

Clare Care, Care Home Services without Nursing

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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

Clare Care is a care home which accommodates up to three adults with learning disabilities. At the time of the inspection, two people were living at the home. Each person has their own bedroom and the use of communal areas including a lounge, kitchen/diner and bathroom.

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 in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and we reviewed both areas during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager had recently left the service and the provider had taken up the position of manager and was in the process of applying to CQC to become the 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 2008 and associated Regulations about how the service is run.

Risks to people were assessed and measures were taken to reduce the likelihood of harm occurring. Staff knew the different types of abuse and how to recognise and report any concerns they had. The process for recruiting new staff was safe and thorough and there were sufficient staff to meet people's needs and keep them safe. Medication was managed and stored safely and people received their medicines at the right times.

People received care and support from staff who received appropriate training and supervision for their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was obtained prior to the delivery of any care and support. People's dietary needs were understood and met and people were provided with food and drink appropriate to their needs.

People were treated with dignity and respect and their privacy was promoted. Staff were knowledgeable about people and they had formed positive relationships with them.

People's needs were kept under review and updated accordingly. Information was made available to people in an accessible format. A complaints policy and procedure was made available to people and relevant others. People were confident about complaining should they need to.

The leadership of the service was inclusive and positive. The quality and safety of the service was assessed and monitored and improvements were made.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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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.

The inspection was a comprehensive inspection which took place on 23 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about incidents and events which the registered provider is required to send to us by law. We used all of this information to plan this inspection.

We spoke with both people who used the service, a member of staff and the provider/manager. We reviewed care records for both people who used the service. We also reviewed training records for two staff and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe and had no worries about the way they were treated.

Risks people faced were assessed and planned for. Care plans included a risk management plan with guidance for staff on how to reduce the risks without impinging on people's rights to independence. The plans were kept under review and updated when required so that staff had current information and guidance about how to keep people safe.

No new staff had been employed to work at the service since the last inspection. However the provider had a recruitment and selection policy and procedure which set out safe recruitment practices. This included obtaining information about applicants previous work history, qualifications and skills and checks on their criminal background.

There were sufficient numbers of suitably qualified staff on duty to keep people safe. The amount of staff needed to keep people safe was determined based on each person's individual needs.

Staff had completed safeguarding training and they had access to information and guidance about recognising and reporting abuse, including the Local Authorities' Safeguarding policy and procedure. Staff knew the different types of abuse and the signs which may indicate abuse and they were confident about reporting any safeguarding concerns.

Staff had completed medication training and underwent checks to assess and monitor their practice. Staff also had access information about the safe management of medication. Each person's medication was individually stored in a secure place and medication administration records (MARs) were completed as required.

Staff had completed training in topics of health and safety such as fire safety and first aid and they were confident about responding to emergencies. Checks had taken place at the required intervals on the environment, systems and equipment used at the service. This included checks on the gas and electricity systems and appliances, fire alarms and equipment people used. Certificates were in place confirming the checks.

Is the service effective?

Our findings

People told us that staff did a good job and provided them with the right care and support.

People's care and support needs were assessed and a care plan was in place for each person detailing what their needs were and how they were to be met. People's care and support needs were kept under review and their care plans were updated to reflect any changes identified.

Staff had completed training and received appropriate support for their roles. On commencing work at the service new staff were required to undergo induction and they received on-going training in topics relevant to their role, responsibilities and people's needs. Records and discussions with staff evidenced that they had regular one to one supervision meetings and general team meetings. These meetings provided staff with an opportunity to discuss their own learning and development needs, the people supported and the service in general.

People were supported to have a healthy balanced diet suitable to their needs, likes and dislikes. Staff supported people to choose what they wanted to eat and drink, shop for food, prepare and cook snacks and meals. People had access to regular drinks and staff encouraged their intake of fluids to ensure people remained hydrated.

People received ongoing support to meet their physical and mental health needs. People were supported to attend routine health screening and specialist appointments. We saw examples where people's health and wellbeing had improved and was being maintained. Detailed records were kept of all contact people had with external health and social care professionals and any follow up action required.

People needs were mostly met by the adaptation, design and decoration of the premises. One person's bedroom was based on the ground floor with an en-suite facility. Other bedrooms and a communal bathroom were on the first floor which would pose a restriction on providing care for people with a physical disability. The manager/provider understood the limitations of the environment and was committed to ensuring the building was safe and suitable to meet the current needs of people who used the service. The manager/provider recognised that some communal areas of the premises would benefit from redecoration to freshen it up.

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). At the time of inspection no person who used the service was subject to a DoLS. Staff understood the importance of gaining consent from people before offering care and support and we observed this during the inspection.

Is the service caring?

Our findings

People told us they got on well with staff and that the staff team treated them with respect, kindness and compassion.

Staff had worked at the service for a number of years during which time they had got to know people well and had formed positive and trusting relationships with them. Staff knew people's likes, dislikes, wishes and preferences. People were relaxed around staff and there was a lot of laughter and banter between them. People told us they enjoyed these interactions.

Staff treated people with kindness and they encouraged people to express their views and be actively involved in making decisions about their lives. Both people showed us around their bedrooms. One person was keen to tell us that their room had been decorated with wallpaper which they had chosen. Bedrooms were furnished and personalised to suit people's individual needs and tastes. People chose how they spent their time, when they retired to bed and got up. People were involved in daily discussions about things such as menu planning, and activities both at home and in the local community.

People were supported to maintain relationships which were important to them such as with friends and family. People told us how they enjoyed spending time with their family and maintaining contact with them over the telephone.

People's privacy and dignity was respected. Staff ensured people received intimate care in the privacy of their own rooms and bathrooms with door closed. Information about people was kept private. People's care files were kept secure in their own rooms and staff knew their responsibilities to share information only on a need to know basis. Staff spoke with people and about them in a respectful manner.

Information about independent advocacy services was made available to people. Advocacy services can represent people, where they have no family member or friend to represent them. The provider/manager knew how to support people when they needed it to access the help of an independent advocate.

Is the service responsive?

Our findings

People told us that they received care and support they needed. They also told us that they had no complaints about the service and would tell someone if they did.

The care planning process was person centred. People's views and opinions, wishes and preferences about how their care and support was provided were sought and reflected in their care plans. Staff met with each person on a one to one basis each month to discuss and review their care plan. The meetings provided people with an opportunity to express how they were feeling and discuss and make plans for their future. People's end of life wishes were considered. A written record was kept of the meetings and signed by the person to show their involvement. Records, observations and discussions with people and staff showed that people received care and support in line with their care plans.

Written information was made available to people in easy read formats to aid their understanding and involvement. This included the use of signs and symbols in care plan documentation, procedures and meal and activity planners.

Staff knew each person's preferred hobbies and interests and encouraged and supported them. People were offered a range of activities both at home and in the local community. Activities at home included, baking and arts and crafts. On the day of the inspection staff sat with people around the dining table making Easter cards. Community activities people told us they enjoyed included trips out to city centres, theatres and the local shops.

The registered provider had a complaints procedure which was made available to people in an easy read format. The procedure clearly described the process for raising and managing complaints. No complaints had been raised about the service since our last inspection. However, the manager/provider was confident about dealing with any complaints received. People told us they had no complaints about the service and that if they did they would not be afraid of raising them with staff.

Is the service well-led?

Our findings

The registered manager of the service had recently left. The registered provider is currently managing the service and is in the process of applying to CQC to become the 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 2008 and associated Regulations about how the service is run.

People and staff were familiar with the management structure of the service. They knew that the registered manager had recently left and that the provider is now managing the service. The provider/manager operates an on call system so that staff can contact them for advice, guidance or support outside of their working hours.

There was a positive culture at the service that was person centred, inclusive, relaxed and friendly. This was demonstrated through our observations and discussions with people and staff.

The quality and safety of the service was regularly checked. Checks were carried out at regular intervals on all aspects of the service including; care plans and associated records, health and safety of the environment, equipment and staff performance. Any areas for improvement were identified and actioned in a timely way.

The provider/manager and staff maintained good working relationships and worked in partnership with other agencies. This included health and social care professionals; such as GPs and social workers.

Registered providers are required by law to inform CQC of important events that happen at the service. The provider/manager notified us of the change of manager, no other reportable incidents or events had occurred at the service since the last inspection. The manager/provider knew of their responsibilities to notify us as required.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.