Clandon Care Limited

# Clandon House

## Inspection report

21 Clandon Road
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This unannounced inspection took place on 20 May 2016. The service was last inspected in September 2014 and at that time was meeting the regulations we looked at.

Clandon House is a three bed service providing support and accommodation to people who need support to maintain their mental health. It is a large house in a residential area close to public transport and other services. The house does not have any special adaptations but the ground floor is accessible for people with mobility difficulties. People lived in a safe environment which was suitable for their needs.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People were safe at the service. They were supported by caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible.

People received their prescribed medicines safely and appropriately. Medicines were administered by staff who were trained and assessed as being competent to do this.

People were supported by staff who had the necessary skills, knowledge and training to meet their assessed needs, preferences and choices and to provide an effective and responsive service.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed both in terms of their physical and mental health needs. A health and social care practitioner told us that this was an excellent service and that staff managed people's very complex needs well.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

People were happy with the food provided and this met their cultural needs. They were encouraged to eat a healthy diet.

People were involved in developing their care plans and in agreeing how they should be supported. They were supported to make choices about their care. Systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty.

The registered manager and the provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs. A health and social care practitioner told us that

the service "wants to do things properly."

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible both in the community and in the service.

Systems were in place to support people to receive their medicines safely.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

### Is the service effective?

Good

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

People enjoyed their meals and were supported to have a healthy nutritious diet that met their cultural needs.

### Is the service caring?

Good

The service was caring. We saw that staff supported people appropriately and respected their privacy and dignity.

People were supported by a small consistent staff team who knew them well.

People were encouraged to be as independent as possible and

maintain contact with their family.

People's cultural and religious needs and wishes were identified and they were supported to meet these.

## Is the service responsive?

Good

The service was responsive. People received individualised care and support and were encouraged to make choices about what they did and how they were supported.

People's healthcare needs were identified and responded to. The signs that a person's mental health might be deteriorating were identified. Staff knew the action to take when this happened.

People were supported and encouraged to raise any issues that they were not happy about.

## Is the service well-led?

Good

The service was well-led. The staff team worked in partnership with relevant health and social care practitioners.

The registered manager monitored the quality of the service provided to ensure that people's needs were being met and that they were receiving a safe and effective service.

The management team provided clear guidance to staff to ensure that they were aware of what was expected of them.

# Clandon 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 20 May 2016. At the last inspection on 5 September 2014 the service met the regulations we inspected.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection. We also spoke to a community mental health nurse and two social work practitioners.

During our inspection we met and spoke to all three who used the service and observed the care and support provided by the staff. We spoke with three members of staff, the registered manager and one relative. We looked at three people's care records and other records relating to the management of the home. This included two sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

Good

# Is the service safe?

## Our findings

People received a safe service. Health and social care practitioners told us that they did not have any concerns about the service provided and felt that people were safe there. One said that the independent advocate had no concerns either.

We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. Risk assessments were up to date and were relevant to each person's individual needs and included warning signs that their mental health might be deteriorating. A health and social care practitioner told us that staff were knowledgeable and aware of the risks in relation to their client [person who used the service].

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure that people were safe. There was a consistent staff team and any absences were covered by the staff and regular relief staff. This meant that people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety. A social care practitioner told us that staff had raised appropriate concerns with their team when necessary and worked with them to promote the persons safety.

Medicines were ordered, stored and administered by staff who had received medicines training. Their competency was assessed and monitored by the registered manager to ensure that medicines were administered safely. Medicines were securely and safely stored in an appropriate metal cabinet. There was a facility to store controlled drugs but at the time of the visit none of the people were prescribed controlled drugs.

Appropriate arrangements were in place in relation to the recording of medicines. We saw that the medicines administration records (MAR) had been appropriately completed and were up to date. This meant that there was an accurate record of the medicines that people had received. Therefore healthcare practitioners would have the necessary information to effectively review people's medicines. Records also included protocols to guide staff as to how to administer medicines that were prescribed on a 'when required' basis. The systems in place ensured that people received their prescribed medicines safely.

There was a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files for two members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom. People were protected by the recruitment process which ensured that staff were suitable to work with people who

need support.

Staff felt that the staffing levels were sufficient to assist and support people safely. There were times when only one member of staff was on duty. However this was risk assessed and changed if the need arose. Staff told us that they felt that this was safe. One member of staff said, "I feel safe on my own as I know the residents and how to manage them." They added that when they first started work at the service they did not work the night shift. When they did start to do this another member on staff was on duty with them and the registered manager was also there to support and guide them. The registered manager had then checked that they felt confident to work on their own. For specific activities some people required one to one or even two to one support and this was facilitated. From our observations and discussions we found that staffing levels were sufficient to meet people's needs.

The provider had appropriate systems in place in the event of an emergency and was available for additional support or advice if needed. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. This meant that systems were in place to keep people as safe as possible in the event of an emergency arising.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

People lived in a safe environment that was suitable for their needs. None of the people who used the service required any specialist equipment. Records showed that other equipment such as fire safety equipment was available, was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use. We found that gas equipment had been maintained and serviced but there was not a gas safety certificate. We discussed this with the registered manager and they have arranged for this to be done.

Good

# Is the service effective?

## Our findings

People who used the service and health and social care practitioners were positive about the service provided. One person said, "It's okay here. The staff are okay and help me." A social care practitioner commented, "Excellent service. I would not hesitate to refer other people to them." Another said, "The care home is really good. They are managing my client very well and that is not an easy job."

People were supported by a small consistent staff team who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Staff told us that training was good and was the right training to enable them to support people appropriately and safely. Training included mental health awareness, health & safety, safeguarding adults, medicines and the Mental Capacity Act 2005. In addition some staff had completed National Vocations Qualifications (NVQ) and others were working towards this. The registered manager told us that they had secured funding for all staff, including themselves, to complete the care certificate in July 2016. The care certificate is a framework for good practice for staff induction across health and social care settings. Although it is designed primarily for new staff it also offers opportunities for existing staff to refresh or update their knowledge. A healthcare practitioner told us that they felt staff were knowledgeable. People were supported by staff who had received the necessary training to provide a service that met their needs.

Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). A member of staff told us, "I have supervision every month. We talk about coping with the job, clients, any issues and well being." Another said, "At supervision we talk about residents and they advise on how to deal with problems." Systems were in place to share information with staff including a communication book and handovers between shifts. Monthly staff meetings were held and this gave staff the opportunity to discuss the service provided and to share information. Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received MCA and DoLS training and were aware of people's rights to make decisions about their lives. People who used the service had the capacity to make some decisions about their care and were encouraged and supported to do this. We saw that people who were able to, had signed their care plans and

other documents indicating their knowledge of and agreement with these. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit this was necessary for one of the people who used the service.

People were supported and encouraged to maintain good health and had access to healthcare services. People saw professionals such as GPs, dentists, community psychiatric nurses (CPN), social workers and psychiatrists as and when needed. They were supported to attend appointments and meetings with healthcare professionals. A healthcare practitioner told us that their client had complex physical and mental health needs and that the service managed these very well. Details of medical appointments, why people had needed these and the outcome were all recorded. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

People were provided with a choice of suitable, nutritious food and drink and they told us that they were happy with the meals provided. They chose what they wanted to eat and the menu included fresh food, fruit and vegetables. They had access to drinks and snacks when they wanted.
We saw that when there were concerns about a person eating food that was potentially damaging to their health this had been discussed with them and appropriate professionals. Staff monitored the person's health and encouraged them not to do this. However, the person had the capacity to make this decision for themselves and chose to continue.

One person needed additional support to make choices about their food and staff showed them the food and let them choose what they wanted. On some days the person ate independently and on others needed staff assistance. At lunchtime we saw that staff sat with the person and encouraged them to eat, checked that they were okay, offered drinks and when needed gave some physical assistance. People were supported to be able to eat and drink sufficient amounts to meet their needs.

Clandon House was a terraced house in a residential area close to local services and transport links. There were no environmental adaptations but there was a ground floor bedroom with shower facilities that could be used by a person who was less mobile. The environment met the needs of people who used the service.

Good

# Is the service caring?

## Our findings

Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate deterioration in their mental health or overall well being. Throughout the inspection we observed staff speaking to people in a polite and professional manner. We saw people were treated with dignity and respect. One health and social care practitioner told us staff were kind and caring and ensured people's needs were met. Another said that staff "go the extra mile."

People were encouraged to be as independent as possible and to participate in the day-to-day running of the service. People's ability and willingness to do this varied from day to day in line with fluctuations in their mental health and staff worked flexibly to accommodate this. For one person this meant that although they could use the shower independently staff had to support them by prompting and encouraging them to wash whilst in there.

Staff were very aware of the need to maintain people's privacy and told us some of the ways that they did this. For example, ensuring that help with personal care was provided in the persons own room with the door and curtains closed or just giving people some time on their own.

Staff were aware of people's individual cultural needs and supported them to meet these. For example, by providing culturally appropriate food or supporting people to attend places of worship.
A member of staff said that one person was supported to go to their place of worship when they wanted to and to visit their family for religious celebrations.

People were encouraged to express their views and wishes. For one person this was becoming more difficult and they received ongoing additional support with any specific issues from an independent advocate. This helped to ensure that any decisions or choices made were in their best interest.

People were supported to maintain relationships with their family and families were welcomed to visit the service. For example, one person was supported by two staff to visit their family every two weeks.

Staff respected people's confidentiality. They treated personal information in confidence and were aware of the importance of maintaining confidentiality. Confidential information about people was kept securely in the office.

The service had not provided end of life care so far. The registered manager told us that there was an end of life care policy and if the need arose they would support people.

Good

# Is the service responsive?

## Our findings

People received individualised care and support that was responsive to their needs. One health and social care practitioner told us that staff were responsive to people's very complex needs and that they took the necessary action to address issues and any incidents that occurred. Another told us that the service was excellent and had persevered with supporting a person who exhibited very difficult behaviours.

Prior to people using the service detailed information was obtained from relevant health and social care professionals. The registered manager also carried out an assessment of their needs and identified risks and a decision was made as to whether the service could meet these. From this information, personalised care plans and risk assessments were developed. A health and social care practitioner told us that in their opinion care plans were very good. People's care plans were personalised and contained assessments of their needs and risks. People who used the service were involved in developing and reviewing their care plans and those that were able had signed these in acknowledgment and agreement with the contents.

Care plans were 'working' documents that were reviewed and updated when needed. They contained information on signs that people's mental health could be deteriorating and how to respond to different situations. For example by using distractions such as going for a walk, listening to music or using the iPad. Staff were very knowledgeable about the people they supported and how best to respond to their individual needs and different behaviours. They said that they felt confident in doing this because they had received clear guidance and information from the management team. However, some of the information in people's care plans was not detailed. For example, for one person the care plan stated to assist them with personal care and with eating but did not clarify what assistance was needed. We discussed this with the registered manager and they said that they would amend the necessary points in the care plans to reflect the support that staff were actually providing. People had individual discussions with their key worker and information from these discussions was used to update care plan and risk assessments. A key worker is a named member of staff who is linked to the person and takes responsibility for developing and coordinating their care plan. Notes from these meetings and daily notes detailed what people had done, how they were feeling and how staff addressed any issues that arose.

People chose what they wanted to do each day. One person said, I go out every day and staff take me to work." Another person chose to spend most of their time in their room and went out independently when they wanted to. People from this service and another of the provider's services had been on holiday together last year and were planning for another this year. A social care practitioner told us that staff were helping one person to get a passport so that future trips abroad would be an option. People were encouraged to go out and to be active within the service.

We saw that the service's complaints information poster was displayed in a communal area. It contained contact details for CQC and also for an advocacy service. People were supported and encouraged to raise any issues that they were not happy about. One person told us, "I talk to [one of providers] when I am not happy." A member of staff said, "They [providers] always take everything seriously and action things as soon as they can." People benefitted from a service that listened to and addressed complaints and concerns.

Good

# Is the service well-led?

## Our findings

One of the providers was also the registered manager of Clandon House. There were clear reporting structures and both providers worked shifts at the service. This ensured that they had a good oversight of what was happening in the service. Staff told us that the providers were accessible and approachable and provided clear guidance about how they should carry out their duties. They said that they felt well supported. One member of staff said, "The management are caring towards all. They give lots of information, updates, leaflets and examples of how to deal with things." Another said, "We can always ring if there are any problems and one of them will be here within a couple of minutes."

The staff team worked in partnership with relevant health and social care practitioners. A health and social care practitioner told us that their team had a good working relationship with the service and that the registered manager kept them updated on any issues. Another said that the service was transparent and supportive when working with social services.

We found that the registered manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service and staff. Formal systems included audits and checks of medicines, records and finances. The registered manager also monitored staff competency through observation and by discussion with them. Therefore, people were provided with a service that was monitored by the registered manager to ensure that it was safe and met their needs.

Systems were in place to get feedback about the service provided. The providers met with relatives when they visited and at review meetings. They also attended appointments with people and used the opportunity to get feedback from other professionals. In addition they got feedback from people who used the service, staff and other relevant people by means of an annual quality assurance questionnaire. We saw that in response to a questionnaire one person had said they were not happy with the food. This was discussed with the person and changes made to include rice in the menu each day. People were involved in the development of the service. They were asked for their opinions and ideas at individual meetings with their keyworker and at reviews. A member of staff told us, "They [providers] are always looking for improvements and welcome comments." People used a service were they were listened to and their views and wishes taken into account.