

South Tyneside MBC

Clasper Court

Inspection report

Clasper Court Extra Care
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Date of inspection visit:
14 January 2020
15 January 2020
23 January 2020

Date of publication:
14 February 2020

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

Clasper Court is an extra care housing service. People using this service lived in their own apartment within one large building. The building comprises of 24 individual apartments.

Not everyone living at Clasper Court received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 20 people in receipt of a service.

People's experience of using this service and what we found.

People felt safe living at the service and they were protected from abuse. Assessments had been completed and reviewed to make sure people and the environment were safe. People's medicines were handled safely. New staff were recruited safely, and enough staff were employed to support people. The service was clean, tidy and staff had access to adequate amounts of protective equipment.

People's needs were fully assessed before they received their package of care. People received care from staff who were skilled and experienced to care for people.

Staff received regular supervisions sessions to support them in their role. People were supported to eat and drink enough to maintain a healthy lifestyle. Where necessary staff referred people to their GP, and other medical professionals to make sure people were supported to remain well. People had access to communal areas within the service including a large dining/sitting area as well as a garden area.

Staff cared for people with great care and respect. Staff new the people they cared for very well.

People and their families told us they were involved in the decisions made about the care they received. Staff provided care which was centred around people's individual needs. Care plans were reviewed on a regular basis and where necessary changes to people's care was made. People were supported to maintain both family and personal friendships. The provider had a complaints policy in place and any complaints had been handled in line with their policy.

The manager and staff had a good understanding of their roles and responsibilities. Staff had a good working relationship with various external professionals who supported them to care for people well. The service is undergoing a number of improvements to further enhance the level of care and support provided. People told us the service was well-led and spoke well of the manager who was currently in post. Staff told us they felt valued, supported and listened to in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvements (published 22 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Clasper Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

The service had a registered manager. However, at the time of inspection the service was being managed by another manager. A registered manager is someone who, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the manager, a senior support worker, the service manager, three support workers, one visiting professional, six people and two relatives. We reviewed a range of records. This included two people's care records and medication records. We looked at records related to the management of the service.

After the inspection

We continued to receive information from the manager to confirm the inspection findings. We also spoke with four relatives via the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe living in the service. One person told us, "Oh I feel very safe living here, I have no worries about that."
- The provider had a safeguarding policy in place which was regularly reviewed. Safeguarding issues had been logged and notified to the local authority.
- Staff had received training in safeguarding. Staff were very confident regarding how to recognise and address any safeguarding issues.
- Every relative we spoke with told us their loved ones received safe care. One relative told us, "The care my mam gets is unbelievable and safe."

Assessing risk, safety monitoring and management

- Risks to people had been identified and appropriate risk assessments had been completed to keep people safe and these were reviewed on a regular basis.
- Accidents and incidents were recorded and reviewed by the manager. However, we identified some improvements needed to be made with recordings about risks to people.
 - Incidents and accidents had been shared with the local authority (who are the provider), for monitoring purposes. However, a review of this system identified it did not support the manager to fully identify any trends. We spoke with the service manager regarding this and by the second day of inspection a new more effective and real-time system had been introduced to support the manager in their role.
- Appropriate safety checks of the premises were carried out on a regular basis.

Using medicines safely

- People's medicines were managed safely.
- Staff who administered or supported people to take their medicine had received appropriate training and their competency in this area checked. Staff told us they felt confident to administer people's medicines. People told us staff gave them their medicines on time.
- The manager completed regular audits of people's medicine administration records (MAR) to promote the application of best practice in medicines management by staff.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs.
- The provider had a safe recruitment process in place. This ensured only suitable staff were employed to work within the service.

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in infection control which they applied in practice in their roles. Staff also received regular observed supervision sessions regarding infection control.
- Staff had access to personal protective equipment including gloves and aprons to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were reviewed and used as a point of learning in an effort to prevent any re-occurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs were fully assessed prior to moving into the service. People and their relatives had been involved in the creation of care plans.
- Care plans included lots of detail to support staff to care for people how they wished. Information included people's health details, life history, likes and dislikes along with people's interests.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people.
- Staff told us they received regular training and records seen confirmed this. Newly employed staff (including agency staff), attended an induction programme along with shadow shifts prior to working in the service.
- Relatives and a visiting professional told us staff had the right level of skills and experience to care for them safely. One visiting professional told us, "Staff will call us for advice. The staff here know people very well. They follow our instructions really well," One relative told us, "The staff here know my mam so well, they 'got her' so quick."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat a healthy diet. Where assistance was required staff would prepare or support people to prepare meals.
- Where needed, staff monitored people's weights. If any concerns were identified with people's eating or drinking they were referred to the appropriate healthcare professionals for their input and guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with various external agencies to make sure people received effective care. This included working with district nurses, local pharmacy and social workers.
- People and their relatives told us staff were very quick to contact other healthcare services if people were unwell. One relative told us, "The staff are very quick and on the ball. They know mam so well. They will ring me to say mam isn't well and they have contacted the doctor."
- When people's needs changed, staff made sure referrals were made to appropriate healthcare professionals. This included occupational therapists and speech and language therapists for their professional advice and assessment.

Adapting service, design, decoration to meet people's needs

- The service had been designed to create an environment where people could either choose to spend time in their own flat, or they could meet together in communal areas, creating a sense of community. During the inspection we saw people making good use of the communal areas. One group of people told us they met every day to chat, have 'a cuppa' and talk of days gone by.
- The service had an outside garden for people to access and enjoy.

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

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, 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether these principles were being met.

- Where people lacked capacity, records showed capacity assessments had been completed and decisions had been made in people's best interests.
- Staff had a very good understanding of the MCA and applied this throughout their work.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were care for by staff who treated and cared for them very well. One person told us, "The girls are lovely, nothing is a bother for them." Relatives we spoke with gave lots of praise for the staff and comments included, "Those girls are amazing, they are like a breath of fresh air," and "The care my mam gets is phenomenal."
- Staff had worked in the service for a considerable length of time and their interactions with people were genuine, caring and very natural. One relative told us, "They know my dad so well. Dad has totally changed since he has lived here. He can be a bit awkward due to his health needs, but the girls know exactly how to bring him round – they are brilliant."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were respected and promoted. The service manager shared with us how the service used a system called Canary. This is a form of technology which supported people to be safe whilst promoting and supporting their independence.
- Staff were very aware of encouraging people to remain as independent as possible and this practice was evidenced throughout the inspection.

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

- Care plans included lots of information about people's likes and dislikes, what was important to them and how they wanted to be supported in their future lives
- Relatives told us they were involved with their loved one's care. Many people had relatives who lived close by which meant they were regular visitors to the service. Staff kept in regular contact with relatives who lived further away regarding decisions involving their loved one's care.
- At the time of inspection no one was supported by an advocate. However, the manager told us information regarding advocacy services was available for people to access if needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Staff who cared for people understood the importance of people receiving care which was individual to them and allowed them to live the life they chose. One relative told us, "My relative is not an easy person to care for. Staff are very responsive in their approach and staff got the 'gist' of them very quickly."
- Care plans were reviewed and updated on a regular basis and people and their relatives we spoke with confirmed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships which were important to them.
- The service also ran a day service, where people outside of Clasper Court came to engage in various activities, make new friends and enjoy meals together. People living at the service were also encouraged to join in. During inspection we saw how friendships had formed as a result of this. One relative told us their loved one used to attend the day service. They had enjoyed it so much they decided as a family and due to a change in their loved ones needs, the service would be the ideal place for this person to live.
- The service provided activities for people to join in, the most recent one being a New Year's Eve Party. Photographs taken on the day showed people thoroughly enjoying themselves.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. One complaint had been received since the last inspection.
- All relatives with the exception of one, told us they had not raised any concerns. Where the concern had been raised they told us issues had been addressed. Every person we spoke to told us they had not raised any concerns, but they knew who they would speak to if needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified via a pre-admission assessment. The manager told us staff would support people with a sight impairment with their understanding of various documents and if required, documents would be made available for people in larger print.

End of life care and support

- Care plans included some information regarding people's end of life wishes, for example people's do not resuscitate choices. However, care plans did not include people's funeral wishes. We spoke with the manager regarding this and they told us this was an action they were had identified and were addressing.
- At the time of inspection, no one was receiving end of life care. End of life care training had been included on the service's new year training plan for staff to complete.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created, promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure effective leadership within the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People, staff and relatives were encouraged to engage with the manager and provide their feedback. People told us they were invited to attend regular resident meetings. One person told us, "Oh yes I have been to meetings. They are very good, and you are able to air your views. The manager and staff listen to your feedback."
- At the time of inspection, the manager was in the process of updating the current questionnaire prior to sending out to people for them to complete. A review of previously completed questionnaires revealed mostly positive feedback.
- Staff told us they felt involved in the service. One member of staff told us, "Since, [manager's name] has come here, they have made a difference. They listen to us [staff] and they get out and about in the service meeting people and listening to them."
- The manager held regular team meetings. Staff confirmed this. They told us they felt listened to, were invited to share ideas for improvements and they felt valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The service had a registered manager. At the time of inspection, the registered manager was absent from the service and another manager was responsible for the daily running of the service. Audits had been completed at both location and provider level to monitor quality within the service.
- The manager had notified the CQC of incidents in line with regulations and their legal responsibilities.
- Staff told us how much they enjoyed working at the service. Every member of the staff we spoke with were passionate about making sure they people they cared for, received the best level of care possible.
- Relatives we spoke with told us staff took their role seriously and one relative told us, "Staff at Clasper are understanding and patient– they always look at the wider picture to make sure things are done accurately."

- The manager and staff worked in close partnership with other professionals to support good outcomes for people.

Continuous learning and improving care

- The service manager shared with us their plans for the service which included the greater use of assistive technology to further support people's independence. Plans also included a new staffing structure which they hoped would make the service more effective and further enhance the level of care provided.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care which was very person-centred. All staff were very keen to make sure people lived the best possible lives they could. Great focus was placed by all staff upon ensuring people maintained their independence (whilst remaining safe), for as long as they could. One member of staff told us, "I love coming to work. I would do anything for these people, I treat them as my family."
- The manager reviewed any matters brought to their attention. Where necessary investigations were carried out and actions taken to address any issues.
- People and relatives were well informed. Staff were open and honest if things had gone wrong which included offering appropriate apologies.