

South Tyneside MBC

Clasper Court

Inspection report

Clasper Court Extra Care
Heron Drive
South Shields
Tyne and Wear
NE33 1LN

Tel: 01914566591

Website: www.southtyneside.info






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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place over two days, 30th October 2018 and 8th November 2018. The first day of the inspection was announced and we gave the provider short notice that we would be visiting. This is because the regulated activity is provided on site to people in their own homes and we wanted to be sure people would be happy to speak with us.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in a single 'house in multi-occupation' shared by 24 people living independently in their own flats. The building also had a number of communal areas that could be accessed by people who lived there for social activities if they wished.

Not everyone living at Clasper Court receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in place. A registered manager is a person who has registered with the 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.

During this inspection we identified two breaches of regulation, relating to requirements of the provider's registration and governance. We found that statutory notifications relating to potential safeguarding incidents had not been notified to the Commission as required. We received mixed feedback from staff about the leadership and culture within the service. The majority of staff we spoke with gave negative feedback about the effectiveness of the management and leadership team.

People told us that they felt safe using the service. Staff were trained in, and aware of, safeguarding processes to keep people safe from abuse. There were safe processes in place for the management of medication. The provider had proactively identified some recording issues around medication and these were being addressed at the time of our inspection.

Staff had the necessary skills and experience to deliver effective care to people. People were supported to access other healthcare professionals and services. This included routine appointments and non-routine assistance as a result of emergency situations. People were actively involved in their care and consent was routinely obtained in line with the principles of the Mental Capacity Act.

There were positive and caring relationships developed between staff and people who used the service. This was done in a dignified and respectful way that promoted people's independence. In addition to this, people were supported to share their experiences and voice their views about the care and support they were provided by the service.

People were involved in the planning of their care and staff recognised the importance of delivering care and support in the way that people wanted. There was a complaints process in place and this was followed to ensure that any complaints received were appropriately investigated.

Staff attended regular team meetings and people who used the service were approached for feedback at set intervals about the service provided to them. Effective audits were in place for most areas linked to the regulated activity of personal care. There was collaborative working with external agencies linked to the service through contractual arrangements.

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.

People were protected from abuse and staff had a solid understanding of processes and procedures in place to keep people safe.

Medication was managed safely and in line with national guidelines.

There were processes in place to ensure effective investigation of accidents and incidents to ensure lessons were learnt.

Is the service effective?

Good ●

The service was effective.

Staff had appropriate training required to allow them to carry out their role effectively.

The service worked collaboratively with other healthcare professionals to deliver effective care.

People's dietary needs were met.

Is the service caring?

Good ●

The service was caring.

There were positive and caring relationships developed between people who used the service and staff.

People's privacy, dignity and independence was respected.

People were given the opportunities to be involved in discussions about their care and support, and to share their experiences.

Is the service responsive?

Good ●

The service was responsive.

People received responsive care and support that was sensitive to their preferences and needs.

Complaints were managed appropriately.

Is the service well-led?

The service was not well-led.

The provider had failed to ensure that statutory notifications were sent to CQC as required.

The majority of staff we spoke with told us the culture and leadership of the service was insufficient.

There were effective auditing systems in place.

Requires Improvement 

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 was announced. We gave the provider short notice of our visit to ensure we could speak with people in their own homes and because the service provides the regulated activity on site. The inspection site visit started on 30 October 2018 and ended on 8 November 2018. It included visits to people who lived in their own flats as part of the extra care housing complex. We visited the office location on 30 October and 8 November 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector. Prior to our inspection we looked at information held about the provider and the service including statutory notifications. Statutory notifications include information about important events or incidents that registered persons are legally required to inform us about. The provider had responded to our request to complete a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make.

We also contacted the local authority safeguarding and commissioning teams to seek their views of the service. We received feedback from the commissioning team which was used to help inform the planning of this inspection.

During the inspection we visited and spoke with five people in their own flats. We also spoke with five members of staff, one visiting healthcare professional, the registered manager and the interim service manager. We looked at the medication administration records of three people, service records relating to the reporting and investigation of accidents and incidents, recruitment records relating to employees recruited in the last 12 months, the complete training matrix for all staff and specific training records for one employee. We also reviewed a selection of documentation that related to the running of the service; these included quality monitoring audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People said, "I feel safe absolutely" and "I trust them with my life."

Staff spoke confidently about safeguarding procedures and we saw evidence that where concerns were identified referrals had been made to the local safeguarding authority for investigation. Financial accounts were regularly audited and there were appropriate processes and procedures in place to ensure that people's financial affairs were monitored and safeguarded as appropriate.

Risks were managed on an individual basis. As an extra care housing scheme, people live on site but within their own properties. People came and went as they please and lived independently within their own support needs. We found risk assessments were person centred and focused on maintaining people's independence for as long as possible. We saw that risk assessments demonstrated that some people retained and managed their own medication within their own homes. Others had been assessed and identified that this posed a risk to their safety. Consultation took place with these people and it was agreed that some medications were stored securely within an office.

At the time of the inspection there were some 300 hours of the regulated activity of personal care being provided to 21 people, with 15 staff employed. People told us that they had no concerns about the staffing provision. One person said, "I am quite self-sufficient and do a lot of other things for myself, but I know they are here when I need them". One person said that their calls were also met but commented, "The night call is always late. The girls are apologetic but it's a regular thing, they are just rushed at the time. My tablets are due at 8pm, I get them before I go to bed but never on time."

Staff told us that they felt they had sufficient times for calls and support but that this sometimes was dependent on the day itself. Examples were given whereby emergency situations arose and this had a knock-on impact on the way which the rest of planned calls were carried out. Staff comments included, "Most days we have sufficient staff to manage the calls. Sometimes things happen that cannot be anticipated but we deal with them in the right way and make the most of the situation so that there is not too much of a knock-on effect." Another member of staff said, "Medication processes make calls longer for us to manage. We have to go and get medication out of the office. It would be much simpler if medication could be stored in people's flats."

The registered manager told us that in order to make support calls for medication administration more efficient, secured boxes had been purchased and were going to be placed in each person's property where the individuals were assessed and in agreement that medication should be managed by the service. We saw that these boxes were introduced on the second day of our visit.

There were safe recruitment processes in place. This included checks with the disclosure barring service (DBS). The DBS help employers to make safe recruitment decisions about people applying to work and support vulnerable adults.

Medication was managed and administered safely. We saw that provider audits had identified some errors with recording on medication administration records (MARs). As a result of these findings additional checking processes had been introduced to mitigate the risk of these errors occurring. We saw that recording errors had continued and that the leadership team had initiated staff meetings with individuals to discuss the issue.

Infection control procedures were in place and followed with relevant personal, protective equipment (PPE) available to staff as required.

Accidents and incidents were reviewed to identify trends and make improvements where necessary. Given the dependency of people who used the service there was limited data to review but where appropriate we saw that investigations had been carried out.

Is the service effective?

Our findings

People we spoke with told us that they felt that the staff provided an effective level of support to them. They told us that staff understood their needs and provided support to them as and when they needed it. One person we spoke with told us that the support they received from the staff allowed them to continue to live independently.

A visiting professional we spoke with said, "Quite often the staff fill me in about people's days and how they have been. They are very knowledgeable about people's care needs and have very good relationships with them."

Staff were appropriately trained to carry out the support they offered to people. All staff were training to a minimum of level 2 of the National Vocational Qualification (NVQ). We saw that mandatory training, which included medication, infection control, mental capacity, moving and handling, first aid, fire safety, food hygiene and safeguarding, was up to date for all staff employed. Role specific training, that was not part of the mandatory training, was mostly up to date. We saw that one non-mandatory training requirement was overdue for eight staff members but that a training date was set for December 2018.

Staff received regular supervisions and appraisals in line with the provider policy. Staff feedback about the value of supervisions varied. Some staff told us that they found supervisions meaningful and that they aided their learning and development. One staff member told us, "I have regular supervisions, they are quite useful, we can always request more training, I have based on what I want to do." Another staff member said, "There is no meaning to supervisions or appraisals. Most of the time they have been typed out in advance and are just there for you to sign. It is not, and has never been, a two-way process."

It is recommended that the provider seeks advice from a reputable source to ensure supervisions are meaningful to both parties involved.

People told us that they were supported with the preparation of their meals and staff spoke about the fortification of meals where individuals had seen their dietary requirements assessed by other healthcare professionals.

We saw staff respond appropriately to changes in people's care needs and involved healthcare professionals as and when appropriate, to ensure their needs were met. During the inspection we saw staff respond to an emergency situation. They recognised the signs of serious ill health and immediately responded by ensuring a person went to hospital after they complained of feeling unwell during their support call. There were good links to local GP services and three people received regular visits from the district nursing team.

People lived within their own properties located within the scheme. We found there were no lawfully imposed restrictions on people's freedoms. Staff spoke confidently about mental capacity principles and recognised that people could come and go as they pleased. Staff spoke to us about using various diversion tactics to keep people living with a dementia safe but recognised the limitations to this. There was clear

evidence of consent being obtained, supported by discussions with staff, management and people.

Is the service caring?

Our findings

People we spoke with told us that they felt well cared for and supported by staff. They said, "The girls are fantastic. They do lots for me, my medication and my meals. We are always laughing and singing. I joke and tell them to shut up and they do it more laughing with me." This person went on to say, "The carers are like my friends, I trust them with my life. They do seem to think a lot of me and love me, I don't know why like [laughing] but that's how they make me feel."

Another person we spoke with said, "They (the staff) are caring, absolutely." Another person said, "The staff should all be recognised for what they do, they really are great."

People told us they were in control of their care and support needs and had been involved in developing their support plans. Support plans are documents that inform staff of people's needs and what they would like their care and support to be delivered.

People's privacy, dignity and independence were respected. Front doors were locked and we saw staff ringing door bells to gain access. People received their post from the postman and had it delivered to their own homes. People we spoke told us that they felt that staff respected them and promoted their dignity. One person told us how staff helped them to get to the bathroom and how they supported them to get washed and use the toilet. They described how this was done in line with their wishes and how staff gave them privacy but were on hand to support if needed.

Staff told us about the pride they took in delivering a high quality level of care to people they supported. One staff member said, "We (the staff) are all interested in promoting the best interests for the people we are caring for." Another person told us, "The morale here is rock bottom, but we all get on with our jobs and work together as a team to make sure that people we care for get the best from us."

The visiting healthcare professional we spoke with said, "My experience is the staff are great, they are really caring and responsive," and, "They (the staff and people) are like great friends when you observe the interactions between them."

As care and support was delivered to people in their own homes we did not get an opportunity to carry out observations. However, we did see staff interact with people across the communal areas of the home. There was a lovely rapport between people and this included a lot of laughter and smiling. People appeared to be very relaxed around the staff and enjoyed their company.

Is the service responsive?

Our findings

Staff spoke with knowledge and confidence about the care and support needs of the people who used the service. Three members of staff we spoke with told us about changes to people's behaviours, care and support needs. They each went on to describe the way they were monitoring these changes and how they had discussed things with the individuals concerned.

Staff gave examples of their approach to person centred care and recognised the importance of discussing people's preferences and ensuring that support was provided in line with this. They demonstrated a good awareness of people's life histories and people who were important to them.

People we spoke with told us that they felt staff responded to their needs in ways that they wanted and told us about the positive impact that the support they were provided with had on their lives. One person said, "I went to hospital from my home and then was placed in a care home. It was horrible, just not right for me or my needs. I shouldn't have been there. I lived there for seven or eight months before I came here. They have made such a difference to me." This person went on to tell us that they had felt a little under the weather and did so at the time of speaking with us. When asked what staff had done for them they said, "I told them I just wanted to spend the day in bed today and that they should not help me up. They have been great they have gotten me settled and asked if I want them to all a doctor. I said no, it's just a chill I think, but they keep knocking and popping their heads in to see I am alright."

A visiting healthcare professional we spoke with said, "I visit the scheme every day and I sometimes look at care records to see what has been going on. They are the best I have seen in a long time and are extremely informative, no issues at all. To be honest, although I do that I often just call for a member of staff and have a chat as they are so knowledgeable and are really on the ball with people's needs."

Complaints were managed and investigated appropriately. Only one complaint had been received in the past 12 months and this had been investigated in line with the provider's policy. People we spoke with told us they knew how and to whom they could make complaints to. They also told us that they would feel confident in raising any concerns.

At the time of the inspection there was no one receiving end of life care. In discussions with the registered manager they spoke about how end of life care could be managed if required and recognised that this was an area they would seek to support people with to ensure that they could live the end of their lives in the comfort of their own homes.

Is the service well-led?

Our findings

Notifications had not been submitted to the Commission. Notifications are details of incidents or events that providers are legally required to send to us. We found six examples where the provider had failed to notify us of potential safeguarding incidents. We spoke with the registered manager and senior support worker who told us, "I hold my hand up, I didn't know we had to notify you of safeguarding incidents."

This is a breach of regulation 18 of the Health and Social Care Act (Registration) Regulations 2008. This issue is being dealt with outside of this inspection process.

The service had a registered manager. The registered manager was also registered to manage another of the provider's services as well as having oversight of another of the Provider's non-regulated services. This meant they had to manage their time across various services. Additional support was available from a Senior Support worker who was permanently based at Clasper Court.

People we spoke with told us that they were not clear who the registered manager was. They said, "I don't think I have ever met her" and "I know her name, I think, but have never seen her, that said I have never asked to."

We received mixed feedback from the staff about the leadership and management. Some staff told us that they found the registered manager to be open and available for discussions. They told us that they would have no hesitation in approaching the manager if they had any concerns. One staff member said, "I have never had to raise concerns but would have no hesitation if issues arose." Another staff member said, "The registered manager is responsive about issues and always responds to texts / phone calls but she is very rarely visible here in the service." Other staff told us that they felt they were unsupported. They told us that the registered manager did not always attend appointments that had been made to discuss their concerns. They also told us that they did not feel the current arrangements provided the support or leadership that they needed. One staff member commented, "No morale here at all, terrible leadership, no visibility, the senior support worker does not offer support, she never leaves the office." Another said, "Staff morale is rock bottom. Total lack of communication about issues that affect us."

Staff went on to tell us that they attended regular team meetings and that they were engaged in the content of those meetings. They told us these included discussions about the service and what was going on. Some staff told us that although they attended meetings and were given the opportunity to contribute to the meetings, the leadership team did not act upon concerns that were raised in the meetings. One staff member staff, "You can add items to the agenda for meetings and have a discussion. It is a bit pointless though as there is never any follow up."

This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2008 'Good Governance'.

We spoke with the registered manager about the concerns staff raised with us during the inspection and

they advised of plans to improve the leadership of the service.

There were effective governance arrangements in place. We saw that findings from audits of care plans, staff files, finance, health and safety, accidents and incidents and safeguarding were used to identify improvements to systems and processes.

People who used the service were engaged to provide feedback. As care was provided to people in their own home on site, satisfaction surveys were sent out every six months to gauge people's experiences of what was going well and what required improvement.

The service worked collaboratively with the local authority commissioning team as part of contractual arrangements.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Staff told us that the culture and morale in the service was poor. They told us that although they were given opportunities to engage and feedback experiences, there was no action taken in response. Staff also told us there was little to no visibility of the registered manager at the service to provide effective leadership.</p>