Specialist Care Team Limited

Clover House

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

The inspection visit at Clover House was undertaken on the 26 April 2016 and was announced. We informed the new manager 48 hours before our visit we would be coming. This was because the home was small and we wanted to ensure people were available to talk with us.

Clover House is registered to provide accommodation and personal care for up to six adults who have mental health conditions and/or learning disabilities. The home is an adapted building in Heysham with two small lounges, a dining area and a small garden.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At the last inspection on 24 April 2014, we found the provider was meeting the requirements of the regulations that were inspected.

During this inspection, we found the registered manager had met the requirements of the regulations. People were happy with the variety and choice of meals available. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The staff had information about people's dietary needs, wishes and preferences, and these were being met. Mealtimes were relaxed, provided at varied times, unhurried and sociable.

We have made a recommendation the service write a response-planning document to ensure the home returned to 'business as normal' following an incident.

The registered manager had systems to record safeguarding concerns, accidents and incidents and took necessary actions as required. Staff had received safeguarding training and showed they understood their responsibilities to report any unsafe care or abusive practices.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working at Clover House. This was confirmed from discussions with staff.

The environment was clean and hygienic when we visited.

We found staffing levels were good with an appropriate skill mix to meet the needs of people who lived at the home. Staffing levels were determined by the number of people being supported and their individual needs.

We found medication procedures were safe. Staff responsible for the administration of medicines had

received regular training to ensure they maintained their competency and skills. Medicines were safely kept and stored appropriately.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Interactions we observed showed people were happy with the service they received. There was a rapport and familiarity between people and staff members. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care.

The registered manager used a variety of methods to assess and monitor the quality of the service.

Relatives we spoke with during our inspection told us they were happy with the service.

Quality audits had been completed and reviewed at the time of our inspection. The registered manager had oversight of the service provided.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments intended to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff responded promptly and compassionately when support was required.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were looked after by a staff team who listened, were

person-centred in their approach and were kind.

Is the service responsive?

Good

The service was responsive.

People received personalised care responsive to their needs, likes and dislikes.

People were encouraged to participate in a variety of activities that were available daily.

People's concerns and complaints were listened to and responded to accordingly.

Is the service well-led?

Good

The service was well-led.

The registered manager had a visible presence within the service. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures.

People had the opportunity to give feedback on the care and support delivered.

Clover 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection team consisted of one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the home, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were no safeguarding concerns being investigated by the local authority. This helped us to gain a balanced view of what people experienced.

During this inspection, we spoke with a range of people about this home. They included the registered manager and two staff members. We also spoke with two people who lived at the home and four relatives. We spent time watching staff interactions with people who lived at the home and looked at records. We checked documents in relation to six people who lived at Clover House and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

In addition, we looked at records for the maintenance of facilities and equipment people used. We also looked at further records relating to the management of the service, including quality audits, to ensure quality monitoring systems were in place.

Good

Is the service safe?

Our findings

On the day of our inspection, we found it difficult to gain feedback from all the people who lived at Clover House. However one person told us, "I feel safe here." A relative told us, "[My relative], they're safe, safest they have ever been."

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we reviewed showed staff had received related information to underpin their knowledge and understanding. Staff told us should they suspect or witness abuse or unsafe care, they would inform the registered manager or the Care Quality Commission (CQC). Where a safeguarding concern had been raised, we saw the registered manager had taken appropriate action. They liaised with the local authority to ensure the safety and welfare of people involved.

People had personal risk assessments for identified and potential risks. Plans had guidance for staff to follow in order to keep people safe. For example, people had personal emergency evacuation plans to inform staff how to manage an evacuation from the home. We saw risk management plans for activities, mobility and managing complex behaviours. One staff member told us, "I think we are good at handling risks here."

The water temperature was checked in the home and was thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

We checked how accidents and incidents had been recorded and responded to within the home. We found no accidents had occurred. However, there was a procedure and staff we spoke with knew what to do. This meant the provider had a system to monitor accidents and ensure the recurrence of risk to people was minimised.

A recruitment process was in place that ensured staff recruited had the relevant skills to support people who used the service. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.

We looked at how the service was staffed. We found sufficient care staff levels to provide the support people required or wanted. One person went out independently and other people spent time in their rooms. We saw staff were available throughout the day should people want any help or emotional support.

During the inspection, we observed staff administer medicines and saw this was carried out safely. Medicines were locked in a secured cabinet. We saw information related to the medicine prescribed and the reason it had been prescribed. We saw management of medicines risk assessments for each person. We saw

staff signatures, which indicated staff had read and understood the medicines information. Staff administered people's medicines by concentrating on one person at a time. Medicines were given according to detail seen on the person's Medical Administration Record (MAR) form. MAR forms were clear, comprehensive and fully completed. The registered manager told us staff collected people's prescriptions and took them to the chemist. This allowed staff to read what was on the prescription to make sure it was correct before it was dispensed. There was a clear audit trail of medicines received and administered. This showed there was a system that ensured people had received their medication as prescribed.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they felt the care was good and was provided by experienced, well-trained staff. One relative told us, "It is the perfect place for [my relative]. A second relative said, "The staff are amazing and the new manager runs the home well." One person who lived at the home told us they were happy with how they were supported by staff, commenting, "They look after us alright."

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team. It was held to review training needs, roles and responsibilities. Regarding supervision a staff member said, "We have these with the manager to see how we are getting on." Records confirmed staff had the opportunity to reflect on their strengths, achievements and future/ongoing training needs. The registered manager showed us they had introduced a new supervision system. The system was an annual pathway of regular supervisions, which finished with an end of year appraisal. All staff had been given a 'Principles of Supervision' document, which identified what was expected from the supervision process. The registered manager told us, by working alongside staff it allowed informal supervisions to take place if staff wanted to talk.

The registered manager told us, "New staff have to have an induction to Clover House and to the service user." Staff confirmed they had to have two weeks' shadowing at Clover House before they could work alone. We saw the provider had a training and development plan. This had been reviewed in April. This showed the provider had a system to monitor and plan training for staff.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. When we undertook this inspection one person at Clover House was subject to a DoLS in order to safeguard them. We checked associated paperwork and found the DoLS was legally authorised. One person who lived at Clover House had an advocate to support them with their views. The registered manager told us they were supporting another person to apply for an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. This included making decisions about where they live and about

serious medical treatment options. All the care plans we looked at had 'consent to care' forms signed by the person living at the home.

On the day of our inspection, we were present at breakfast time and lunchtime. We saw these were relaxed and staggered. People had breakfast when they were ready and ate their meal where they chose. For example, we saw one person ate their breakfast in the conservatory. A second person had their meal watching television in the lounge. One person told us, "The food's good." A second person stated about the staff, "They are all good cooks." The staff on duty prepared the meals based on suggestions from people who lived at the home. A relative told us, "They have the best food, it's fresh, [my relative] they have put weight on." A staff member told us, "We go and ask people what would you like and what don't you want." They further commented, "One person does not like tomatoes so we make sure there is an alternative for them." We saw in care plans people's weights were monitored.

We saw people were offered drinks throughout the day. In one person's care plan we saw instruction to staff to offer fluids regularly, especially in hot weather. It stated 'I will rarely request a drink' . We saw the kitchen was clean and tidy. We observed one person helped staff to wash, dry and put away crockery and glasses. This showed the provider supported people with their nutritional and hydration needs and protected people against the risks of poor food safety.

People's healthcare needs were monitored, discussed with the person and documented. Each person had a health action plan. The health action plan documented all health care appointments. For example, we saw one person had been supported to manage a long-term illness. They had regular visits to their local surgery and were supported to meet with consultants. Possible side effects from treatment were identified and a telephone number was in the care plan to call for advice and support. We saw evidence healthcare visits were arranged to investigate any medical concerns. For example, one person's health had deteriorated. We saw documentation showing involvement from two health teams and the introduction of aids to support the person. One person told us they were happy with staff supporting them to manage their healthcare. They told us, "Staff come with me to the dentist, but let me speak for myself." This showed the provider helped people stay healthy by providing effective support and documenting relevant information.

Good

Is the service caring?

Our findings

People told us they liked the staff. We observed staff were caring to people who lived at Clover House. There was a happy, calm and relaxed atmosphere throughout our visit. People were happy and comfortable with staff and with whom they shared their home. One relative told us, "The staff are amazing, there is always a friendly face when they open the door." A second relative commented, "I made [my relative] a cake for their birthday, when I got there, they had made them one too, and it was bigger. I was so happy."

We asked staff how they supported people to maintain their dignity. We were told, they encouraged people to keep doors shut and to shut curtains to protect their privacy. If people needed support, staff told us they would make sure this was offered in their rooms. We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. For example, we saw staff knocking on doors and waited to be invited in before entering.

Three people showed us their bedrooms. They were decorated to reflect people's individual preferences, and contained a range of personal items. For example, people's bedding reflected their personal taste and hobbies. One person's bedding identified which football team they supported. On the front of each person's bedroom door was a small picture that represented the person. For example, one person had a photograph of the village where they grew up. This showed the provider respected people's individuality and supported them to decorate their home to reflect their personality.

People told us they made choices and decisions about their care and how it was delivered. Choices included how they spent their day, where they went and what time they went to bed. We saw during our visit people liked to spend time in their own bedrooms. Staff offered alternatives to this, but respected their decisions. One person repeatedly asked if they could go to their room. Staff reassured the person it was fine and supported the person to their room. The person sought staff several times during our inspection to ask the same question. We observed staff responded in a respectful, kind way, answering the question and offering support.

The conversations between people and staff were sociable and friendly. For example, one person was going on an activity with a staff member. Staff were joking with the person going out, to look after the staff member. They were asking the person to check the staff member had everything they needed. The role reversal was an ongoing joke, which the person took part in and enjoyed. We observed staff worked consistently in a respectful way with people.

Staff demonstrated they had come to know the needs of people well and valued
people they were working with. For example, one person who went out independently had staff travel with them to visit their childhood village. Staff told us this was to offer emotional support should it be required.

Care records we checked were personalised around the person and held valuable personal information. One plan told staff not to joke about the person's football team. Even if done with humour the person would not like it and get upset. Care plans contained the sections 'Great things about me', 'Things important to me'

and 'Best ways to support me. Examples of information contained in the plans were 'Don't turn up late', 'Be jolly as this helps me' and 'Listen to what I have to say'. This showed the provider had spent time with people and encouraged them to be individuals and share what was important to them.

Care plans we looked at included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from health care professionals.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs. One relative told us about care, "The new manager runs it well; he makes me aware of any changes and if [my relative] is not well. A second relative stated, "[My relative], they get everything they need."

One person who lived at the home wanted to move out and lead a more independent life. The provider had helped the person get an advocate to support them to express their views. We were told in preparation for living alone, staff had supported the person to gain household skills. For example, the person was supported to make their own meals. The care plan stated the person liked to make their own meals. When talking with the person they told us about the recent meal they had cooked.

We looked at care records of six people to see if their needs had been assessed and consistently met. We found each person had a care plan that detailed the support required. The care plans were informative and current. We saw how staff supported people with their daily routines and personal care needs. They included several sections that ensured people's care needs were identified. For example, social interaction, health, personal care and behaviours were monitored. In one file, we saw a hospital passport. This document holds all relevant medical information about the person. It is taken with the person should they be admitted to hospital.

There was evidence the care plans were regularly updated and evaluated. The plans were person-centred and individualised to cover each identified need of each person. For example, one person had a risk assessment to support them with bathing. Another person had a prevention plan to prevent mental health issues returning. This showed the provider had developed care plans responsive to individual care needs.

We asked about activities at Clover House. The registered manager told us people had the choice of staff on shift, who supported them with their activity. We were told people were often reluctant to leave the home especially in bad weather or when it was dark. We saw staff asked people if they wanted to go out and people stated they would stay at home. We saw one person had golf clubs and asked if they had played recently. They told us the weather was not good enough for them to play yet.

We observed one person had gone to a gym for a private training session. A second person went and had a game of pool with a staff member. A third person went shopping independently in the town centre. We observed the person chatted with a member of staff, prior to going, about what they were buying and where it would go in the home. At the home, we saw sport was on the television. Staff informed us Clover House had satellite television. People had paid for an additional sports package as they enjoyed sport, and football in particular. One person told us they went to watch Morecambe Town home matches. In one care plan, we saw one person had bought an electronic book reader. Staff were instructed to help the person download books onto the reader. This showed the provider recognised activities were essential to stimulate and maintain people's social health.

There was an up to date complaints procedure. We saw documentation that guided people on how to make a complaint. Relatives and staff were able to describe how they would deal with a complaint. A relative told us, "I know how to complain, but I have never had to." We saw one complaint had been made. There was a meeting with the registered manager and the outcome had been documented. This showed the provider had a system to record, address and document complaints received.

Good

Is the service well-led?

Our findings

People we spoke with said they thought the home was well run and everyone knew the registered manager. Relatives and staff felt the registered manager was supportive and approachable. One person told us about the registered manager, "He's alright and he's got a sense of humour." One relative told us about the registered manager, "They not only run the home well, they run it kindly." A second relative told us, "I am happy with the changes the registered manager is introducing. They seem to know what they are doing." One staff member told us, "The registered manager is good at keeping us all informed. They are good at communicating with us."

Staff told us they worked well as a team and the registered manager promoted an open working culture. A staff member told us, "This is the most enjoyable team I have worked in. We all work together." They told us the registered manager was aware of what was happening at Clover House. A staff member told us there was an on call system for staff to use if they needed support or advice. They mentioned the registered manager was happy to be contacted to give advice and support on small issues as well as bigger concerns. This showed the registered manager had a visible presence in the home and guided staff to deliver quality care.

We found the registered manager had organised meetings to seek the views of people living at Clover House. Minutes looked at showed topics included, any complaints people had and people's views on new staff. People were asked if they wanted to contribute to the meeting. People stated they were happy with more female staff working at the home. This showed the registered manager had a structured system for people to share their views.

Staff told us there were regular staff meetings. One staff member said, "We talk about policies and procedures and any client updates we need to know." A second staff member said, "We discuss clients, staff issues, updates, appointments and any housekeeping concerns." We saw minutes, which confirmed what staff told us. The meetings enabled the registered manager to receive feedback from staff, and gave staff the opportunity to discuss any issues or concerns.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider was required to notify the commission. It also included working with other agencies such as the mental health team to maintain people's welfare.

The provider did not have a response-planning document. This would show how the provider planned to operate in emergency situations, such as the outbreak of fire. We spoke with the registered manager about this who stated they would seek to introduce a business continuity plan.

We recommend the service write a response-planning document to ensure the home returned to 'business as normal' following an incident.

The registered manager had procedures to monitor the quality of the service being provided. The registered manager had completed regular audits. These included monitoring the environment and equipment, maintenance of the building, legionella checks, reviewing the fire plan fire risk assessments and record keeping.

We saw maintenance safety certificate checks, emergency lighting, fire door and fire alarm checks had taken place. There was a structured framework to monitor, document and repair when necessary. The home's liability insurance was valid and in date. This ensured the provider delivered care and support in a safe environment.