

Freeways

Clevedon House

Inspection report

70-72 Clevedon Road
Weston Super Mare
Somerset
BS23 1DF

Tel: 01934624836
Website: www.freeways.org.uk

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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

About the service

Clevedon House is a residential care home providing accommodation and personal care to up to 11 people. At the time of our inspection there were 9 people using the service.

The care home specialises in the care of people who have a learning disability and autistic people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People 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.

People lived in a residential area of Weston Super Mare. This enabled them to easily access their community for leisure and work.

People were able to make choices about their day to day lives and how they wished to spend their time.

People received very personalised care which was built around their needs and wishes. This enabled people to gain independence and follow their own interests.

People were supported safely with their medicines. Some people were able to self-administer their medicines following risk assessments.

Right Care:

People felt safe at the home and with the staff who supported them. People looked comfortable and relaxed in their environment.

Risk assessments were carried out to promote people's safety and wellbeing. Staff worked with other professionals to make sure people received the care and support they needed.

People were supported by adequate numbers of staff to meet their needs and support them in their chosen social activities.

Right Culture:

People were supported by a registered manager and staff team who treated everyone as an individual. Care provided was person centred which enabled people to follow their own routines and interests.

People were happy at the home. They told us they felt well cared for and 'at home.'

Staff were well motivated and cheerful which provided a happy and comfortable atmosphere for people to live in.

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

Rating at last inspection.

The last rating for this service was good (published 21 December 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led.

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 not changed from good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clevedon 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.

Clevedon 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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Clevedon House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clevedon House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received from, and about, the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity which took place on 19 July 2023 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at the home. We also spoke with 2 members of staff and 1 visiting professional. During the visit we observed care and interactions between people and staff in communal areas. This helped us to understand the experience of people who did not wish to speak with us.

We looked at a number of records relating to people's individual care and the running of the home. These included, 3 care plans, 2 staff files, minutes of meetings and quality monitoring audits.

The registered manager was available throughout the inspection and a senior manager from the organisation visited to speak with us.

After the inspection 3 members of staff provided written feedback to us.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person told us, "I feel safe knowing staff are here." Another person said, "I feel safe. Nothing nasty going on. We have a safeguarding person."
- There was a happy and homely atmosphere and people looked very relaxed. We saw kind and caring interactions between staff and people.
- Staff spoken with knew how to report any safeguarding concerns. They were confident action would be taken to protect people if concerns were reported.
- The registered manager investigated all safeguarding concerns and worked with appropriate agencies to make sure people were protected from abuse.

Assessing risk, safety monitoring and management

- People were able to pursue their interests and hobbies with minimum risk to themselves and others. Risk assessments were completed and acted upon.
- Risk assessments helped people to be independent. For example, assessments had been carried out to support people to access their community, with and without staff support, and to use public transport.
- People received their care safely because staff worked with other professionals to ensure they received the right support. This included working with speech and language therapists to make sure people received an appropriate diet and support with eating and drinking.
- People lived in an environment where risks were assessed and managed to promote the safety of people and staff. There were regular checks and maintenance of the building including checks on fire detecting equipment and hot water temperatures.

Learning lessons when things go wrong

- The registered manager used incidents and concerns to make sure lessons were learnt and improvements made. This had included additional training for some staff.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People had access to staff to support them with personal care, and to enable them to take part in social activities and access community facilities.
- The provider followed safe recruitment practices to make sure people were cared for by suitable staff. The provider carried out appropriate checks on new staff and sought references.
- All new staff shadowed more experienced staff when they began to work at the home. This enabled people to become familiar with new staff and for staff to understand how people liked to be supported.

Using medicines safely

- People received their medicines safely from staff who had received specific training and had their competency assessed.
- Medication administration records were signed by staff when medicines were administered or refused. This enabled the effectiveness of medicines to be monitored.
- In addition to administration records, staff recorded stock balances on separate sheets. Records we looked at did not always correspond to amounts recorded as received on the administration records. We discussed this with the registered manager, and they gave assurances that any discrepancies in recording would be looked into.
- People's independence was promoted. Where people chose to administer their own medicines, staff supported them to do so in accordance with individual risk assessments.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some equipment in bathrooms would benefit from replacement to ensure good infection control was promoted. We discussed this with the registered manager who gave assurances some items would be replaced.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- People were able to have visitors at any time and to go out with friends and family.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were applied for, to deprive a person of their liberty.
- At the time of the inspection no one was being cared for under the Deprivation of Liberty Safeguards, although applications had been made for people who required this level of protection to keep them safe.

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.

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

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

- The registered manager and provider promoted a person-centred culture. People were able to follow their own routines and pursue their interests. People were able to choose when they got up, when they went to bed and how they spent their day.
- There was a positive culture which enabled people to be independent and active members of their community. One person told us about their employment and others said they belonged to local clubs.
- People were supported to make choices. At lunch time we saw people prepared snack meals of their choosing. Where people required support, this was provided on an individual basis.
- Staff were well motivated which created a happy and inclusive atmosphere for people to live in. One person said, "Staff are nice and always happy." Another person commented, "It feels like family."
- The registered manager was open and approachable, and people said they could always discuss issues with them. One person said about the registered manager, "She's nice. You can always talk to her." Another person said if they had any worries they would not hesitate to talk with a member of staff or the registered manager.

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

- The registered manager led by example to promote good quality care and support to people. They had an excellent knowledge of people who lived at the home, and staff.
- People were happy with the care and support they received. One person told us, "I feel well looked after and safe here." Another person said, "I wouldn't change a thing. I am happy with everything."
- The provider had systems in place to monitor the quality of the service. There were regular audits to monitor care and highlight shortfalls. This enabled the provider to plan and implement improvements. Records showed changes were actioned in a timely way.
- There were systems to identify and mitigate risks. For example, there was a fire risk assessment which was last reviewed in June 2023. Staff had received training in fire safety, and everyone had a Personal Emergency Evacuation Plan (PEEP.)

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

- Staff worked in partnership with people to enable them to achieve their goals and have a good quality of

life. One person told us, "They do a care plan with you."

- People and staff had links with local organisations to make sure people were able to access leisure and education facilities in accordance with their wishes.
- The staff worked in partnership with other professionals to make sure people received the care and support they needed. People told us that some professionals visited the home and staff helped them to access other services.
- A medical practitioner visited the home on a weekly basis which gave everyone an opportunity to have their healthcare needs monitored and reviewed.
- Staff told us they worked well as a team and there was good communication. Staff were able to share ideas and suggestions at regular team meetings and one to one supervision. One member of staff said, "I always feel listened to."
- There were meetings for people and staff which enabled everyone to make suggestions and receive information about any changes.