

Avican Support Ltd

# 6A Clock Tower Mews

## Inspection report

6A Clock Tower Mews  
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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

About the service:

6A Clock Tower Mews provides a domiciliary care service to people living in the community and to people living in a supported living setting. Currently there were eight people in total and these were adults with a learning disability. The agency planned to develop their community support further and provide support to people for end of life care when they had recruited sufficient staff with the necessary skills.

People's experience of using this service:

We found that developments had taken place and people were now provided with good outcomes throughout.

- ☐ People who use 6A Clock Tower Mews are supported by sufficient staff who are appropriately recruited, well trained and know how best to support people living with a learning disability. People were able to lead a lifestyle that they chose. They had plenty of opportunities to develop life skills and increase their independence and become part of their community.
- ☐ People were supported to have a healthy lifestyle, access healthcare support and were provided with staff who promoted good overall wellbeing through developing relationships that were based upon mutual respect and a desire to empower people.
- ☐ Management of the service had developed systems to monitor how the service was doing. This included feedback from people and using complaints to drive improvements for the benefit of people who used the service.

Rating at last inspection: On 11 October 2017 we rated this service as requires improvement.

Why we inspected: Previously we had rated this service as requires improvement and therefore have been back to check that it had improved to good. We had received an action plan telling us what the service managers would do to become compliant and therefore we checked this action had been taken.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# 6A Clock Tower Mews

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

Inspection team: Consisted of one inspector.

#### Service and service type

6A Clock Tower Mews is a domiciliary care agency. It provides personal care to people living in their own homes. Some are supported living for people with a learning disability. There were eight people using the service at the time of our inspection visit.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. We visited people later the same day.

#### What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with three people during our visit. We spoke to three support staff during our visit as well as the

registered manager and owner of the service.

We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing Levels

- ☐ Action in line with the plans submitted had been taken. Rosters clearly showed that sufficient staff were employed and allocated to meet people's needs. New developments included having the staff roster on line. Staff were able to access a system called 'find my shift'. This also linked directly to payroll and therefore was an accurate record of what had taken place
- ☐ People experienced being supported by sufficient, regular staff known to them that were able to skilfully meet their needs. One person told us there were sufficient staff, "I get on with most of the staff. They help me with cooking and shopping." All staff spoken with said there were sufficient staff employed and rostered.
- ☐ Only fit and proper persons were employed. This was because suitable recruitment procedures were followed. Records examined showed that appropriate checks were in place before staff started work at this agency. This included exploring reasons for gaps in employment. All staff confirmed that they had checks in place that included disclose and barring (DBS) and references before they started work.

### Systems and processes

- ☐ Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- ☐ People consistently told us they felt safe One person said, "Yes I do feel safe. I feel listened to and know staff would try to sort it out."

### Assessing risk, safety monitoring and management

- ☐ Risks to people continued to be assessed and were safely managed. People's needs and abilities had been assessed prior to using the service and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as allergies, epilepsy, using the community and transport were clearly documented and known by staff. One person told us of how they were supported to manage their finances. This risk assessment on financial management ensured the person had as much control as they could have, but ensured they had the basic finances to feed themselves. When we visited the person had purchased a new piece of technology to add to their collection.
- ☐ Risk assessments relating to the environment were in place.

## Using medicines safely

- ☐ Medicines continued to be safely managed. There were known systems for ordering, administering and monitoring medicines for those people's medicines managed by the service. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- ☐ Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines. One person told us, "They are reliable with my meds."
- ☐ People's independence to manage their own medicines was maintained as long as safe to do so. Any changes to this was done with people's full consent.

## Preventing and controlling infection

- ☐ The staff employed were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.

## Learning lessons when things go wrong

- ☐ Management were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by managers who monitored for any themes or patterns to take preventative actions. For example, the incident form used had been revised to improve the information documented.
- ☐ Where there had been errors made with medicines these were quickly found and resolved to keep people safe. Staff sought appropriate advice and informed those who needed to know.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

### Staff skills, knowledge and experience

- ☐ Staff were now effectively provided with support and supervision as per the action plan submitted. Staff received monthly supervision and an annual appraisal. Records and a management tracker tool confirmed this. Staff told us they were well supported by both the registered manager and the owner of the agency.
- ☐ Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- ☐ Staff had received appropriate training to support people using the service and more specialist training in matters such as epilepsy and behaviour that may challenge.

### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- ☐ Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

### Eating, drinking and a balanced diet. Supporting healthier lives and access to healthcare

- ☐ People received support to maintain independence and prepare their own meals. Some people had support from staff in financial management, shopping and meal preparation.
- ☐ People were supported to maintain good health and were referred to appropriate health professionals as required. One person told us that they were due to have a GP check the next day. They went on to tell us, "I have got new glasses recently and do to the dentist."

### Ensuring consent to care and treatment in line with law and guidance

- ☐ We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. Professionals such as social workers and those with a legal authority were appropriately consulted. There was a strong emphasis on involving people and



enabling them to make choices wherever possible. One person told us that staff explained things to them and said. "Staff are clear with me."

- ☐ Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People continued to be treated well and appropriately supported. Our observations showed that staff knew people they supported well and ensured they were consistently supported. This ensured that people were able to be the best they could be and remain positive.
- ☐ Staff were kind and caring towards people they supported.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People and their representatives were regularly asked for their views on their care and their plans. One person told us, "I know my care plan and can read it."
- ☐ We observed that people were at the heart of their own community and felt valued. People were supported to access local shops, groups and facilities on a regular basis.
- ☐ Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were pleased to be at work. People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- ☐ People continued to be supported with staff understanding and following the values of privacy and dignity. People and observations confirmed that people were afforded appropriate privacy. We were given a good example of how staff had worked with one individual to ensure their ongoing privacy particularly at night time.
- ☐ People were supported to be independent with their daily living skills. One person was completing their own laundry with support of staff.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

How people's needs are met

- ☐ People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Personalised care

- ☐ People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs. People confirmed they were involved with the review of their care plans. One person said, "I can read my care plan and they let me change things in it."
- ☐ People were enabled to follow a variety of interests and activities. People had different routines to their lives dependent upon what they needed. Some people attended a day centre with staff support others chose a different rhythm to their day.
- ☐ People told us about places they had visited and friends that they had. One person told us about the regular visits to the local pub.
- ☐ All aspects of people's lives were planned and this included end of life care planning. People were supported to plan and make arrangements for the end of their life. People's wishes were appropriately recorded and others were involved as appropriate.

Improving care quality in response to complaints or concerns

- ☐ There were known systems and procedures in place. People told us that they had no reason to complain and matters were always dealt with when they made suggestions and therefore they felt they did not need to formally complain. One person said, "Yes, I feel confident to raise any concern. The staff are brilliant, especially my keyworker."
- ☐ There were minimal complaints received. People said that they felt able to speak to the manager at any time. Staff were aware of resolving concerns at a lower level if possible.
- ☐ We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

- ☐ Leadership and management had improved systems in place. They assure person-centred, high quality care and a fair and open culture. Monthly monitoring procedures had been commenced in line with the submitted action plan. We viewed the reports that had been submitted to the registered manager that showed all aspects of the service provisions were monitored.
- ☐ In addition, the owner had employed an independent person to assess the quality of the service and produced a report for areas to develop. This person visited the services provided on a three-monthly basis. We viewed the reports produced and this enabled the service to develop and keep up to date with current practice.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care'

- ☐ Managers were clear about their roles. We received appropriate statutory notifications as required. The service had kept updated with changes in the care industry, including how personal data was kept.
- ☐ Staff confirmed they were well supported through supervisions, appraisals and regular team meetings were held. Minutes showed us that staff were reminded of their legal obligations in relation to health and safety, equity and diversity and safeguarding as these were standing items on their agenda.
- ☐ Morale of staff was high and staff spoken with were keen to tell us about the team work that was in place that ensured positive working conditions and therefore benefits to people they supported.
- ☐ Each month a different policy within the organisation was promoted for staff learning and understanding.
- ☐ A new development to support staff was 'google classroom'. The latest training being developed through this on line platform was to support staff to make better daily notes. Each piece of training could be developed specific to the agency.

### Working in partnership with others

- ☐ The registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care.
- ☐ Feedback from family members and people using the service was regularly sought and used to drive improvements. Recent feedback received and examined was positive.

