

Outreach 3-Way Clayton House

Inspection report

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Ratings

| | |
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| Overall rating for this service | Good ● |
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| Is the service effective? | Good ● |
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| Is the service responsive? | Good ● |
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| Is the service well-led? | Good ● |
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Summary of findings

Overall summary

About the service

Clayton House is a small care home registered to provide care and support to 6 people who have a learning disability. There were 5 people living at the home at the time of the inspection. The home is a registered location of Outreach 3-Way, which is part of Dimensions.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People's risks in relation to their care were well managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient staff deployed to meet people's needs and people received their one-to-one support hours appropriately. Staff supported people to live as independently as possible and be in control of their daily lives.

Right Care:

People's care plans reflected their needs. Staff had undertaken the training they needed to support people effectively. People's right to privacy was respected and care provided was consistent and delivered by staff who knew people well. People appeared happy and looked well cared for.

We observed staff interacting in a kind and compassionate way with people who used the service and amongst themselves.

Right Culture:

The culture of the service was open, inclusive and empowered people to live confident lives. The service worked in partnership with other organisations to improve outcomes for people.

People were happy with the service and the leadership. A relative told us, "It all works very well. It's been brilliant. [Name] has a really good life." Management had undertaken regular audits and made appropriate

improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good, published on 31 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the time since it was last inspected.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well-led

Clayton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Clayton House is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with 2 people who used the service and spoke with 3 relatives about their experience of the care provided. We spoke with 3 members of staff including the registered manager.

We reviewed a range of records. This included all people's care records. We looked at records in relation to staff training and staff supervision.

Following our visit to the service we looked at additional documents the registered manager sent us. This included a variety of records relating to the management of the service including quality assurance records and audits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care was delivered in line with national standards and guidance such as Right support, Right care, Right culture. Staff empowered individuals to make their own decisions.
- People's care and social needs were assessed in a person-centred way to ensure staff were able to support them. People's care plans were up-to-date, detailed and reflected a good understanding of their needs.
- Staff were knowledgeable about people's individual care and support needs. Conversation with staff showed they knew people well. A relative told us the staff were, "Really good. They look after [name] really well."

Staff support: induction, training, skills and experience

- Staff received support in the form of supervisions and appraisals. They told us senior staff were helpful and supportive.
- Staff received training specific to the people they support, including training in STOMP (stopping over-medication of people with a learning disability, autism or both). Staff understood and implemented the principles of STOMP. This ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff received training in dysphagia (swallowing difficulties). Staff put this training into practice and were knowledgeable regarding people's individual requirements, for example, whether they needed their food cut up to manage their risk of choking.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in choosing food. The service had a menu which had been devised with the input of the people living there. We saw this was regularly reviewed at residents meetings with people encouraged to make suggestions of things they wanted to eat.
- Staff supported people to be involved in preparing food. We saw people making sandwiches and choosing their preferred fillings.
- People were supported to maintain their health and wellbeing. They were supported to attend health checks, primary care services and were referred to healthcare professionals to support their wellbeing and help them to live healthy lives. A relative told us, "[Name] is in very good health. I am very happy [with the care]."

- Where people were at risk of choking, we saw input from a speech and language therapist (SaLT). This included details of people's required food and drink. This information was translated into people's care plans and was easily accessible to staff. Staff were aware of individual guidelines and were able to discuss them without referring to documentation.
- Staff spoke positively regarding the support they received from people's GP's.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Staff empowered people to make their own decisions about their care and support. Staff told us all people were able to make some choices and decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored. Staff provided person-centred support with self-care and everyday living skills to people. For example, we saw staff assisting people to use the washing machine.
- People learnt everyday living skills with staff who knew them well. Staff spoke knowledgeably about people's individual's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met the accessible information standards. Staff ensured people had access to information in formats they could understand

We saw staff using visual cues to assist people in making choices. For example, a selection of sandwich fillings was laid out on the table to enable people to choose their lunch.

- Staff had good awareness, skills and understanding of people's individual level of understanding. Staff were able to talk in detail regarding people's individual communication.
- People's individual care plans also provided clear details for staff. The care plans contained a section called, 'How I communicate.' This included instructions to staff to use 'clear short sentences' and to observe people's body language, for example, 'If I am holding a cup I want a drink' and, 'If I am carrying my pyjamas, I want to go to bed.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in regular contact with friends and family. A relative told us, "[Name] rings us whenever he wants. They [staff] have taught him how."
- People were encouraged and motivated by staff. They were supported to participate in their chosen social and leisure interests on a regular basis. Staff helped people to have freedom of choice and control over what they did. A relative told us, "[Name] had a very good holiday, they went with staff."

- A relative told us they [staff] had, "taught [Name] to go on buses and trains." This meant the person was able to access the local community with staff support.

Improving care quality in response to complaints or concerns

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. This was done by spending time with people on a daily basis and via their key worker reviews.
- People and their relatives told us they knew how to complain. A relative told us they, "had confidence that complaints would be taken seriously," but they had, "no need to complain."
- Everyone we spoke to told us they were happy with the general care people received. However, one relative told us they felt the communication from the service could improve. They also told us, "They [staff] could be better at dealing with minor issues. They felt the service was not as good as it used to be. It used to be gold standard care, perfect and now there were one of two things that could improve."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had effective oversight of the service. We saw that people were comfortable with and used to spending time with them.
- Governance processes were effective and gave the provider good oversight of the service. There were systems in place to keep people safe, protect people's rights and provide good quality care and support.
- The registered manager carried out audits and there was evidence of actions taken in response to the audits.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. A relative told us, "Everyone [staff] is very good. They are kind and caring."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in the running of the service. This included menu planning and carrying out day-to-day tasks such as washing and cleaning.
- Management were visible in the service, approachable and took a genuine interest in what people and staff had to say.
- Staff had worked effectively with other organisations such as healthcare professionals and the local authority. We saw in documentation that healthcare professionals had been involved in people's care to achieve good outcomes for them. This included the speech and language therapist (SaLT). Staff spoke highly of the involvement of people's GPs.