

Clarendon Wellbeing House Ltd

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Inspection report

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31 May 2023

06 June 2023

14 June 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Clarendon Wellbeing House is a 'supported living' service that provides personal care to people who have a learning disability and autistic people. The service accommodates a maximum of 4 people. At the time of our inspection, there were 4 people living in the supported living setting. Each person has their own room with a shared lounge, garden, kitchen and dining area. The service provides 24-hour staff support. Most of the staff team had been working at the service since the service began in 2019 and everyone knew each other well.

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

Right Support:

Staff supported people to achieve people's aspirations and goals and focused on their strengths, this helped people to develop and learn new skills. Staff also supported people to have a choice about their living environment and were able to personalise their rooms.

There were appropriate amount of trained staff working at the service, which met people's individual support needs. The provider ensured that staff were recruited safely and had the right skill mix to support people who used the service. Staff supported people with their medicines and promoted people's independence as much as possible. The service also took measures to help prevent the spread of infections.

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

Right Care:

Staff understood people's cultural needs and provided culturally appropriate care. People spoke positively about the service and told us that they were treated with kindness and their privacy was respected.

People's support plans and risk assessments were well detailed and written in a person-centred way that people understood. Relatives were very positive about the service that people received.

People were supported to take part in activities and interests that were tailored to them. The staff supported

people with new opportunities and to try new activities.

Right Culture:

People told us that they felt inclusive and empowered because of the attitudes and behaviours of the management and staff team. People received good quality care and support, as staff were trained to meet people's needs and wishes.

The staff turnover at the service was low, which supported people to receive consistent care from staff who knew them well. People and those important to them, were involved in planning their care.

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

Rating at last inspection

We last inspected this service on 4 November 2021 where it was rated requires improvement. (Published 10 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon Wellbeing House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clarendon Wellbeing House Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and Service Type

Clarendon Wellbeing House provides care and support to people living in a shared house. The provider has one 'supported living' setting. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The provider was given 20 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the service to support the inspection.

Inspection activity started on 31 May 2023 and ended on 12 June 2023. We visited the supported living on the 31 May 2023, 06 June 2023 and the 14 June 2023.

What we did before the inspection

We reviewed information we received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager and the nominated individual. We reviewed a range of records. This included 4 people's care plans, which included risk assessments, 4 recruitment records, 2 quality audits, 3 daily records, and staff training records. We spoke with 1 person and 3 relatives of people that used the service and 4 care staff.

We reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records and safeguarding records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to ensure recruitment of staff was managed safely. This was a breach of Regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The provider conducted checks on staff to ensure that staff were recruited safely and that staff had the right skills and experience to meet people's individual support needs. The checks consisted of a pre-employment check, which were completed to ensure staff were suitable for the role. This also included employment references, proof of identification and right to work in the UK. Disclosure and Barring Service (DBS) checks had also been completed. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- People and their relatives told us that there were regular and familiar care staff that worked at the service. One relative said, "The service has regular staff. At times there have been some new staff but this is not often."
- During the inspection, we reviewed the staffing rota, which confirmed that the service had enough staffing, to support people safely. This also included one-to-one support so that people could access the community to carry out their activities.
- The provider ensured that all new staff received an induction and training. This ensured that staff knew how to support people safely and to deliver their care in the way that people had chosen. One staff told us, "When I first started at the service, the manager completed an induction with me which covered the support need of the [people] who lived at the home. This also included safeguarding and other training that I needed to complete."

Systems and processes to safeguard people from the risk of abuse

- The provider ensured that staff received up to date training on how to identify and report abuse. During our inspection, we reviewed the staff training records and spoke with staff who confirmed that training was up to date.
- People told us that they felt safe at the service. One person told us, "I like it here, it's nice. The staff help me when I ask for support. I can talk to them if I need any help with anything."
- People and relatives had safeguarding information in a format that they could use, and they knew how to raise a safeguarding concern.

- The service had up to date policies and procedures in place that helped to identify risks to people. People's risk assessments were also reviewed on a regular basis by staff to ensure people were safeguarded from risks of abuse.

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

- People's needs and risks were assessed appropriately, and support plans were developed to ensure that staff were clear on how to give safe care to people. People were also involved in managing risks to themselves and making decisions about how to keep safe.
- People and relatives told us that they participated in reviewing support plans. One person said, "Staff ask me what I want to do and places I want to visit, then they will write it in my plan." One relative also told us, "I was involved with the assessment and support plan at the beginning when my [relative] moved in, also the manager will always contact me if there are any changes to my [relative] needs or if there were any concerns."
- The provider had systems in place to assess the environmental risks, which helped to ensure that the environment was safe for people and staff. For example, those risk assessments covered, fire and trip hazards and risks for people and staff using equipment.

Using medicines safely

- People received support from staff to receive their prescribed medicines safely. People we spoke to confirmed that staff supported them to take their medicines in a private room if they chose to do so.
- People told us that staff have supported them to make their own decisions about medicines. One person said, "Staff have helped me to become more independent with taking my [medicines]. I am now able to do this by myself, however I can also ask for staff support if I wanted to."
- We reviewed people's medicine administration records (MAR) and saw these had been correctly completed by staff.
- People received regular medicines reviews from their health professionals. This ensured that people received the right medicines to help keep people healthy and safe.
- The provider had a medicines policy in place and staff were trained and assessed before they administered medicines to people.
- The registered manager completed regular medicine audits, to ensure errors or concerns were identified and addressed appropriately.

Preventing and controlling infection

- The service had effective systems in place for the prevention and control of infection.
- All staff were trained in infection prevention and control, including the correct use of PPE, which staff and training records confirmed had been delivered.
- The registered manager told us that staff carried out weekly audit checks to ensure that the service had the right amount of PPE in stock.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's governance framework failed to identify shortfalls or address how improvements could be made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The provider told us how they had developed their recruitment process since the last inspection, which we found were robust to ensure staff were employed safely to work with vulnerable people.
- During our inspection, we looked at the provider's IPC systems and practices, which we were assured that the service was following the correct IPC guidelines.
- We found that the provider's medicines systems were managed safely, and audits were completed to ensure medicines were being managed safely.
- The registered manager had the skills and experience to perform their position well. Staff also confirmed that they felt supported by the management team and had opportunities to develop their skills.
- The provider's governance system worked appropriately, which helped analyse any learning that were needed to help improve the running of the service. This consisted of regular audits being completed by staff and the provider.
- The service had policies and procedures in place, which reflected good practice guidance and legislation. Those were reviewed regular to ensure they were up to date.

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

- Staff told us that the management team were visible and approachable. One staff said, "I feel confident that I can raise any concerns to my manager."
- People and most relatives were positive about the management and staff team. For example, one person said, "I can talk to the manager or the staff any time I need to. The staff are kind to me, and they will support me with the things I need help with."
- People received a person centred care that meet their spiritual needs and beliefs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was clear of their registration requirements with CQC and of their duty of candour. One relative told us, "I am always informed by the manager if something has happened with my [relative]. If I have any questions or concerns the management will always come back to me with the information that I have asked for."
- The provider policies and procedures were in place and had up to date information. The staff team understood their roles, and responsibilities in regard to duty of candour. One staff told us, "My manager will update the team of any changes, also as part of our induction training, we cover how to respond to any concern or complaints."
- As part of the provider's monitoring and processes systems they carried out audits and spot checks. This was to help improve and develop the running of the service.
- The service had systems in place to review accident and incident forms, which were completed by staff and sent to the management team, to review and action the necessary steps to help prevent re-occurrence. The learning from them were also fed back to the staff team.
- The registered manager told us that they kept up to date with national policy to help with improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff supported and encouraged people to be involved in the development of the service. This was done by holding meetings to share ideas on new activities and changes to their living environment. One person told us, "The staff will ask me for my views on any changes around the service. Also, when I moved in I was able to choose the colours that I wanted."
- The provider obtained feedback from people and family members to help develop the service. The information was used to make changes and to develop the service.
- The service worked well in partnership with other agencies such as, health and social care organisations and they knew how to access the advocacy service if people were to need this support. A health professional told us, "Clarendon house has been in contact with our team for some years now and the [registered manager] has arranged yearly oral health training for her team and has shown genuine concern and commitment for the oral health of [people in their care]. [The service] has also completed referrals forms for [people] to receive dental care."