

Claremont Care Limited

Elm House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 20 February 2015 and was unannounced.

Our last inspection took place on 19 September 2014. During that inspection a number of concerns were identified. We told the provider that improvements were required to ensure people received care that was safe. At this inspection we found that the required improvements had been made.

Elm House provides personal care and accommodation to eight people who have a learning disability and complex care needs. There were seven male users of the service in residence at the time of the inspection.

The manager for the service was in the process of applying to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 were protected from avoidable harm because risks to people's health and wellbeing were well managed, and the staff had the knowledge and skills to keep people safe. People's medicines were stored and managed safely.

There were sufficient numbers of staff to meet people's needs and keep people safe. Staff were properly recruited and received training that provided them with the knowledge and skills to meet people's needs effectively.

Staff sought people's consent before they provided care and support. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 were followed. But there had been a failure to recognise an unlawful restriction and request an authorisation under Deprivation of Liberty Safeguards (DoLS) processes. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to access food and drink of their choice, and their independence was promoted. Advice from health and social care professionals was sought when required and people's health and wellbeing needs were monitored.

Staff treated people with kindness and their dignity and privacy was promoted. People were encouraged to make choices about their care and the staff respected the choices people made.

People were involved in the planning of the care, it was delivered in accordance with their care preferences. They were supported to be independent. People could participate in leisure and social based activities as they chose.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks to people were assessed and reviewed and staff knew how to support people and keep them safe. There were sufficient staff to meet people's needs and recruitment procedures ensured staff were suitable to provide support. Staff understood how to protect people from abuse and avoidable harm and how to report it.

Good



Is the service effective?

The service was not consistently effective.

People consented to their care and support and staff knew their responsibilities under the MCA and how to support people, but there had not been recognition that one person who lacked capacity was being unlawfully restricted. People were supported to access health services as required and helped to ensure their health and welfare needs were met.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with kindness and staff respected their right to privacy. People were involved in making decisions about how their care was provided.

Good



Is the service responsive?

The service was responsive.

People were involved in the planning of their care and day to day events to ensure their care met their preferences and needs. Their views were taken into account. People knew how to make a complaint and had support from independent advocates if needed.

Good



Is the service well-led?

The service was well-led.

There was a positive atmosphere at the service. Staff and people felt well supported and commented positively about the management of the home. Systems were in place to regularly assess, monitor and improve the quality of service and care.

Good



Elm 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 was 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 20 February 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for someone who had a learning disability.

We reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important

events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with five people who used the service, three members of care staff, and the manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at medicines records and those relating to the management of the service. These included quality checks, staff rotas, training records and recruitment records.

Is the service safe?

Our findings

At our last inspection of 19 September 2014 risks to people were not always managed and staffing numbers were not sufficient to ensure people's safety. This meant the provider was in breach of Regulation 12 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the required improvements had been made. Risks to people from poor standards of hygiene were reduced and systems were in place to ensure people were protected from risk of cross infection. Improvements to the environment meant people benefitted from well maintained and clean surroundings. Staff understood their roles and responsibilities for maintaining good standards of cleanliness.

Staff numbers had been increased to ensure people received the support they needed to keep them safe while promoting their independence. People told us they were happy with the support they received and we observed that people's needs were met promptly throughout the period of our inspection. Staff were recruited using robust procedures and checks including requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People told us they felt safe, staff knew what to do if they had any concerns about the safety and well-being of

people who used the service and who to report to. They described how they would recognise the signs of abuse and the action they would take to protect people from the risk of harm.

Risk assessments detailed the known risks to people's health and welfare. There were clear instructions and guidance of the action staff should take to mitigate risks. We saw clear behavioural plans were in place providing staff with the information they needed to ensure they recognised signs of agitation or distress. They indicated the additional support and intervention needed to ensure people were safe.

People were supported to be as independent as possible in relation to medicines management and medicines were appropriately managed, administered and stored. We observed one person had been supported to retain some independence with medicines administration. They told us how they did this. We saw medicines records were appropriately maintained. Where people were prescribed medicines on an occasional basis, there was clear instruction to inform staff when and why it should be administered this ensured consistent and safe administration. One person told us, "They [the staff] ask me if I want my medication". Staff we spoke with confirmed they had received medication training, they had also been assessed as competent to administer on three separate occasions, before they were allowed to administer medicines to people.

Is the service effective?

Our findings

At our inspection of 17 October 2013 we found that staff were not properly supported to ensure they could deliver safe and effective care to people. This meant the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that required improvements had been made. All the staff we spoke with confirmed they received regular one to one support from the manager or senior staff and received the training they need to ensure people's care needs could be effectively met. People we spoke with told us they were happy with the staff team supporting them. Each person had chosen key staff to work with them and it was evident from our observations that relationships between people and the staff were positive.

Two people were subject to restrictions or treatment orders under the Mental Capacity Act 2005 to ensure their welfare. They had regular meetings to discuss the ongoing appropriateness of the orders; both people had an understanding of their restrictions. One other person was described as not having capacity to make important decisions about their care, but there was no evidence of a capacity assessment on the person's file. On arrival at the home the person was asking to go out, they said, "I want to go to the farm now". They were agitated and we observed staff attempt to de-escalate and redirect the person. Staff we spoke with said, that the person thought they had an activity planned but had mistaken the day. The front door of the home had a key coded lock which the person did not have the code to and would have been at risk of harm if they accessed the community independently. This meant

the person's liberty was restricted. The manager agreed that a Deprivation of Liberty Safeguards (DoLS) authorisation regarding the restrictions on this person was needed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their roles and responsibilities and the key requirements of the Mental Capacity Act 2005 (MCA) and the need to ensure people were enabled to consent to care and treatment. For example one person told us, "They [the staff] always ask me what I want to do". Another person said, "They [the staff] know what time I like to get up and go to bed". We observed and heard staff seeking consent from people who used the service throughout the inspection, for example one person was asked how he wanted to be supported with an activity later in the day.

People chose what they wanted to eat at each mealtime and were supported to be involved with meal and drink preparation if they wanted to. We observed people had free access to the kitchen and one person told us how they chose to eat their meal at different times to other people. Staff we spoke with told us meals were planned with people who used the service weekly, but were not 'set in stone' and could be changed.

People were enabled to access a variety of health and social care professionals as required, to ensure their health and welfare needs were met. A visiting social care professional told us how the manager and staff supported people during any reviews of their care. People health needs had been assessed and 'health action plans' detailed the support they would need to maintain their health.

Is the service caring?

Our findings

One person told us the staff were, “very nice” and “they always take me out to places”. They also said Elm House was, “the best one” of the homes he had lived at. One person said about a member of staff, “I am very fond of [staff member] she looks out for me”. We observed positive friendly relationships between the staff team and people who used the service; there was evidence that people felt confident in the staff supporting them. There were jovial exchanges and good natured banter evident throughout the inspection.

People who used the service were enabled to have privacy when they wanted to because they could freely access their bedrooms and lock their bedroom doors. People told us and we observed that staff always knocked on bedroom doors and waited for the occupant to invite them in before entering. One person said, “They [the staff] don’t come into my room unless I say so”.

When talking to staff we observed they were attentive to the needs of people they supported and responded to any request for assistance or attention promptly.

People told us they were involved in day to decisions and planning their care. One person told and showed us their folder they kept in their bedroom, with the information they had about their care. The manager told us that once the review of care plans had been undertaken people would once again be supported to arrange their person centred plans for the next twelve months. The senior staff on duty confirmed that during the review of care plan people had been spoke with and were given opportunities to discuss what they wanted.

Most people had capacity to make day to day and more complex decisions and were supported by family members and other professionals where needed. Advocacy services could be accessed if needed.

Is the service responsive?

Our findings

People's care and treatment needs were assessed and reviewed regularly. People had been included in the development of plans and records we saw documents to demonstrate this such as 'how I like to take my medicine'. We saw 'my life story' documents which recorded each person's family history and who and what was important to them. Specific care plans were developed under the heading of 'my life now'.

People told us they had been included in making decisions about their care and treatment plans. One person told us they had agreed a weekly plan which clearly set out the things they wanted to do. People were encouraged to be involved in decisions through monthly 'key worker' discussions, where they met with their key staff to discuss their care and any plans. A key worker is a member of staff who has been specifically allocated to an individual or chosen by them to support them with their everyday care and decisions. Two people told us how they arranged to go on holiday.

People were encouraged to engage in activities and hobbies and interest of their choice. Two people told us how they enjoyed watching the local football teams and the home had an annual season ticket for one of the local

league teams. People took turns in attending home matches. We were invited to visit some people's bedrooms and there was evidence that they had been supported to collect items of interest and decorate their rooms in colours and styles of their own choice.

People knew how to make a complaint and told us they would talk to staff or the manager. One person said they would talk to a community nurse and another told us they would talk to a social worker. When asked people said they were happy with the service provided, but also told us of concerns they had specifically relating to a staff member's behaviour and control of the TV. These concerns were shared with the manager for their action. The provider recorded and managed complaints to the service appropriately and responded to them within agreed timescales.

People's needs were responded to. One person told us they didn't want to continue to live at the home any longer and wanted to move to a more independent lifestyle. They told us, "I can't stand it here". The manager and person confirmed that meetings were taking place with the person's social worker, to source an alternative placement. This was confirmed by the social worker who visited during the inspection to discuss the person's future.

Is the service well-led?

Our findings

The provider had recruited a manager since our last inspection. They were available during the inspection and told us they had transferred from another of the provider's homes and had submitted an application to us to register. We were able to confirm this. People and staff we spoke with were very positive about the manager, comments included, "He's great it's been much better recently, better organised and managed" and, "It has a great feeling now. I feel well supported and the team work well together". One person said, "x [the manager] is my friend". We were told that team meetings took place regularly and records we looked at confirmed this.

The views of people and relatives were sought by the provider but the records of the returned surveys were not dated so the manager couldn't be sure when they had been last circulated. The comments we saw were very positive.

There were systems in place for managing, monitoring and auditing the quality of the service. The manager told us he had undertaken a full audit of the things that needed to be

improved and produced an action plan which the provider had agreed. Improvements that had taken place included redecoration and repair of the environment. Individual staff members had been allocated roles and responsibilities to ensure that certain tasks were managed and undertaken. Such as checks of equipment, fire safety, infection control and health and safety checks.

A new handover record had been introduced to ensure that communication in the home was improved, this meant staff were able to discuss everything that had happened on each shift.

There were regular quality checks carried out on behalf of the provider, to ensure the manager was maintaining the standards expected. A review of the numbers of incidents, accidents and behavioural incidents was included in these checks to assess trends and any actions that were needed to reduce the risk of future incidents.

The manager understood the responsibilities of CQC registration. They reported significant events to us, such as safety incidents, in accordance with registration requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with unlawful restriction under the MCA 2005 and DoLS.</p>