Outreach 3-Way

Clayton House

Inspection report

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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

Clayton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is a registered location of Outreach 3-Way. The home specialises in providing care to people who have a learning disability. There were six people at the home at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on- going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe at the service and staff and the registered manager were aware of their responsibilities for ensuring that people were kept safe and that any concerns were reported. Checks such as identity and criminal records checks were carried out on new staff as part of the recruitment process. Staffing levels were suitable to meet the needs of people who used the service. Medicines were managed safely and staff were assessed to ensure they were competent to support people to take their medicines.

At the last inspection, Mental Capacity Act (MCA) assessments were not clear in people's records and the registered manager was in the process of applying for DoLS authorisations. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
At this inspection we found clear MCA assessments to support people's DoLS applications. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had their needs assessed and care was planned using best practice guidance. People said they were involved in reviewing their care and relatives were invited to attend reviews. People were observed making choices and were supported to maintain a healthy lifestyle. Staff received training and support which allowed them to provide care to people in a safe way.

Staff were observed being kind to people and respecting their dignity and independence. People's views were collected and people were able to voice their opinions about the service. Staff were aware of how people communicated and were sensitive to how some people needed more time to communicate. People

told us they liked the staff and got on well with them.

People's preferences and choices were reflected in their care plans. The service took account of people's individuality and supported them to maintain their individual interests. People knew how to raise concerns and were provided with information in a way they understood.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. People told us they liked the registered manager and staff and were comfortable at the service. Staff felt they were able to approach the manager and felt listened to. Governance structures had been put in place by the provider so that information could be shared and lessons learned in the service. People and their relatives were asked for their views and action plans were put in place to address any shortfalls in the quality of the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service has improved to Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has deteriorated to Requires Improvement.	**Good**
Is the service well-led? The service remains Good.	**Good**

Clayton 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 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.

The inspection was a comprehensive inspection, it took place on 6 March 2018 and was unannounced.

The inspection was carried out by one 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.

As part of our planning for this inspection we used information the provider sent us in the Provider Information Return. 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 also considered statutory notifications received by the provider and previous inspection reports.

We looked at two people's care records which included risk assessments and other associated records, four staff files, records relating to the management of the service and policies and procedures.

We spoke to three people who use the service, three relatives, three care staff and the registered manager. We spoke with one care manager from the local authority for their feedback about the service. We also made observations of the environment and staff interacting with people.

Good

Is the service safe?

Our findings

People and their relatives said they felt safe at the service and made comments such as "Very happy and always safe" and "They're very happy here". People were comfortable in the home and with the staff supporting them and had a good rapport.

Staff had a good understanding of how to keep people safe and what to do if they had any concerns such as looking for changes in people's personalities. Staff said they were confident that any concerns they raised would be taken seriously by the manager. The registered manager sought advice from the local authority about incidents and followed the local authority safeguarding protocols when incidents needed to be reported. Incidents were investigated and action was taken to minimise the risk of them happening again. Staff had received training in how to protect vulnerable people from abuse and were about to go on a more in- depth course provided by the local authority. People's money was kept safely and people said "We can access it when we want it but they look after it for us so it doesn't go missing".

Staffing levels at the home varied based on what people were doing each day, for example, if everyone was at the day centre for the day, there were no staff at the service until before people were due home. However if people were spending the day at home, there were enough staff to support those that were at home. The service managed this by employing relief staff who were able to provide additional support when needed. Relatives felt that people were able to do what they wanted safely with the current staffing arrangements. We observed that there were enough staff to support the people at the home on the day of inspection. The registered manager used a dependency tool to identify the number of staff needed to support people safely based on the needs of the people at the home. Rotas showed that the number of staff always reflected at least the minimum number required as identified by the tool.

Staff were recruited following appropriate checks being carried out. The registered manager had checked applicants' identity and carried out criminal record checks as well as ensuring prospective staff had the appropriate documents to demonstrate that they had a right to work in the UK. Staff were interviewed using competency based questions to check that they had an understanding of the role they were applying for.

Risks to people's safety were assessed and mitigation actions were put in place to minimise risks. Individual risk assessments were in place in people's care files which were specific to their needs. For example, some people were not able to safeguard their own money so people had consented to their money being kept in a locked tin which they had the key for. There were risk assessments in place for individual activities that people wanted to take part in such as grooming a horse which identified how the person could safely do this as independently as possible. Relatives told us that people were supported to take positive risks and try new experiences to improve their independence. Checks to the environment were also carried out weekly to ensure that any risks were identified and repaired such as any trip hazards. Regular servicing was also carried out for equipment and facilities such as gas safety checks and electrical wiring checks to maintain the safety of the building.

People were aware of what to do in the event of an emergency or fire. People showed us where they would

go to if they heard a fire alarm. There were emergency evacuation and fire procedures displayed around the home which also included step by step instructions and pictures so that people could understand where they needed to evacuate to in an emergency. People had personal emergency evacuation plans (PEEPs) in place which contained details about how the person would need to be supported in the event of an emergency. They contained a photograph of the person and were written in an easy read format with pictures. They also had guidance for the person on what they would need to do in an emergency such as "wait for staff to support me to a point further away from the fire".

Medicines were managed safely within the home. Each person had individual guidance in their care files about their medicines and how they took them. Some people were able to ask for their medicines when they needed them and others needed to be reminded. Medicines were administered by staff but people kept their own medicines in locked cabinets in their bedrooms. There were protocols in place for people who were prescribed medicines which could be taken 'as required'. These had guidance and information about when people could take them, what dosage people could have and when a GP should be contacted. Staff had received training in how to safely administer medicines and had their competency was checked annually.

Infection control was safely managed by the service. The home was clean and tidy and odour free. There was an infection control lead who was responsible for ensuring that there were enough cleaning materials and personal protective equipment (PPE) available for staff. They also made sure clinical waste was disposed of in line with requirements and carried out the health and safety audit once a month. There was guidance available for staff on how to manage an outbreak of infection if one occurred and there was hand washing guidance available.

Incidents were analysed and learning was put in place to reduce the likelihood of them happening again. For example, there was a medication error within the last year which was investigated by the provider. Staff had to complete medication training and pass a competency assessment before they could administer medicines to people again. The registered manager reviewed incidents and then they were sent to the provider for a monthly review to identify any trends.

Good

Is the service effective?

Our findings

People told us that they were supported to access health and social care services and were included in assessments about their needs. People's relatives told us that they felt that staff were knowledgeable and had the skills needed to support their relative. We observed people making healthy meal choices and independently preparing food. We observed people being given choices such as what they wanted to do and what they wanted to wear.

People's needs were assessed taking into account guidance such as The National Institute for Health and Care Excellence (NICE) guidance for epilepsy. Care plans referenced the guidance such as ensuring that people had accessible information about the condition and including people in decisions about how they were treated for it. Care plans included detailed information such as when the person had last had a seizure and how it affected them. People's relatives told us that they supported people to keep fit as this minimised their epilepsy symptoms.

People were supported to maintain a balanced diet. People prepared their packed lunch to take out with them each day and were guided by staff about healthy options. We observed people asking staff whether they had chosen healthy options and were happy when staff said that they had. People who wanted to were supported to lose weight and were accessing dietician support for guidance on healthy meals.

People's food needs and preferences were taken into consideration when planning meals. One person's religious needs meant that they needed to have halal meat which the service provided. Another person was allergic to aspartame, which is a sugar substitute, and the service supported them to avoid foods which contained this. There was clear guidance about known foods to avoid in the person's care plan. People were involved in planning the menus and said that staff asked them what they liked to eat.

Staff were supported by the registered manager to develop within their roles. Staff had one to one supervision with their manager two to three times per year with an annual appraisal. Supervision allowed staff to discuss their performance and talk about how they supported people and what could be done differently. Staff said they were able to talk to the registered manager or team leader at any time and did not have to wait for formal sessions. Annual appraisals included feedback from people and their relatives as well as staff and the registered manager. Staff said they found this an interesting and useful process.

Staff received training in areas relevant to their roles and were supported to access additional training provided by the local authority to enhance their skills such as advanced epilepsy training, safeguarding and constipation awareness. One member of staff had chosen to do some dementia training as although people at the service did not currently have dementia, they wanted to be prepared in case anyone was diagnosed with it as some people were nearing an age where dementia was more common. Staff told us they thought they received the training they needed to be able to do their jobs. Staff were given lead roles in key areas such as ordering medication, checking fire equipment, health and safety walkthroughs and completing vehicle checks where they received additional training and were able to support other staff in these areas.

The service worked in partnership with other organisations to make sure that people had their health and social care needs met. People were supported to attend health assessments, including breast screenings, dieticians and dental appointments as well as attend mental health and learning disability appointments. Upcoming appointments and reviews were recorded in a diary so that people knew when their next appointments were and the service could support them to attend. A relative said "They are good in that respect they will take him to the doctors if there is anything wrong".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the last inspection, Mental Capacity Act (MCA) assessments were not clear in people's records and the registered manager was in the process of applying for DoLS authorisations. At this inspection we found that one person had a DoLS authorisation in place which had been applied for following the principles of the MCA. Capacity assessments had been carried out to assess whether people required a DoLS authorisation for specific decisions such as how they received their care. Other applications had been made however the service was awaiting authorisations from the local authority and had a tracking document in place to ensure they were aware what stage of the process each one was at.

The building was suitably adapted to meet the needs of people who used the service including handrails on the stairs for people who needed to use them. There was indoor and outdoor communal space available for people to use when they wanted to and people had their own rooms which had been decorated as they had chosen.

Good

Is the service caring?

Our findings

We observed staff talking to people respectfully and sensitively at times but also having a good rapport with people and making them laugh. People told us they liked the staff and got on well with them. People's relatives told us that they thought staff were caring and people's keyworkers were very considerate about people and if people were unwell, they checked on them when they were off duty.

People and their families were involved in putting care plans together and reviewing people's care needs regularly. Each person had an annual review and their comments were recorded in the review documentation. People also had separate reviews of their health needs annually and more frequent reviews of their person centred care plans which reflected their achievements such as being able to ride bicycles independently.

People were given the opportunity as part of their reviews to report on what they felt was going well and also what they felt wasn't going so well so that staff could change things and make improvements for people. For example, one person felt that being able to go to different social clubs was going well but their weight maintenance was not going so well. At each review people set goals that they would like to achieve such as holidays and trips they would like to go on and things they would like to learn.

People's right to independence was respected and the service had identified how people could maintain their independence; whilst risks had been identified and the least restrictive options had been put in place. For example, one person had a medical condition which meant that they were unable to have personal care unsupervised, however, it had been assessed that the person would be aided by a member of staff waiting outside the bathroom rather than accompanying them in the bathroom so that their independence and dignity could be maintained. Managing their own personal care was something that the person said was important to them.

People were invited to house meetings to discuss the service and talk about what they liked and didn't like. People were encouraged to make decisions such as food they would like to eat and activities they would like to do. People's relatives told us that people were asked regularly what they wanted and given choices.

People's relatives told us that they were always welcome at the home and were able to arrange to take their relatives out when they wanted to. People's activity planners included information about when they spent time with friends and family and what they liked to do such as go to the cinema or for a coffee with them. People's relatives told us that they were kept informed if their family member became unwell or was involved in an incident and said "They keep us informed of any changes to his health".

Staff knew how to communicate with people and were working within the principles of the accessible information standards. People's care plans recorded how each person was able to communicate and if there were any special aids that people needed. One person used Makaton, which is a form of sign language; and we observed staff using some signs to them. There was guidance in people's care files about how to communicate with them, It was not just for people who had communication difficulties, it also included

information about how to ensure that people understood what they were being told such as how to discuss medical appointments with people. People were given pictorial calendars with future actions and goals when their care had been reviewed.

Good

Is the service responsive?

Our findings

People and their families told us that they received care which was individual to them and met their needs. A relative said "When he has a home day, he goes out to town for a pub lunch which is his choice". Another relative said "Sometimes they do something adventurous and he changes his mind, and they are ok with that". People and their relatives told us they knew how to raise a concern although they did not always feel they received a full response.

People were able to choose what activities they did each day. Most people went out each day during the week to a day centre where they were able to participate in different activities. Some people had days at home and on those days people could choose how they spent their time. Two people were at home when we arrived at the service and they told us that they had chosen to go into town with staff for the day. Staff said "People choose what they want to do and we go wherever they want to with them". Staff reminded people what they needed to do before they went out such as go to the toilet but allowed people to get ready independently.

Each person had a 'perfect week' document which was a weekly planner of activities that they did or liked to do broken down by morning, afternoon and evening. People's activity choices included any clubs they attended, when they went out with friends and family and what TV programmes they liked to watch. People's relatives said "They go out a lot, he goes to the pictures now and again and they go out for meals for some evenings".

People were supported to access the local community and amenities. People told us they liked to go out in the community. Some people had been supported to apply for jobs and one person had recently started working for a local company. Staff had assessed the risks for the person and put measures in place to enable them to be able to get to work independently. Other people were members of local services such as swimming pools, bowling alleys and cinemas and frequently visited them.

People's preferences, spiritual and religious needs were identified and people were able to practice in the way that they chose. For example, one person had expressed that they practiced one religion but also liked to celebrate other religions festivals. Another person had stated "I do not like to go to church". One person had expressed that they preferred a female carer to having either male or unfamiliar agency staff to support them with personal care and staff said that they always made sure there were female staff available when the person wanted to have a bath.

The service supported people to maintain relationships and their sexuality. The service had worked with another healthcare organisation to assess whether a person had a good understanding of sexual knowledge and supported them to attend a relationship group to identify what their sexuality was. Staff said they did their best to support people to have relationships.

People had one page profiles in place where information that was important to them was kept so that staff could access it quickly to know what people liked, didn't like, their personality and how staff could support

them. Staff said that they found these helpful, especially when they had first started working with people. People's relatives said that people used these when they went into hospital so that the hospital staff would be able to get to know people quickly. A relative said "They communicate with sign language and it's written in his passport so the hospital would know".

People knew how to raise a concern or complaint and were given information in a format that they understood to support them. There had only been one formal complaint received in the last year which had partially been upheld. The registered manager had investigated the complaint and taken action to prevent it from happening again. This had been communicated to staff at a team meeting. Not all concerns raised had been recorded as formal complaints and one relative shared that they had raised concerns but they had not been formally addressed. The registered manager had met with the relative and informal actions had been completed but a formal response had not been sent as detailed in the complaints policy. The registered manager told us that they would formally respond to the person and review how concerns were acknowledged. Compliments were also recorded and shared with staff. Comments received included "Thank you for going above and beyond".

No one at the service had been identified as being at the end of their life however some people had made advanced decisions about the care that they would like at the end of their life which was documented in their care files. People's relatives had been involved in discussions around end of life care with people and details included specific information that was important to people such as songs that they would like played. Other people had been asked whether they had any wishes that they would like respected however they had declined to discuss them.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and we observed people interacting with her. People's relatives told us that although they knew who the registered manager was, they were not always at the service when they visited. Staff told us they found the registered manager approachable and thought that they were listened to. Staff said they liked working at the service and made comments such as "It's like a big family" and "I feel supported and love my job".

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for overseeing three services on the same site, however when not within the service they were still accessible. The three buildings shared a courtyard so could be easily accessed when they were in one of the other buildings. As most people were out during the day, the registered manager was not always based in the service.

The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They spoke knowledgeably about the duty of candour and how they had been open and honest with people when anything went wrong such as in response to incidents.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There were quality assurance systems in place to monitor the quality of the service provided. Monthly assurance audits were carried out in areas such as incidents, never events and complaints. The registered manager provided information to the provider who reviewed it and provided feedback and identified whether there needed to be any changes implemented as a result. The provider also carried out two compliance audits per year or more frequently if there were any areas for concern. These visits consisted of a full review of the service covering care provided, staffing and management practices. Action plans were developed following the visits which showed any areas for improvement. People were also sent a report in an easy read format following the visit which explained about the visit and the outcome. Following the last visit several areas had been improved such as reviewing risk assessments and putting service specific training in place which we saw had been done.

People were asked for feedback annually as part of their person centred reviews. They were also able to give comments on individual staff members as part of the staff appraisal process. Surveys were in an easy read format and contained pictures to support people to understand the questions they were being asked to feedback on. All six people had completed a questionnaire in the last 12 months and all had responded

positively. They were able to give their views on areas such as whether they were supported to keep in touch with family and friends, whether they get the support they need, how well staff know people and whether they were able to access health services. There were also monthly house meetings where people were able to talk about the service and make plans. The most recent meeting had focussed on where people would like to go on holiday and plan a trip. People were also informed about any renovations happening and could contribute to menu planning.

Questionnaires were sent to families to gather their feedback on the service and see if there were any areas where improvement could be made. The most recent survey was sent out in November 2017 and two out of six responses were received. Responses were positive and additional comments included "Thanks for all your support". The provider also ran coffee mornings and meetings for relatives which relatives told us they sometimes attended. Some relatives commented that they were not always able to attend and would like them at different times but they had not fed this back to the provider.

The provider held meetings where representatives from all regions got together and discussed the organisation. Themes and trends resulting from complaints, incidents and accidents were discussed and learning was shared and fed back to the individual services. Any policy changes were discussed and sent to the service to implement such as a recent update to the safeguarding policy.

Staff were able to feedback and make suggestions to the provider. Staff forum meetings were held which staff were invited to attend to give their feedback on the service and make suggestions for improvement. The most recent meeting was held in December and staff had talked about updates to the service and had put forward ideas on activities for the coming year. Staff told us "Any problems or issues you can go and speak to the manager".

Healthcare professionals told us that they were invited to attend reviews of people's care annually and they were kept informed of any changes to people's care. The registered manager had worked with care managers, the local authority and specialists within the organisation to provide support to a person who sometimes displayed behaviours which challenged. They had consulted with the person and were looking at how they could focus on positive behaviours. The registered manager told us that they felt supported by the other organisations and were able to ask for advice when they needed it.