CareTech Community Services Limited

Clock Tower Mews

Inspection report

The Causeway
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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

We undertook an unannounced inspection of Clock Towers Mews on the 6 October 2016, 13 October 2016 and 11 November 2016.

The service provides accommodation and personal care for up to eight people with mental health and learning disability support needs. On the day of our inspection, there were eight people using the service.

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

The staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff were aware of people's rights and choices, and provided people with person centred care. Medicines were administered safely by staff who had received training.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs. Staff were well supported to deliver a good service and felt supported by their management team. The provider had effective systems in place to monitor the quality of the service they provided.

People were supported to make decisions for themselves and encouraged to be as independent as possible. People, relatives and /or other professionals were involved in planning the support people required.

People were supported to eat and drink well and to access healthcare services when required. Staff were quick to act on peoples' changing needs and were responsive to people who required support.

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 aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Risks were assessed and well managed.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amount to maintain good health.

Is the service caring?

Good

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive

Staff were aware of people's support needs, their interests and preferences

People and stakeholders were asked their views on the service.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well led

Staff felt supported by the management team.

Staff felt comfortable discussing any concerns with their manager.

Regular audits were undertaken to assess and monitor the quality of the service people received.

Clock Tower Mews

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 6 October 2016 and was unannounced. We spoke with peoples relatives on 13 October and 11 November 2016. The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about the service, this included information we had received from the local authority and the provider since the last inspection, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who used the service and observed two other people who used the service, spoke with the manager and two senior carers, two care staff, and three relatives. We reviewed the care and support records of the three people that used the service, two staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

A relative we spoke with said "O yea [person] is definitely safe there. I never have any concerns around that." Staff had in-depth knowledge of people's needs and how to keep them safe. One staff member said " I make sure that when our clients are in the lounge, I am available and around to support them and keep them safe" Staff we spoke with were aware of how to report any concerns they may have internally and externally and knew where they could find the policy on keeping people safe. Training records reviewed showed that staff had all received training in safeguarding. Staff we spoke with also knew where to locate the home's whistle-blowing policy. Whistle-blowing is a way of reporting concerns anonymously without fear of the consequences of doing so.

Staff had all been trained on how to deal with peoples changing behaviours which could put them at risk of harming themselves or others. There were clear instructions for staff to follow on how to use appropriate and effective communication and distraction techniques. Where required people's support plan detailed triggers with information on how to minimise those triggers so that people's care and support were provided safely.

Risk assessments had been undertaken to ensure that people were safe from harm and these were appropriately assessed and regularly reviewed. For example we saw that one person was at risk of having an epileptic fit .The risk assessment advised that firstly all staff should be trained in epilepsy, it then provided information on what staff should do if the person had a fit. There were also clear instructions for staff to follow to minimise this risk. Accidents and incidents were recorded and these were reviewed and analysed by the management team to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe.

The provider had undertaken environmental risk assessments and health and safety checks to ensure that the home was suitable and safe for people; these included a fire risk assessment regular gas and electrical checks. There was a health and safety policy which staff were aware of and knew where to locate it. They kept a log of daily checks that were undertaken in the kitchen which included recording the fridge and freezer temperature and a list of food which was due to expire. This ensured that people were not given out of date food.

The provider had an emergency evacuation plan in place, which helped ensure that in the event of an emergency people using the service were kept safe. Individual assessments were undertaken which looked at people's ability and support they would need to leave the service safely in the event of an emergency.

Staff rotas showed that there were always sufficient staff on duty. The deputy manager told us "One of our clients' needs has been assessed as needing one to on. Our other clients following their individual assessments have two clients to one member of staff. Should any of our clients' needs change it would be reviewed". Relatives that we spoke with felt that there was enough staff on duty to meet their relative's needs. During our inspection we saw that staff were available to support people when required.

Staff employed at the service were suitable and qualified for the role they were being appointed to. There was evidence that all staff completed an application form, references had been obtained and staff had a Disclosure and Barring Service (DBS) check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We reviewed the Medicine Administration Records (MAR) for two people, covering the period of 29 September 2016 to 26 October 2016. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held a photograph and details of any allergies. There was a medication policy and procedure available for staff to refer to should the need arise. Staff who administered medicines had received the appropriate training and had their competency assessed.

Good

Is the service effective?

Our findings

A relative we spoke with told us, "[person] has been with them for about 18 years, the staff 100% know how to take care of [person]. They have never stopped trying to help [person] live a complete live. " Another said "Yes I think staff understand [person] needs, I think it's difficult when you got a non-verbal person, but to the best of their [staff] ability they try and I understand [person] needs."

Some of the people were not able to speak with us and we used the Short Observational Framework for Inspection (SOFI) to understand their experiences of the care provided. A member of staff told us "I use Makaton sign to communicate with [person]. They are now able to do some signs themselves like sleepy, cup of tea and thank you." Other staff told us that they communicated with those people by way of photos, pictures, pointing, watching gestures, watching body language and observation. We saw that people's support plans provided information on how to communicate with each person effectively. We observed staff in the lounge interacting with a person and supporting them to play the keyboard, whilst other people clapped and danced.

Records showed that staff had received other appropriate training and these were up to date. A staff member told us, "Our training is continuously updated, the courses are really good, really informative, it gives good insight on how to care for someone properly." We noted that all staff had been encouraged and supported to gain further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QCF). The manager showed us the computerised 'traffic light system' whereby a coloured alert such as amber would indicate that training refresher course would be due in two months. The manager told us that this helped to ensure that staff kept up to date with their training. Staff we spoke with and records showed that they had an annual appraisal and regular supervision during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues.

Although some people were unable to verbally provide consent, we saw that support plans contained written consent for care, for photographs to be taken, and for other professionals to review their care and support plans. Staff told us that they always asked people's permission before undertaking any task on their behalf or with them. They told us that they looked for facial expressions and body gestures to ensure that people agreed with receiving help and support. One staff said, "Our clients are not able to verbally consent, however we still speak to them about any action we are going to take for example with personal care we talk them through everything we are going to do, we look at their body language and facial expressions to see that they are happy with the activity. One of our clients is able to wink and nod their head, this helps staff to know if they are happy or not. We also use pictorials showing showering and eating."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) Staff understood and were able to explain their responsibility under the Act. They told us that if they had any concerns regarding a person's ability to make a decision they would ensure that appropriate capacity assessments were undertaken. The manager had a process in place to ensure that where required 'best interest' assessments were undertaken. Where possible the manager sought input from people's relatives, advocates and other professionals. There were DoLS applications in process with the local authority.

Staff had also received training in food safety. Menus were made from peoples likes and dislikes, which had been documented in peoples care plans. There were clear guidance for staff to follow so that people had a well-balanced diet. Where people required a special diet, there was also specific information regarding the type of foods that should be avoided. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. We noted that menus were bright and colourful so people could visually see what the menu was for any particular day. People were offered drinks and snacks throughout the day. The manager told us "We compile together our clients likes and dislikes with the support of staff and our clients families. Menus were then created from this. It includes a vegetarian selection as one of our clients is a vegetarian."

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required. The senior carer told us "Appointments are put in the diary each day the shift leader reads though the diary and allocates particular members of staff to attend events/appointments with clients." A relative told us "I'm always kept informed of any appointments or problems."

Good

Is the service caring?

Our findings

A relative told us "Staff are very caring" another said "...staff always ask me if I'm happy with the service [person] receives and if there's anything I wanted to change. They are very caring; I couldn't fault them at all."

We observed staff interacting with people in a positive way. We saw that staff had time to sit, talk and interact with people and were patient when trying to understand what a person needed. The home had a sensory room, (a special room designed to develop a person's sense, usually though special lighting music and objects) This room was decorated with soft lightings and soft floor cushions. There was a projector showing pictures of animals and trees and smoothening background music. We saw that people had enjoyed spending time with staff in this room. A staff member said "Our clients really do enjoy coming into this room, the environment is so calming and they really enjoy watching the projector."

We observed that staff knew people's needs and spent time talking with people and supporting them with tasks. We noted that staff were patient and although some people's ability was limited staff encouraged them to do as much as they could for themselves. A staff member we spoke with said, "We aim for personalised service so everything starts with the individual, you have to be caring, patient and have empathy to be able to do this job well."

The support plans were written in an 'easy read' format. We saw that people, and where possible their relatives/advocates and/or other professionals were involved in their care planning process and that pictorials pictures and symbols were used to assist people to make choices about how they wanted to be cared for .The manager told us that " Families are involved, we have a barbeque party which we invite our clients families, this is one of the things we do to avoid social isolation and to keep our clients involved and living their lived to the fullness."

We observed that staff respected people's privacy and dignity. When entering people's bedrooms, staff knocked on the door and waited to be given permission to enter. They slowly opened the door when entering the bedrooms of people who did not speak so that they gave them the time to communicate that the staff could not come in. They also ensured that doors and curtains were shut when providing personal care.

We saw that within peoples care plan there was a section that documented details of end of life plans. The manager told us that families were offered a choice as to whether or not they wanted to provide details of people's end of life plans. The manager told us "It's a very sensitive subject, so we never force relatives to discuss this if they don't want to."

Good

Is the service responsive?

Our findings

Care plans were person-centred and contained comprehensive details of what support people needed. We noted that these were also 'user friendly'. Care and support plans were regularly reviewed and where possible people and or their relatives or other professionals were involved. Details of peoples histories were documented which had helped to formulate the care and support plans so that they included people's interests and preferences. Also documented within peoples care plans were information on whether they preferred being supported by a male or female carer. Each person had their daily routine which held details of what they wanted to do on each day. People had been supported to attend activities within the community such as day centres and accessing the community. People were encouraged and supported to keep in contact with relatives. Relatives we spoke with confirmed that staff were approachable and that if they had any concerns they were comfortable to approach staff and the management team.

There were regular reviews of peoples care needs; we saw that families were invited to the reviews. People's preferences were updated when required, for example we saw in a review that a person now preferred to have vegetarian meals. This was supported by the service. Relatives we spoke with confirmed that they were involved and/or invited to peoples reviews.

We noted that where person had moved from other services to Clock Towers Mews, the staff supported them though the transitional period to enable them to settle into their new home. Were required staff supported people to keep in contact with people from their previous home as well as helping them to form new friendships in their new home.

There were regular meetings with people who used the service during which topics such as food, holidays and activities would be discussed. There were plans and designs for a sensory garden for people to use and enjoy.

There was a complaints policy and procedure available in an easy read version, which was displayed in the communal areas of the home as well as in the main office. The policy provided details of how and where a person could make a complaint to the provider and other senior staff. There was also a photograph of the staff member to whom they could make a complaint to. The manager told us that they had not had any complaints in the last six months. A person we spoke with told us about how they could make a complaint should they need to. They were aware of whom within the organisation they could go to if they were not happy with something. All relatives that we spoke with told us that they knew how to make a complaint should the need arise.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they were supported by two senior carers. Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have in regards to the service and people's care. They all knew the names and positions of senior staff as well as details of the provider and felt that there was good strong leadership within the home. The manager told us "I motivate my staff by listening to them, we are all a team, we have the same goal. So we strive to get staff involved in shaping the service to continue delivering a high quality service."

Staff told us that the philosophy within the home was providing person centre care and involving people as much as possible in areas such as care planning, food, activities and supporting them to make choices that promoted their wellbeing. A senior carer told us " My manager expects me to work effectively with the support workers to provide a quality service to our service users and to continually look at ways as how to improve the service."

All relatives we spoke with found the staff to be approachable and helpful. One relative said "The manager is always around and there is always staff around should I need to talk to them. I don't need to make an appointment I can just go in." another said "They are absolutely lovely they are approachable, I'm always kept informed."

There were regular staff meetings and these were recorded so that staff that were unable to attend could be kept abreast of any changes. The manager and senior carers were visible throughout the home and were also involved in providing care to people who used the service.

We noted that safeguarding incidents had been recorded, appropriate action taken and where necessary, staff sought advice and guidance from other professionals such as social services.
The manager carried out regular audits of medicines so that that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised and that people received their medicines safely and at the right time. Other audits where undertaken in areas such as care plans, Health and safety, infection control and wheelchair safety. We were told that if areas of improvements were identified an action plan would be put in place to implement the improvements. We saw that the provider's quality assurance system was effective.

The provider had undertaken a satisfaction survey in June 2016. We saw that there was a 'user friendly' format for people who used the service and that staff had supported people to complete the survey. The results showed that people and relatives were happy with the service that they had received.