

Clervaux Trust Limited

Clervaux Trust

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

This inspection took place on 19 June and 3 July 2018. We initially visited unannounced on 14 June 2018 but found everyone was out so let the provider know we would be inspecting and visited on the evening of 19 June 2018 so people would have had time to get back from the day services they attended. The registered manager's office was based at the provider's main office Clow Beck Eco Centre (which staff and people who used the service called the farm) and we visited there on 3 July 2018. During the visit to the office we also saw all of the farm, textiles, woodwork, metal work and pottery facilities the people from Clervaux Trust can access.

Clervaux Trust is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. 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. Clervaux Trust can accommodate up to three people. At the time of the inspection, there were three people using the service. One person needed support to attend to their personal care and another person lacked capacity to make decisions and needed verbal support from staff to assist them to manage their day-to-day activities.

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 new manager was in the process of becoming registered with CQC. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in October 2015 and rated the service as 'Good' overall.

Accidents and incidents were appropriately recorded and risk assessments were in place. The manager understood their responsibilities around safeguarding and staff had been trained in safeguarding vulnerable adults.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves. Support plans were in place that recorded people's plans and wishes for their life.

Care records showed that people's needs were assessed before they started using the service.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. We discussed how records could be enhanced to reflect the choices people made. The manager ensured measures were in place to assist staff evidence people's choices and reflect any 'best interests' decisions.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. People had access to a wide range of meaningful activities such as farming, animal care, pottery, woodwork, metal work and textile production at the provider's farm.

Appropriate arrangements were in place for the safe administration and storage of medicines.

There were sufficient numbers of staff on duty to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The service was clean and suitable for the people who used it, and appropriate health and safety checks had been carried out.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Clervaux Trust

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.

An adult social care inspector started the inspection on 14 June and completed it on 3 July 2018. It included a visit to the care home and a visit to the office where the registered manager is based.

During our inspection we spoke with two people who used the service, the manager, a senior support worker, a support worker, an agency support worker and a range of staff who worked at the farm. We observed staff practices, looked at the care records of three people who used the service, staff records and information associated with the management of the service.

Before we visited the service we checked the information we held about this location and the provider, for example, inspection history, statutory notifications and complaints. A notification is a record about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People we spoke with told us they felt safe at Clervaux Trust. People told us, "I like it here, the staff make sure I'm alright and make sure I keep myself safe."

There were sufficient numbers of staff on duty to keep people safe. Each person was supported by a member of staff throughout the day and overnight there was a waking staff member on duty. This level of support allowed people to follow their own routines and pursue their own interests.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. If staff were out of the country for more than three months the provider also sort police checks from the country they had lived in.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends or lessons learned. Risk assessments were in place, which described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

A monthly infection control audit was carried out and the home was clean and free from unpleasant odours. Staff had access to appropriate personal protective equipment (PPE).

Monthly health and safety audits were carried out and the provider ensured the landlord completed and maintained records for checks such as electrical testing, gas servicing, portable appliance testing (PAT), checks of the premises and fire safety had been carried out. We saw records that confirmed these checks were up to date. Records showed the hot water temperatures were in line with the 44 °c maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

We found the manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people. The provider also had an appropriate whistleblowing policy in place so staff could report concerns without fear of reprisals.

We found appropriate arrangements were in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us, "The staff are good and know what I need."

Staff were supported in their role and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated, which assisted staff to develop support plans. The manager was in the process of reviewing records to ensure they provided comprehensive information about how to support people. The manager discussed how support plans that outlined how staff were to support people when they were distressed were to be enhanced and made clearer. A new incident management tool had been recently introduced, which we saw would allow staff to record all pertinent information and formulate the very detailed support plans they needed to effectively support people to manage distress.

People were supported with their dietary needs. Monthly nutritional audits were carried out and people were appropriately referred to dietitians and speech and language therapists (SALT) as necessary. We observed people enjoy a tea-time meal and heard how menus were constructed with the full input of the people. Staff told us that all of the ingredients used were organic and the majority were provided from the farm, which the provider ran.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider was following the requirements in the DoLS and staff had been appropriately trained. The manager was in the process of improving documents related to obtaining people's consent to have one-to-one support and have their finances managed. They were also ensuring MCA assessments and 'best

interests' records were clear and detailed all of the decisions.

People had access to healthcare services and received ongoing support. The provider also provided access for people to specialist healthcare professionals such as psychologists and psychiatrists.

The premises were appropriately designed for the people who used the service.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner. Staff consistently interacted with people, offered choices and worked with people in ways that discreetly supported them to manage their emotional responses to stimuli.

People's care records described how staff were to respect people's choices and preferences, and promote their dignity. For example, the care records detailed the level of support people needed to enable them to manage their personal care needs and how best to offer this assistance. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Care records described how staff were to support people to maintain their independence. One person needed staff to fully assist them to manage their personal care but other individuals needed staff to support them to when interacting with others. The records discussed how staff achieved the balance between people's desire to be very independent and to remain safe. Staff were able to discuss at length the sensitive manner in which they supported people and encouraged them to be as independent as possible.

People had support plans in place that described their communication needs. These included their preferred language, how they wished to, or were able to, communicate, and guidance for staff. We found that staff had learnt different communication methods such as Makaton and even the staff based in the office were in the process of learning these. We observed that staff could readily communicate with people and assist others to understand what individuals were saying.

Staff told us that people would be supported with their religious needs. No one who used the service had specific religious needs but we found that measures were in place to facilitate this when needed.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the staff who told us none of the people using the service at the time of our inspection had independent advocates but knew how to access this support.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People told us that they were able to participate in a wide range of activities and these were both based in the local community and at the provider's farm. One person said, "I have done pottery, wood work and made things out of metal at the farm. There is also a café we can go and work in and lots of people buy the vegetable we grow on the farm."

During the inspection we visited the provider's farm, as the manager's office is based there. The manager showed us the facilities which included textile and pottery departments, farm animals that people who used the service looked after, woodwork and metal work. The manager explained that Clervaux Trust used the Steiner model, which followed principles of from seed to table so they produced, as much as possible of their own foods and used complimentary therapies as well as traditional treatments to support people. They found that using organic products reduced the number of 'e' products put in food, which they felt assisted people to regulate their emotions.

Staff and the manager explained that people could go to the farm every day and enjoy a wide range of activities for instance woodwork, tapestry and learning about animal care. The staff accompanying the person joined in the activity as this assisted shared learning. Whilst we were at the farm one person from the service came and showed us the 97 eggs they had collected from the hen house as well as a piece of tapestry they were making.

Staff also explained that if a person did not want to go to the farm, other activities were available and they worked with the individual to ensure they were engaged in meaningful occupation within the local community. One of the people enjoyed going out in the car on trips and to local shops so did this on a regular basis.

Care records were reviewed monthly and were up to date and person-centred. Person-centred means the person is at the centre of any care or support plans and their individual wishes, needs and choices are considered when delivering care and support. Support plans assessed people's level of need and described what they could do for themselves and what support they required from staff. For example, one person required the assistance of a member of staff to manage all aspects of their daily living. Their support plan described the actions staff were to take.

No one required end of life care and this is not an expected function of the service, however, staff understood the actions that needed to be taken if this situation changed.

The provider had a complaints policy and procedure in place. This provided information on how to make a complaint and how long it would take for a resolution. We saw no formal complaints had been made. The registered manager and staff could outline in detail the actions they would need to take if a complaint was

made. We found the manager thoroughly investigated all concerns and incidents then ensured action was taken to put measures in place to minimise the potential for a reoccurrence of these.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

At the time of our inspection visit, the registered manager had recently left the service. A registered manager is a person who has registered with CQC to manage the service. A new manager had recently come into post and they were in the process of completing the registration process. We discussed the current registration framework, as albeit the staff provided personal care for one person the operation of the service worked more in line with supported living models and therefore could be registered just for the activity of personal care. This was particularly relevant as the office was based elsewhere and the provider operated two other services, which had been registered as care homes but did not provide a regulated activity.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person centred and inclusive. Staff we spoke with felt supported by the management team. A staff member told us, "I love this job, it is really rewarding." Another staff member told us, "The manager is easy to talk to and I do feel supported." Staff meetings took place regularly and an annual staff satisfaction survey was carried out. The results had been used to form action plans and make improvements to the service.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The manager had a monthly audit checklist that was used to ensure all audits were completed and up to date.

The manager conducted a formal, monthly check of the service. This recorded any issues with the general environment, communal bathrooms and toilets, the standard of care, privacy and dignity, infection control, staffing and welfare. When issues were noted they devised a comprehensive action plan, then ensure these were completed.

Regular surveys of family members and people who used the service was carried out. The results were analysed but no issues had been raised in the most recent survey. The staff and the manager spoke with relatives on at least a weekly basis and found no concerns were raised but they happily discussed how effective they felt the care and support was being delivered.