

Empowering U Care Limited Claremont House

Inspection report

John Harper Street
Willenhall
WV13 1RE
Tel: 01902 603770
Website

Date of inspection visit: 23 September 2015
Date of publication: 20/11/2015

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 announced and took place on 23 September 2015. Claremont House provides community support and personal care to people with learning disabilities or autistic spectrum disorder in their own homes. At the time of our inspection there were 40 people receiving the service.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe with the staff that provided their care. Staff were aware of their responsibility to keep people safe and report any concerns to protect people from the risk of abuse. People had personalised care plans and risk assessments in place that detailed their support and health needs and staff knew how to support people safely when providing care.

Summary of findings

People received care and support from staff who knew them well. Staff received training and support from the provider to ensure people's social and health care needs were met. Staff had the skills and knowledge to meet people's needs. The provider ensured staff were safely recruited and new staff received a thorough induction and shadowing opportunities before providing care on their own.

The provider took appropriate action to protect people's rights and all the staff were aware of how to protect the rights of people. Staff ensured people consented to the care they received

People told us staff were very kind and caring. People received care from a consistent staff group which ensured a continuity of care. People said their dignity and privacy was always respected by staff and that they were supported by staff to maintain their independence.

People said they received a service which met their needs. People said they felt fully involved in their care planning process and any requests were responded to positively by the provider. Changes in people's needs were identified quickly by the provider.

The provider listened to people's views and feedback and was committed to continuous improvement. There were processes in place to continually monitor the quality of service people received. Staff said they were very motivated and felt valued by the provider. They said the management team were very supportive and they were provided with training and supervision which enabled them to provide a high quality service to people.

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.

People were safe because staff understood their responsibilities to protect people from the risk of abuse. Risks to people were assessed and managed safely. There were sufficient staff recruited who had the skills, knowledge and training to care for people. People were prompted where required to receive their medicines and medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were trained appropriately to ensure they had the skills and knowledge to meet people's needs fully. People's rights were protected because staff were aware of how to protect people's choices and rights. People were supported to access healthcare professionals as required.

Good



Is the service caring?

The service was caring.

People told us staff were kind and caring. People said their dignity and privacy was respected at all times and they felt fully involved in making decisions and choices about how their care was delivered.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans were in place. Changes in people needs were identified quickly and appropriate action taken. People and their relatives had the information required to raise concerns or complaints should they need to.

Good



Is the service well-led?

The service was well-led.

People were supported by a committed and skilled staff team. People said the managers and staff were friendly and approachable. Staff told us they felt valued and supported by the provider and felt confident to raise any concerns they may have. Quality assurance systems were in place to monitor the quality of care people received.

Good



Claremont 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 inspection took place on 23 September 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Prior to our inspection we looked at the information we held about the service. This included any statutory

notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We contacted the local authority for information they held about the service.

During our inspection we contacted 10 people and their relatives and spoke with six people who received a service from Claremont House by telephone. We also spoke with the registered manager and contacted seven staff members and spoke with four staff members. We contacted three social care professionals and spoke with one person.

We reviewed a range of records about how people received their care and how the domiciliary care agency was managed. These included four care records of people who used the service, four staff records and records relating to the management of the service such as monthly audit checks.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person said, “I have 24 hour support I trust the staff and feel safe with them.” Another person told us, “Staff are absolutely brilliant, I feel safe in their care because they know me very well and they care.” One relative told us, “I don’t have any concerns I know [person’s name] is safe with the staff.”

We saw a safeguarding policy was available and staff were required to complete safeguarding training as part of their induction into the company. One staff member said, “We learnt about abuse and what to do during our induction process.” We spoke with staff about identifying and reporting alleged or potential abuse. Staff were clear about their responsibilities and the actions they would take to support people if they suspected abuse to ensure people remained safe. One staff member told us, “I would speak immediately to the manager or ring the out of hour’s number.” Another staff member said, “I would report any concerns straight away I feel confident the manager would deal with it appropriately.” We spoke with the registered manager who demonstrated they had a detailed understanding on how to protect people from potential abuse and make referrals to the Local Safeguarding Authority to keep people safe.

One relative said, “We were involved in all aspects of developing the risk assessments and we see staff using the equipment for [person’s name] correctly.” People and their relatives told us assessments were undertaken to determine the level of risk in order to keep people safe. We looked at records and saw potential risks had been identified and guidance to staff was detailed to ensure care was provided safely. Some people had restricted mobility and information was provided to staff about how to support people transferring in and out of chairs or moving around their home safely.

All the people we spoke with told us staff were always on time and stayed the expected length of time for their visit. One relative told us, “It’s always the same carers and they always turn up on time, I have no concerns whatsoever the

service has been great.” One person said, “I have 24 hour support and I am matched with my carers, they are mostly the same people. I am never left, staffing is great.” People told us and records we saw demonstrated that there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by the numbers and requirements of people using the service. We found the registered manager covered staff leave without impacting on the continuity of the service to people. One relative said, “We have four consistent carers and it’s always someone who has been before if a shift needs covering to maintain consistency.” The registered manager informed us that the agency did not have any missed visits. We saw that there were effective systems in place to ensure visits were not missed. On the rare occasion where staff were going to be late to attend a visit they contacted the agency and contact was made with the person to keep them informed, staff remained with the person until staff arrived. This was confirmed by people we spoke with who used the service. One person told us, “Staff will stay with me, I am not left on my own.”

We looked at four staff member’s files and saw the provider had undertaken appropriate checks to ensure staff were safe to support people. Staff told us and records we saw demonstrated that the provider had undertaken the appropriate pre-employment checks, which included assessment of staff’s suitability for the role during the recruitment process. We saw evidence of the questions staff were asked at interview which were appropriate to the role. We saw references were sought and disclosure and barring checks (DBS) completed. DBS checks help employers reduce the risk of employing unsuitable staff.

People told us they were happy with the support they received with their medicines. One relative said, “Staff prompt [person’s name] with their medicine I have no concerns whatsoever.” Staff were able to describe how they supported people with their medicines. One staff member told us, “We have had training, I feel competent with supporting people with their medicine.” Discussions with staff and records confirmed staff had been appropriately trained to support people with their medicines safely.

Is the service effective?

Our findings

People and relatives spoke positively about the staff and said they were well trained. One person said, “Staff are very good they are very well trained and offer me support and help, I have improved so much, I am much more confident and stable and that’s because of the support I get from staff.” One relative told us, “Staff are trained appropriately, they are very knowledgeable.” People and their relatives told us they were introduced to their carers before they started visiting them. They also said any new carers shadowed experienced staff before providing support on their own. Everyone we spoke with said they thought their carer’s were matched to them personally. We spoke with the registered manager who confirmed people had a thorough personalised assessment completed prior to coming to the service to ensure staff were able to meet their needs appropriately. They said they spent time with people to discuss what support was required and determine what people enjoyed doing in order to match staff to people individually. Staff we spoke with told us where they required additional training to support a person’s needs this was arranged quickly by the registered manager for example, supporting people to receive a nutritious diet.

All the staff we spoke with told us they felt fully supported by the registered manager and their team. One staff member said, “I love working for [providers name] I get loads of support and someone is always available to help if required. I had a very good induction and completed a lot of training. I also shadowed staff and had my competency tested before providing support on my own.” Staff told us and records confirmed they received regular support from their managers and had one to one and team meetings to discuss their individual progress and any issues. Staff said information was also communicated to them through technology such as text messaging. This ensured staff were notified immediately if there were any changes to their rotas or to exchange information.

One person told us, “Staff always ask me before doing anything, they always check I am ok with what they are doing.” A relative said, “They ask consent from [person’s

name] before providing any care, they are very polite and sensitive to any issues and check if [person’s name] is happy with how care or anything is provided.” Care records we looked at showed that mental capacity assessments had been completed by the local authority and care was being provided by the agency in accordance with the instructions. The registered manager told us that if they had any concerns in relation to a person’s ability to make a decision they worked with the local authority to ensure capacity assessments were completed. Staff we spoke with demonstrated they knew how to support people’s choices and respect their rights. All staff told us they had received training in the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) and were able to explain what MCA and DoLS were. One staff member said, “I always ask people for their consent before doing anything. If someone refused support or did not want their medicine. I would not force them, I would talk to them about it. I would then inform the office and complete an incident form.”

The support people received at meal times were dependant on people’s individual needs. Some people lived with their family who prepared and supported people with their meals. Where required people told us they received support from staff to maintain a balanced diet. Everyone said they could choose when and where to have their meals. One staff member said, “I have had training in diabetes and will ensure people who have diabetes have had enough food and drink.” People’s food and drink requirements were recorded in detail in their care records to ensure staff had the information needed to support people to receive a balanced diet to remain healthy.

People and their relatives told us staff supported people to access healthcare appointments if required. They said staff liaised with social care professionals who were involved in their care if their individual support or health needs changed. People’s care records showed when contact or involvement of an external healthcare professional had been sought, for example we saw care plans had been updated to reflect advice or information given by an occupational therapist.

Is the service caring?

Our findings

Everyone we spoke with told us staff treated people with kindness and commented on how caring all staff were. One person said, “Staff are very caring and always check I am ok, they are very kind nothing is too much trouble.” Another person said, “The carers are very kind to me, I have carers with me all of the time, they are very thoughtful, they are brilliant.” A relative told us, “The carers are lovely people very friendly and caring they have made a great difference in [person name] life.”

People and their relatives told us the managers and staff listened to them to understand their needs and preferences. One relative said, “We wouldn’t swap them for the world they don’t rush [person’s name] and they take time to listen and talk to [person’s name] to understand what they want.” Everyone we spoke to referred to the management team by their first names and confirmed they had regular contact with them and were involved in all decisions about any changes to their care and support needs. Staff we spoke with told us how people expressed their views and how they made decisions about their day to day care and support. One relative said, “Staff know [person’s name] very well, they know what [person name] likes and offer encouragement where needed.” One staff member said, “We know people very well and are aware of people’s individual communication needs such as speaking slowly or observing people’s body language.”

People and their relatives told us when their care package started they were introduced to the care staff who would be visiting them. They said if there were any changes they would be informed straight away and new staff would work

alongside the existing carer so they got to know people before providing care on their own. Everyone we spoke confirmed that regular staff visited them. One relative said, “It’s virtually always the same staff who visit; we are very happy because they have developed a routine with [person’s name] it’s the same faces all the time and [person name] trusts them.”

People and their relatives told us staff were very respectful of their dignity and privacy. One person said, “Staff treat me properly and respect my views, they put me at ease.” Another person said, “Staff treat me very well they treat me with respect all the time and offer me help when I need it.” A relative told us, “[person’s name] is always treated with respect by staff I can see [person’s name] is relaxed with them.” Another relative said, “They treat [person’s name] very well they are very respectful they don’t shout, they always ask [person’s name] if they can do something, they treat them very well.” All the staff we spoke with explained how they supported people to maintain their dignity and privacy when providing care. One staff member said, “When providing personal care I always close the bedroom door and make sure no one comes into the room.” People and their relatives told us staff supported them to remain independent. One person said, “Staff support me to go out; I go to the gym, pictures and shopping they help me when I need it.” Another person said, “They help me with my exercises and also support me to go out and meet new people.” Care records were also written in a positive way which explained what people could do for themselves in order to promote their independence. For example, one person required support to access the local community shops and assistance with completing household tasks.

Is the service responsive?

Our findings

People and their relatives told us they were involved in all aspects of developing their care plan and said they were fully involved in making decisions about how their care and support needs were met. One person said, “I am involved in all decisions about my care, I am always asked what I would like.” Everyone we spoke with said their care was planned at the start when they received a service. They said the registered manager spent time with people and their families finding out about people’s preferences, choices, what care and support was required and how the person wanted to receive it. People and their relatives told us copies of care plans were kept in their homes and they could look at them at any time. Staff we spoke with were knowledgeable about the people they supported. Staff told us they were kept fully informed by their managers about any changes to their rotated calls, or change to people’s support needs people. They were aware of people’s individual needs, preferences and choices as well as their health and social requirements. One staff member said, “We get to know people very well and [manager’s name] keeps me informed of any changes to a person’s care needs.” People and their relatives told us staff responded to any changes in need ‘very quickly’ and any issues were dealt with promptly. For example, staff told us of de-escalation techniques used to support a change in a person’s behaviours.

We looked at four care records and saw they were written in a personalised way and gave details of ‘What’s good in my life’ and ‘What will make thing better’. We saw assessments were completed and guidance was given how these needs were to be met. We saw that information was reviewed and changes made when necessary. Records detailed advice

given by external social and health care professionals. We spoke with a social care professional who said the provider always responded quickly to ensure people’s needs were met appropriately

People and their relatives were encouraged to give their views and raise any issues or concerns. The management team ensured monthly feedback forms were sent to people in order to obtain their views and give people an opportunity to raise any issues. People and their relatives told us they received feedback from the management team if they had commented on the form. One person said, “They ask for feedback every month I don’t have any concerns but I know they feedback straight away.” One relative said, “I must say the feedback is very good they will come back and say what they are going to do.” We looked at the forms and saw information was analysed, and where action was required we saw that the registered manager had contacted the person to discuss the issue raised. We looked at the provider’s compliment and complaint systems. People and their relatives told us they hadn’t had cause to make a complaint but would speak directly to the registered manager if they had any concerns. We saw that the provider had eight compliments recorded. We looked at the comments and saw that people were very happy with the service provided. One comment received said, ‘[manager’s name] and staff make me feel safe’ and ‘I am looking forward to the future.’ We looked at the provider’s complaints log and saw two complaints had been recorded, we saw that concerns had been responded to from the monthly feedback forms. We saw information was recorded appropriately along with a summary and action taken to address the issue. All the staff we spoke with understood the provider’s complaints procedure and all said if people raised any concerns they would contact the registered manager straight away. Staff said they felt confident any issues would be addressed appropriately.

Is the service well-led?

Our findings

Everyone we spoke with were complimentary about the registered manager and about their management of the service. One relative said, “The agency is very well run, staff come when they are meant to, stay the right length of time they don’t rush, this agency is bliss.” People using the service, relatives and staff all spoke highly of the registered manager and her team. One relative said, “[manager’s name] or a member of her team are always available. They are very approachable.”

All the staff we spoke with told us they were well supported by the registered manager. One staff member said, “The management are fabulous, they listen to staff and always put the service user first. It’s a good place to work with great job satisfaction.” Staff said they met regularly with their manager and were able to contact a member of the management team at any time. We saw that the provider operated an on-call duty system to ensure a member of the management team was available at all times.

Staff said they were encouraged by the registered manager to make suggestions about how to continually improve the quality of service provided to people. Staff said they completed a monthly feedback form which was analysed by the registered manager to identify areas where improvements could be made and to recognise areas of good practice. They said they felt confident any concerns would be listened to and issues dealt with appropriately. Staff were aware of the provider’s whistle-blowing policy, including raising concerns to external agencies if required.

Whistle-blowing means raising a concern about a wrong doing within an organisation. Staff told us they attended regular meetings with their managers to share information and address any areas of concern that were relevant to their roles and responsibilities. One staff member said, “We have our own team leaders that listen to us and are approachable, supervisions are once a month and are a positive time to talk about anything and address concerns. I really value that time.” Staff told us and we saw minutes were produced from each team meeting and these were made available to staff. Staff said they were given opportunity each month to nominate a staff member for ‘employee of the month’ they said the management team valued the work staff did and they said they felt satisfied and motivated with their job.

The registered manager demonstrated good knowledge of the people using the service, staff members and their responsibilities as a registered manager. This included the requirement to submit notifications when required to us when certain events occurred such as allegations of abuse. We saw the management team regularly audited the records to ensure the safety and quality of the service provided. These included care plans and staff training records. We looked at audits and saw they were completed regularly and where action was needed we saw evidence of the provider taking action for example, looking for alternative ways to get feedback from people. We found some minor issues in relation to recording incidents and identifying trends. However we spoke with the registered manager about this and they said they would address this straight away.