

Flatmead Limited

Chrislyn House

Inspection report

Flatmead Limited
14 Rosemary Road
Clacton On Sea
Essex
CO15 1NX

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Tel: 01255428301

Website: www.chrislynhouse.co.uk

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

Chrislyn House provides accommodation, care and support for up to 19 people. People who live in the service have a range of needs which include learning disabilities and/or associated mental health needs. There were 14 people living in the service when we carried out an unannounced inspection on 2 November 2016.

A registered manager was in post. 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 received care and support that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences. The atmosphere in the service was friendly and welcoming.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Assessments had been carried out and care records were in place which reflected individual needs and preferences.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Support workers understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice

Consideration had been given to maintaining relationships that were important to people. They were supported with regular opportunities to participate in activities outside the service and to sustain links within in their local community.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system with identified shortfalls addressed promptly which helped the service to continually improve.

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.

The likelihood of harm had been reduced because risks had been assessed and guidance provided to staff on how to manage risks and keep people safe.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

Staff knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence was promoted and respected.

People and their relatives were complimentary about the effective relationships that they had with the management and the staff.

People and their relatives were involved in making decisions about their care and these decisions were respected.

Is the service responsive?

The service was responsive

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were respected and acted upon.

People were supported to participate in meaningful activities and to maintain links within their local community.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

Good 

Is the service well-led?

The service was well-led.

There was an open and transparent culture at the service. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

Good 

Chrislyn 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 was carried out by one inspector and took place on the 2 November 2016.

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 we visited the service we checked the information that we held about the service. No concerns had been raised.

We observed the interaction between people who used the service and the staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We spoke with the provider who is also the registered manager, the general manager, five members of care staff and one member of domestic staff. In addition we received electronic feedback from three health and social care and community professionals.

To help us assess how people's care needs were being met we reviewed four people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People who used the service presented as relaxed and at ease in their surroundings and with the management and staff. They told us they felt safe and protected living in the service. One person said, "I feel very safe here. Always locked up at night (building was secured at night) and no strangers ever come in." Another person smiled and nodded when asked if they felt safe living in the service.

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (reporting concerns of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One member of staff told us, "There is safeguarding information in the office and in the communal lounge with the local authority safeguarding contact details should you need it." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to support workers when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and accessing the local community. People who were vulnerable as a result of specific medical conditions such as epilepsy had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Staff told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and preferences.

We observed that there were enough staff to meet people's needs. They provided people with care and support at their own pace and were able to give people the time they needed for assistance. The registered manager explained how the service was staffed each day and this was determined by the dependency levels of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that the provider took steps to ensure that there were sufficient staff available to meet people's assessed needs.

Safe recruitment procedures were followed. Staff employed at the service told us they had relevant pre-

employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included reading information about people living in the service. This included detail about any risks that had been identified and how these risks were managed to ensure staff members could support people safely. Records we looked at confirmed this.

There were suitable arrangements for the management of medicines. Staff were provided with medicines training. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on an electronic system which flagged up any discrepancies. Regular audits on medicines and frequent competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

People fed back that staff were well trained and competent in meeting their needs. One person said, "They [staff] understand me and know when I need help and when I don't. They know my moods and when to leave me be and when I want company and help." Another person nodded their head as they told us, "They [staff] are excellent. They all know me and spot when things are not good and I need the doctor." We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

The provider had systems in place to ensure that support workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions and records showed that support workers were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example, mental health awareness, end of life care and epilepsy. This provided support workers with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role through regular one to one supervision and team meetings. One member of staff said, "We regularly talk through any issues or concerns we may have about people living here and how best to resolve things. [For example] seeking and acting advice from other professionals like G.P. We work as a team; good to bounce ideas off one another." Another member of staff described the support available, "I have regular supervisions where I can raise things as well as meetings but to be honest if something is troubling me I can speak to management."

The registered manager described how staff were encouraged to professionally develop and were supported with their career progression. This included new staff being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development. A member of staff said, "Yes I think the training is relevant. Not a problem to request additional training, they [management] will sort it out." Another member of staff commented, "I have had all my training including a few refresher courses which is good as things do change."

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). Dols were in place where required for people and the appropriate referrals had been made to ensure people were not unlawfully deprived of their liberty.

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that support workers had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office.

People were asked for their consent before staff supported them with their care needs, for example, to mobilise or assisting them with personal care. Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a member of staff told us how they had noticed a change in one person's condition and their reluctance to join in activities they usually liked to do. They had respected this but were concerned and reported this to the management team to make them aware of the situation. This action triggered a care review with the person, their family and relevant healthcare professionals to explore how staff could best support the person to ensure their safety and wellbeing.

Feedback about the food in the service was complimentary. One person said, "The food is very nice. Have what you want when you want. Lots of choice I very much like it." The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals.

Staff monitored people's health and well-being to ensure they maintained good health and identified any problems. Where staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that action was taken to maintain people's health and wellbeing. People's care records contained health action plans and records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People told us they liked living in the service and the staff were respectful towards them. One person said, "I am always treated with plenty of kindness, yes I am respected." Another person nodded their head, smiled and gave a thumbs up sign to indicate their satisfaction with the staff approach.

We observed the way people interacted with the staff and management team. This included how people responded to their environment and the staff who were supporting/communicating with them. People presented as relaxed and at ease in their environment and with the staff. We saw one person smiling and hugging a member of staff as they left the service to visit the town centre. Several people were seen laughing and enjoying friendly banter with the staff as they were getting ready to eat their lunch time meal.

There was a warm and friendly atmosphere in the service. Some people had complex needs and had limited verbal communication. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Effective communication skills were used to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand what people were communicating.

Staff we spoke with described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and showed commitment and a positive approach. One member of staff said, "I love my job, I enjoy the variety; no two days are the same. I truly care for the people here and am pleased when they achieve their goals." Staff knew people well; demonstrating an understanding of people's preferred routines likes and dislikes and what mattered to them.

People's independence and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

People's care records had been devised according to the assessed needs of the individual. Their care records showed that people, and where appropriate their representatives had been involved in their care planning. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected.

We observed that staff took an interest in the hobbies and interests of people which helped to promote positive relationships and shared experiences. During our inspection people were watching TV, playing card games, doing seasonal arts and crafts and enjoying an impromptu sing along.

People who used the service were supported to maintain relationships with others. People's relatives and or representatives were able to visit the service when they wished.

Is the service responsive?

Our findings

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. We found that people's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. They encouraged people when they undertook activities independently and supported them to choose their own daily routine. We observed that people moved confidently about the service choosing where and with whom to spend their time. One person confirmed our observations saying, "I come and go as I please. They [Staff] are very good at knowing people's moods; when to help and when to leave me alone."

People received personalised care which was responsive to their needs. We saw a positive and enabling interaction from a member of staff who encouraged a person to join in with a group playing a game. With support the person enjoyed the game and looked pleased to have been involved

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing.

We observed people participating in activities and hobbies that interested them, both on an individual and group basis in the lounges. For example, people were playing card games and doing quizzes as well as watching television, reading and chatting with each other and staff. In the afternoon there was an impromptu sing a long session which people enjoyed and a seasonal arts and crafts workshop. One person told us, "I am making winter things [themed decorations] for the home. I like it." A list of activities was displayed within the service. This included planned entertainment, games, trips and arts and crafts.

Staff encouraged people to maintain links with the local community. During our inspection some people went shopping in the town centre and to have something to eat.

Care plans reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs and preferences. This included information about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. In addition regular care reviews and risk assessments were undertaken and included feedback from family members, staff, health and social care professionals and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs.

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last 12 months. Themes included caring staff approach and supporting an individual and their family when they moved into the service. Discussions with people, staff and the management team told us that the service responded to people's comments and concerns. For example, incorporating changes to the menu and the planning and provision of activities and events, as well as individual changes to care arrangements.

The provider's complaints policy and procedure was made freely available in the office and copies were given to people who used the service. It explained how people could make a complaint or raise a concern about the service they received. One formal complaint had been received about the service in the last 12 months. This had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. Records seen identified how the service acted on people's feedback including their informal comments. These comments were used to prevent similar issues happening, for example providing additional training and improving communications where required. The registered manager advised us they were developing their systems for capturing information from comments and complaints so they could reflect the actions taken to further improve the service.

Is the service well-led?

Our findings

There was an open and supportive culture in the service. Feedback from people about the staff management team was complimentary. One person said, "No worries here. If you do you can speak with them [staff and management] and it will get fixed."

People, their relatives and or representatives were regularly asked for their views about the service. This included regular care reviews, daily interactions and communications and quality satisfaction questionnaires. We reviewed some of the feedback received from last year's survey and saw that the return rate was high and comments were positive. People's feedback was valued and used to make improvements in the service. Such as changes to the menu following people's suggestions. The registered manager advised us that this year's survey had been carried out and the management team were in the process of analysing the information and would be feeding back to people their findings.

The service had embedded an open, inclusive and empowering culture. The management team and staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the registered manager was approachable and listened to them. One member of staff said, "I love my job. There is a great team of people here. We work hard and all support one another."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example, staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Staff were motivated to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. They were clear on their roles and responsibilities and committed to providing a good quality service.

Meeting minutes showed that staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, "We have regular team meetings and good communication to keep up to date." Another staff member shared with us an example of how they had made some suggestions about how to work differently with a person who due to their condition had become 'fixated' about something. They told us the management team and their colleagues had listened and supported them to try out their suggestions which had a positive outcome for the person.

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and mental health services to ensure they were following good practice and providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary. With one person stating, "We have always found the staff to be caring

and professional." Community care practitioners we spoke with from the local authority told us that the service had engaged with them proactively in care reviews.

The provider's quality assurance systems were currently being further developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.