

South Tyneside MBC

Clasper Court

Inspection report

Clasper Court Extra Care
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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 took place on 26 and 29 April 2016 and was announced. We last inspected the service on 10 December 2015 and found the service met the regulations we inspected.

Clasper Court provides an on-site domiciliary care and support service to people who are tenants within Clasper Court Housing Plus scheme. The scheme can accommodate up to 24 people, at the time of our inspection there were seven people receiving a care service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy with the care they received from the service. One person said, "I am happy, I wouldn't want to live anywhere else. You couldn't get any better care. I love it here."

People said they were cared for by kind, considerate and caring staff who treated them with dignity and respect. One person told us, "The girls, they are nice. They go out of their way to help you." Another person commented, "They are nice girls, they are caring. Yes they are very good staff."

People felt safe living at Clasper Court. One person commented, "There is always someone on hand of something happens. It gives you a bit of confidence."

Records confirmed medicines were managed appropriately. Medicines administration records (MARs) accurately accounted for the medicines people had been given. Trained and competent care workers administered people's medicines. People said they received their medicines when they were due.

Care workers had a good understanding of safeguarding and whistle blowing. None of the care workers we spoke with raised any concerns about people's safety. A recent safeguarding concern had been referred to the local authority safeguarding team as required.

People and care workers told us there sufficient care workers on duty to provide care and support in a timely manner. One person told us, "The girls are here in a minute." Another person told us, "They are very quick when I press my buzzer." Recruitment checks were carried out to help ensure new care workers were suitable to work with people using the service.

Incidents and accidents were logged and the information analysed to look for trends and patterns. Records provided details of action taken following incidents to help keep people safe.

Care workers told us they were well supported working at the service. One care worker commented, "I am

very well supported, manager and staff have been lovely. I love it." One to one supervision was up to date at the time of our inspection. Training records showed training was up to date for all care workers.

The Mental Capacity Act 2005 (MCA) did not currently apply to people using the service. However, care workers had a good understanding of MCA should people lack capacity in the future. People told us care workers asked for permission before providing care.

Care workers supported people to access external health appointments when required. People were supported to meet their nutritional needs.

People had their needs assessed including gathering information about their life history and care preferences. Personalised support plans had been written which clearly documented the support people wanted to receive. Support plans were reviewed regularly and were up to date. Staff were positive about the new registered manager and told us they were "approachable".

There was a range of quality checks and audits in place to check on the quality of people's care. These had been effective in identifying and resolving issues. The registered provider was working on an action plan from the last local authority commissioning team visit.

People were consulted about the care provided at the service. Positive feedback had been given during the most recent survey undertaken.

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.

Medicines were administered appropriately.

Care workers had a good knowledge of safeguarding and whistle blowing, including how to report concerns.

Staffing levels were appropriate to meet people's needs. There was an effective recruitment process when employing new care workers.

Incidents and accidents were logged and checked to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Care workers received regular supervision and training was up to date.

Care workers understood the Mental Capacity Act (MCA). Care workers obtained consent from people before providing care.

People were supported to access health care and to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were happy with the care and support they received.

People said they were cared for by kind and caring staff.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and personalised support plans written.

There were opportunities for people to give feedback about the

service.

People knew how to complain if they were unhappy with their care.

Is the service well-led?

Good ●

The service was well led.
The service had a registered manager.

Quality audits were carried out to check people received good care.

External audits were in place and action plans had been developed. Progress had been made with the action plans.

Clasper Court

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 inspection took place on 26 and 29 April 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in.'

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

Before the inspection we reviewed the information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with seven people who used the service. We also spoke with the registered manager and three care workers. We looked at the care records for four people who used the service, medicines records for seven people and training, supervision and recruitment records for four care workers. During the inspection we also viewed the most recent report from the local authority commissioners of the service.

Is the service safe?

Our findings

People told us they felt safe living at Clasper Court. One person told us, "There is always somebody here to help you. I have a buzzer to call staff." Another person commented, "There is always someone on hand of something happens. It gives you a bit of confidence."

Medicines records supported the safe administration of medicines. All medicines administration records (MARs) had been completed accurately with the details of medicines care workers had given to people. Where medicines hadn't been given, codes were used to identify the reason for non-administration. Regular audits and checks were carried out by both a senior care worker and the registered manager to ensure MARs were completed accurately. These checks had been effective in identifying concerns, such as missing signatures on MARs and changes to people's medicines. Medicines were administered by trained care workers whose competency had been assessed. Records for the receipt and disposal of medicines were completed accurately. People receiving support with medicines told us they received these when they were due.

Care workers had a good understanding of safeguarding, including how to raise concerns. They could describe the various types of abuse and potential warning signs. One care worker told us if they had any concerns they "would report [them] straight to the manager". There had been one recent safeguarding concern identified for one person using the service. The registered provider had followed the appropriate procedure in referring the concern to the local authority safeguarding team.

Care workers were also aware of the registered provider's whistle blowing procedure. None of the care workers we spoke with raised any concerns with us about people's safety. They also said they felt confident to raise concerns. One care worker said, "I could go to the [registered manager] or [senior manager]. They are both approachable." Another care worker told us, "I wouldn't hesitate [to use the whistle blowing procedure]. It's all about the person."

People said there were sufficient care workers on duty to meet their needs in a timely manner. One person told us, "The girls are here in a minute." Another person told us, "They are very quick when I press my buzzer." A third person said, "They come quickly when I press my buzzer, seems like two seconds." A fourth person said, "If I need them they would be here like that."

Care workers also confirmed there were enough care workers to meet people's needs appropriately. One care worker commented staffing levels were "really good, all needs are met." Another care worker said, "We have enough staff at the moment. We go straightaway if they ring the buzzer." A third care worker member said, "I have no concerns about staffing levels."

There were effective systems in place to check newly recruited care workers were suitable to work with vulnerable adults. We viewed the recruitment records for five care workers. We saw pre-employment checks had been carried out, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a

criminal record or were barred from working with vulnerable people.

The registered provider kept a log of incidents and accidents. Records we viewed were detailed and provided an update on action taken following incidents, such as hospital treatment. These were reviewed to look for trends and patterns and to ensure appropriate action was taken to keep people safe. The registered manager told us there were no particular patterns to falls within the service and nobody required currently required a referral to the 'falls team.'

Some people required specialist moving and assisting equipment to help them mobilise. Records confirmed equipment had been checked and serviced regularly to ensure it was safe to use.

Is the service effective?

Our findings

Care workers were well supported to carry out their role. All of the care workers we spoke with said they had good support from their manager. One care worker commented, "I am very well supported, manager and staff have been lovely. I love it." Another care worker said, "Amazing manager, if you have anything to say you can go to her. Support is brilliant." A third care worker told us, "The support is very good. I have had a lot of support. [Registered manager] always says if you need help just ask." Records confirmed one to one supervision and Employee Performance Management (Employee Performance Management is the registered provider's performance appraisal system) were up to date.

People felt care workers had been well trained and knew what they were doing. One person commented, "They [care workers] have had all the training." Another person said, "Yes they are very good staff." Training records confirmed training the registered provider had identified as essential for each care worker was up to date. This included moving and assisting, first aid, fire safety, infection control, food hygiene and safeguarding adults. The registered provider had a training matrix to track when training needed to be updated.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. At the time of our inspection all of the people using the service had capacity to make their own decisions. One care worker member said people using the service were "able to make their own choices and views." Care workers had completed training on the MCA. Although nobody currently using the service lacked capacity, care workers still had a good understanding of when MCA applied to people receiving a care service.

People told us they were asked for permission before receiving care. One person said they had "no restrictions" on them and were able to make their own choices and decisions. Another person said, "Staff ask me what I want. I chose bacon and eggs for breakfast." Care workers confirmed they would always obtain consent from people before providing care. One care worker, "I ask them, you shouldn't assume they always want the same things." Care workers said they would respect a person's right to refuse. One care worker, commented, "We can never force somebody."

People were supported to access health professionals when required. One person told us they had recently been to a health appointment. They said, "One of the girls [care worker] went with me." Care records showed people had input from a range of professionals including GPs and community nurses. Each person had an emergency health care plan (EHCP) which detailed their wishes about how they wanted to be

supported in an emergency situation, such as whether the person wanted to be admitted to hospital or not.

People received support with their nutritional needs as determined in their initial assessment. At the time of our inspection people were independent with eating and drinking. Some people were assisted by care worker with meal preparation.

Is the service caring?

Our findings

People were happy with the care they received from the service. One person said, "I am happy, I wouldn't want to live anywhere else. You couldn't get any better care. I love it here." Another person commented, "Nice, I like it here." A third person said, "I am happy with it." A fourth person said, "They are very good. Everything is alright as far as I am concerned."

People gave us positive feedback about the care workers providing their care. One person said, "The girls are all lovely." They went on to say, "If they [care workers] can help you they help you." Another person told us, "The girls, they are nice. They go out of their way to help you." A third person commented, "They are nice girls, they are caring." A fourth person said, "They are very kind people." We observed during a coffee morning we attended and from observation throughout our inspection that interactions between people and care workers were warm, friendly and professional. There was a good rapport between people and care workers and a relaxed atmosphere was evident.

People were treated with dignity and respect by care workers who knew their needs well. One person told us, "They [care workers] treat me fine." Another person said, "They treat me good." A third person said, "They make me feel at ease." Care workers said they took time to "find out about people's likes and dislikes". They also said they read people's care plans to find out how people wanted their care provided. Care workers described how they provided care in a respectful and dignified manner. For example, telling the person what was happening, keeping people covered up as much as possible. One care worker commented, "I treat them like I would treat my own parents."

Care workers said they were able to give people the time they needed. One care worker said, "You can spend time chatting in the flat." We have quality time for people. There are no barriers to providing people's care as they want it." Another care worker told us, "We have time for chatting. We do jigsaws with [person]. We sit and talk to [person] and [person]."

People said they were in control of their care. One person commented, "You can do what you like." Another person said, "Definitely, I am in charge." Care workers understood the importance of promoting people's independence. One care worker said, "We let them do as much as they possibly can."

The service user guide for the service had recently been updated. This provided people with guidance and information in an easy read format about important information, such as how to complain if they were unhappy about the service. Information was displayed around Clasper Court for people to read about safeguarding and keeping safe.

Is the service responsive?

Our findings

Care records contained detailed personal information for care workers to help them better understand people's needs. This included details of people's next of kin and professionals involved in their care. Care workers had also gathered information about people's life history and completed a document called 'About me'. This provided information about people's life and background including their childhood, place of birth, family members, schools they attended, favourite hobbies and favourite holidays. People's likes and dislikes were documented, as well things that gave them comfort and control. For example, for one person this was for them to have control over decisions and the reassurance of care workers being around.

We found support plans we viewed were personalised to the individual needs of each person. Support plans were written from the perspective of the person using the service. They detailed the support that should be provided and an expected outcome to aim towards. For example, one person's personal care support plan identified they wanted to have a shower on a particular day each week and to have their hair done once a week. The identified outcome was that person's dignity and respect would be enhanced as personal care was very important to the person. Support plans provided step by step guidance for care workers to follow to ensure people consistently received the care they wanted. Support plans had been reviewed regularly. Records of the review were detailed and gave a meaningful update as to the person's current needs.

People were involved in reviewing their care every six months. Although records of reviews recorded people's views about their care, these were quite often a repeat of the outcomes from people's support plans rather than an accurate record of the person's point of view.

There were opportunities for people to give feedback. A suggestion box was located in the reception area so that people and visitors could give their views about the service anonymously. There had been two positive comments made about the caring nature of the service and care workers.

People we spoke with did not raise any concerns with us about the care they received. They knew how to make a complaint if they were concerned. One person said, "I have nothing to grumble about." Another person commented, "I have nothing to complain about." A third person said, "They are very good. I can't find fault with any of them." There had been no complaints made about the service. However, the registered provider had a complaints procedure in place should any complaints be made in the future.

Is the service well-led?

Our findings

The service had a newly registered manager. Since our last inspection notifications had been submitted to the CQC as required. All of the care workers we spoke with gave us positive feedback about the registered manager and described her as "approachable".

The registered manager carried out spot checks of care workers to assess their competency and ensure they were following correct procedures. Areas checked included medicines management, infection control, supporting dignity and choice and promoting independence. Records we viewed showed positive findings. For example, one observation recorded the care worker had rang the person's bell before entering, had greeted the person with a 'good morning' and asked about the person's preferred toiletries before offering support.

The registered provider had a range of quality checks and audits to help ensure people received good care. These included audits of medicines, staff files and falls. We viewed records of previous audits and found these had been successful in identifying issues and taking appropriate action. For example, one medicines audit we viewed had identified a trend that one person was continually refusing a certain medicine. A senior care worker had contact the person's GP who concluded the medicine was no longer required and could be discontinued. Medicines audits had previously identified concerns with missing signatures. This had been dealt with through individual discussions with care workers. We found medicines records were accurate when we checked them during our inspection.

People had more formal opportunities to give feedback about the care they received. For example, questionnaires were given to people to gather their views. We viewed the feedback from the most recent survey carried out in April 2016. Five out of eight people had responded to the survey. People were asked to give feedback on a range of questions about the service, including how well care for they felt, are they able to express their views, do people think they are given choices, were they treated with dignity and respect and the reliability of care workers. The feedback received was positive from all five people. One person had replied that they would like to be kept up to date with changes within the service. The registered provider had agreed an action following the consultation to commence a regular 'tenant's meeting'.

An action plan had been developed following the last local authority commissioning team review of the service. We viewed the latest version of the action plan dated April 2016 which confirmed continuous progress had been made with the action plan. For example, there were 37 seven action identified on the action plan. 31 actions had been signed off by the registered manager as complete with six on-going. Actions identified included health and safety issues, staff supervision and improvement to care planning. Most of the outstanding items were linked to a wider programme of work being undertaken within the local authority. There was a 'Service Improvement Plan' in place for 2016 to 2017. This identified specific actions for the forthcoming year to improve the quality of the service provided to people.