Royal Mencap Society

Curlew Close

Inspection report

1 Curlew Close
Northway
Tewkesbury
Gloucestershire
GL20 8TJ

Tel: 01684275991
Website: www.mencap.org.uk

Date of inspection visit:
14 September 2016

Date of publication:
31 October 2016

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 was unannounced and carried out on 14 September 2016. Curlew Close is a residential care home providing individualised support for people with a learning disability. At the time of our inspection there were four 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. Family members said the management team were approachable.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they like to do and how they like to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. Daily records were detailed and recorded every hour throughout the day.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the registered manager.

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.

Medicine administration, recording and storage were safe.

Risk assessments had been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Is the service effective?

Good

The service was effective.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

Staff received appropriate training and on-going support through regular meetings on a one to one basis. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were being met in an individualised way. Staff supported people to manage their meals and drinks independently where possible.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported to maintain relationships with their families.

We observed positive interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed support plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

Is the service well-led?

Good

The service was well-led.

Regular audits of the service were being undertaken.

Quality and safety monitoring systems were in place.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the vision and values of the service and supported people in an individualised way.

Curlew Close

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.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This was an unannounced inspection completed on 14 September 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in November 2014 and there were no breaches of regulation at that time.

During the inspection we looked at two people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with three members of staff and the registered manager of the service. We spoke to three people who live at Curlew Close. Because we were unable to speak with all people who live there due to their communication difficulties or learning disabilities we spent time observing what was happening in their home.

After the inspection we spoke to two relatives and health and social care professionals to obtain their views on how the service was being managed.

Good

Is the service safe?

Our findings

People told us they felt safe living at Curlew Close. One person said "I like living here, the staff care". Staff and relatives spoke highly of the service and said it was safe. We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their home and with the staff that supported them. One staff member said "It is definitely safe for people who live here; I would immediately ring my manager if there was a problem".

All staff had received fire safety training and there were regular fire safety checks in place however people did not have a personal emergency evacuation plan (PEEP). One person had significant mobility needs and people had risk assessments regarding mobility. However there was no guidance or information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency The registered manager assured us that these would be completed as soon as possible.

People's medicines were safely managed and the practice and procedures followed resulted in minimal risk for error. People's medicines were stored safely and their medicines were given as prescribed. People were supported to take their medicines as they wished. One person's care plan said "I would prefer my medication to be given with squash not plain water". One person had been assessed to self-medicate and they showed us their medicines which were locked in a cabinet in their room and explained how many tablets they took and when. There was a risk assessment and records to show the self-medicating procedure for the person. There were clear policies and procedures in the safe handling and administration of medicines. Medicine administration records (MAR) demonstrated peoples medicines were being managed safely. There were some inconsistencies with the homely remedies recording. The registered manager assured us this would be investigated and a re-assessment with the local GP surgery would be completed. One relative said "Curlew Close identified issues and now my relative's medication has been changed, this has worked really well and now they are less challenging and much more settled".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said "I would know who to call if I had an issue, the registered manager always picks up the phone and we have a 24 hour on call person in an emergency". People were able to make complaints if they wished to and each person had an easy read booklet to explain how to do this. One person's care plan said "I know how to make a complaint to staff but I am unable to read the new leaflet. I need staff to pass on complaints". There was a "How to raise concerns" protocol on the staff office wall with relevant numbers to call in an emergency.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us people had a Disclosure and Barring Service (DBS) check in place. A DBS

check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for three staff which evidenced staff had been recruited safely.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. People and staff confirmed there were sufficient numbers of staff on duty. However, some staff had recently left employment and shifts were being covered by some agency staff. The service used consistent agency staff where possible and we met a new agency worker on the day of our inspection. We spoke to them about their experience of working at Curlew Close and they said "I like working here, this is my 3rd shift. I really enjoy taking people out. We are going to buy the fish some new things today". Overnight there was a staff member who could be called upon to deal with any events. People were looked after by staff who were familiar with their needs and preference.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding, first aid and Infection control. The provider offered extra training and some staff had completed this. For example: dementia awareness, understanding autism and Makaton taster sessions. One staff member had completed fire drill observations in April 2016 and was being enrolled on their NVQ 3 qualification to further develop their skills. A new mandatory training titled "The Care Act" was available for staff to complete online at the time of our inspection.

Staff completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. The registered manager informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. This was checked and signed off by the registered manager when a staff member had completed their induction.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for some people and the registered manager was awaiting further contact from the local authority. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute a deprivation of liberty. A capacity assessment had been completed for all four people in August 2015 to understand the reason to vote in elections and how to vote. This clearly linked to documents in their care plan. One person's care plan said in March 2016 "I do not want to vote in the EU referendum".

Staff received regular supervision and appraisals which provided staff with formal support with their development of skill and knowledge. This was to ensure people continued to receive high standards of care from staff who were well trained. Staff had supervision every other month and records showed us these had all been completed. The appraisal system was called "Shape your future" and gave staff goals to achieve throughout the year. One staff member's supervision notes regarding communication said "I noticed the circus was on in Gloucester so I called staff in another home to see if the people who live there wanted to go".

People were able to choose what they would like to eat. This was discussed with people individually due to different communication needs. Menus were varied, healthy and included personal choices. One person was eating cereals when we arrived for our inspection. In the people's monthly meeting notes it stated that one person enjoyed the lasagne cooked by staff in August. One relative said "[The person] is eating well living in the home, better than they did previously and takes part in chores now as well". This person enjoyed going out for a meal every week and this was clearly documented. Each person had a risk assessment about eating and drinking. This included areas such as choking, medicines, coughing and guidelines for staff to support people to eat safely.

People had contact with health and social care professionals and this was documented in their care plans. People could access doctors, opticians and dentists when required. In each care plan, support needs were available for staff with regard to attending appointments and specific information for keeping healthy. People had input from the Community Learning Disability Team (CLDT) and advocacy service when required.

The provider had introduced a new and updated health action plan and a yearly health check. This would include obtaining details in respect of health, people's social environment, medicines, and family history, mood and lifestyle choices. One person attended their yearly health check in February 2016 and this was clearly documented. One person had visited many health professionals in 2016. Examples of these were: A podiatrist, orthoptist, breast screening, blood checks and input from the Community Learning Disability Team (CLDT) and Speech and Language Therapists (SALT) between February and August 2016.

Good

Is the service caring?

Our findings

One staff member who had worked at Curlew Close for four years said "I love it; the people are a great bunch. I feel rewarded" and "The team works really well together and we support each other". Another staff member said "Its brilliant, I've been here seven years, It's a happy house and we all have a good laugh". One relative had rated the politeness and friendliness of staff at the home as "excellent" in a recent Mencap survey for families.

We observed positive staff interactions and people were engaged with activities. On our arrival one person was sat in the living room having their nails filed by a member of staff. The person seemed to be enjoying this and gave a gesture of thanks to the staff member. Another person was just leaving the car park area with a staff member to go rambling with a local walking group for the day. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and they evidently knew people well and had built positive relationships.

Staff treated people with understanding and respect and dignity. Staff were observed knocking and waiting by people's doors to ask them questions about the day's activities and options for dinner later in the day. People were given time to relax when they wanted to.

Staff spoke about promoting people's rights and supporting them to increase their independence and make choices. Throughout the inspection we saw people being offered choices about food, social activities and how they spent their time. We observed staff giving people time to answer their questions. People's cultural and religious needs were being met. For example, one person made a request to go to a church. The person was supported by staff to go but became bored of the sermon. The staff member explained to us that after some discussion it was the church music that interested the person so they bought lots of CD's and often listen to them in the home. One person had a specific hair treatment shampoo every month. Staff would book them in to the hairdressers and support them to go there and with buying the specific products to manage their hair.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Each keyworker was responsible for planning and facilitating people's care plans. This involved a review of the plans and updates where necessary. A two monthly review took place frequently and people were able to discuss issues or concerns. One person asked if they could be booked into a sensory room in Cheltenham in July 2016 and this was being organised for them.

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choices around clothes and what they liked to wear was documented in their support plans. People were encouraged to help with looking after their clothes. One person's care plan said "I like to look my best so please spare a few extra minutes of your time to apply my eye shadow and lipstick".

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives were invited to attend meetings and could visit when they wanted

to. One person's support plan said "Sometimes I phone my family to ask them to help me make a decision". Advocates, who are individuals not associated with the service were used to support people if they were needed. One person had used an advocate in August 2016 and another person was in the process of having an advocate to attend meetings with them in September 2016.

Good

Is the service responsive?

Our findings

Each person had a support plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file had a page detailing likes, dislikes and so it was easy for staff to identify individual preferences. One person's support plan said "I do not like it when I can't have a shower, I like to feel clean" and another said "Please offer me two choices and I will choose. I am able to say yes or no to what I want".

We observed staff supporting people and responding to people's needs throughout the day. The people we spoke with indicated they were happy living in the home and with the staff who supported them. Staff were observed spending time with people, engaging in happy conversations and ensuring people were comfortable.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's current care and support needs. The daily notes contained information such as the activities people had engaged in, their nutritional intake and also any behaviour which may challenge. This meant staff working the next shift were well prepared. One staff member had recently updated the daily notes and each person had a different goal each month. Their progression was described in the daily notes every day. One person's outcome in the Month July 2016 was to "Get dressed on their own in the morning". The daily notes encouraged staff to prompt the person with this and help lay out the clothes so the person could achieve their goal by reducing the support needed.

People's support plans gave guidance to staff to support people whilst in the community. One person's risk assessment said "I do not like dogs or seeing people in wheelchairs". And "Please do not use the words permanent or long term". This information would enable staff to support the person and manage any risk associated with their anxieties.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's support plan showed important information that needed to be shared with medical professionals. For example: I am at risk of choking and I have eating and drinking guidelines from the SALT team. "When I am drinking ask me to pause after half a cup "and "I use a spoon and fork, both of which have a built up handle and I have mug with a special handle that I can grip". There was also a list of foods the person was not allowed to have such as crusts of bread and more solid foods.

People were supported on a regular basis to participate in activities. Each person had their own plans and had plenty of social interaction if they wanted to. Examples of activities people had recently participated in were; Zumba, skittles, arts and crafts days, rambling, wildlife parks and the cinema. Two people were going to the local tropical fish shop on the day of our inspection to buy supplies for the fish tank at the home. One other person did not wish to go so stayed at home and relaxed in their room.

Complaints were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the records, it was evident complaints had been dealt with appropriately and there had been learning from complaints.

Good

Is the service well-led?

Our findings

There was a registered manager working at the home who was responsible for the overall management of the service as well as one other small home. The registered manager had worked for the provider for over 12 years and there had been a re-structure at Curlew Close in May 2016 when the present registered manager started managing the service.

There were many positive comments about the provider, the registered manager and the overall leadership of the service. Staff spoke positively about the management and one staff member said "I feel supported; the registered manager is always around, or if not is always available to speak to". One health and social care professional said "It's early days as I have only started working with the staff care team recently and I have visited once. People are relaxed in the home and the registered manager has emailed me future dates to visit today". One relative said "I've met the manager once and she seems nice. Things are going very well actually".

Staff informed us there was an open culture within the home and the registered manager listened to them. There were regular monthly meetings for staff and people and records confirmed this. The 'People we Support' meeting in August 2016 identified things people would like to do including a pantomime at Christmas and recorded that one person was happy that the football season had started again.

The organisational records, staff training databases and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included a lone working policy and shift related work schedules.

Regular audits of the service were taking place. This included audits by the registered manager and senior managers. They included audits of health and safety, medicines, care planning, training, supervisions, appraisals and infection control. The registered manager had introduced a safety and risk maintenance file which provided evidence of audits being completed. An emergency and business continuity plan had been completed in July 2015 which identified areas for improvement.

The provider used a compliance tool system to ensure all audits had been completed monthly which was then sent to the area manager for approval. The registered manager felt supported by the provider and attended regular management meetings. There were regular conference calls to provide support to the registered manager.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. The provider submitted the Provider Information Return (PIR) in May 2016. This clearly described the service and improvements they wanted to put in place to enhance the service. The registered manager told us all information and records were stored electronically and accessible only to those with authorised access. This ensured support plans; risk assessments, incidents and accidents could

be accessed and monitored promptly. The registered manager had written in the PIR "As a team, we will respond to the people we support if and when their needs change and we will maximise their quality of life".