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where medication errors were found during audits they were investigated and action taken as needed.
- The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour.

Preventing and controlling infection.

- People were involved and supported to understand and manage risks associated with poor hygiene and

poor infection control practices. Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

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.

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; Adapting service, design, decoration to meet people's needs.

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. People told us, "Yes, I have regular meetings and I can bring up what I want to talk about."
- Staff worked closely with health and social care professionals and the person using the service to ensure their abilities, hopes and preferences were recognised, recorded and shared.
- The premises were designed to provide a homely environment for people. There was no indication Topaz House was a care home; it blended in with neighbouring family properties.
- One person told us they enjoyed the environment and were fully involved in the design and decoration of where they lived. All areas of the service were personalised with photographs and personal items.

Staff support: induction training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed a comprehensive induction and training programme to prepare them for their role. Staff were satisfied with the training they received. A staff member told us, "Yes, there is plenty of training provided."
- The registered manager had systems to understand which staff needed their training to be refreshed and who required supervision.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People had a choice of and access to sufficient food and drink throughout the day. Menus were planned in consultation with people based on their preferences. One person told us, "I like to have a take away at the weekend and sometimes go out for a meal too."
- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness and people were positive about the staff's caring attitude. One person told us, "I like living here and the staff are really good, they are kind and they listen to me."
- Staff spent time to get to know people's preferences and used this knowledge to support the person in the way they preferred. Staff supported the person in a patient and unrushed way, took time to speak with them and showed a genuine interest in how they were feeling and their well-being.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to. One person told us, "I knew about the house rules before I came, they were explained to me and I know the reason for them being there. They are fair and they don't stop me from doing what I want to do."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Staff supported the person to express their views and be involved in making decisions about their care and support. People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence.

- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community.
- People's independence was promoted. They were encouraged to maintain their independent living skills. For example, taking an active role in their local community and accessing community-based groups.
- Staff supported people's independence, care records informed staff about the tasks people could complete independently.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People's rights to privacy and confidentiality were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The provider developed a care plan for each person with information on different aspects of their care and support. The information was kept under regular review and updated in line with any changes needed.
- People were empowered to make choices and have as much control and independence as possible, including in developing care and support plans.
- People's needs were identified, including those relating to protected equality characteristics. The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People's feeling of wellbeing benefitted from the staff promoting social events, gaining access to the community, and taking part in activities based on their preferences.
- People were supported to promote good health. Staff worked with health and social care professionals to maintain people's well-being.

End of life care and support.

- The registered manager worked with people during the review process to obtain their views and wishes. They explained that when required, people would be supported to make decisions about their preferences for end of life care.
- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

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.

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: Continuous learning and improving care.

- Quality assurance systems to ensure the service was consistently monitored and being driven forward needed to be further embedded into practice to ensure improvements were made to benefit the person living at the service. Systems for quality monitoring required strengthening to identify all shortfalls and support effective improvements.

- The registered manager welcomed opportunities to learn and develop. Throughout the inspection they were highly responsive.

- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

- The registered manager worked to develop the staff team so that staff at all levels understood their roles and responsibilities. They were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.

- Staff and the person using the service spoke positively about the registered manager. They told us, "[Name of registered manager] is very good, I see him often and he always makes time for me."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.

- Management were approachable and supportive of the staff team. A member of staff told us, "I can go to them with any issues or concerns."

- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continually improve the service.

Working in partnership with others.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people. This included, local community groups and work experience opportunities.

- Management worked in partnership across provider groups and local authorities and commissioners.

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