Allied Care (Mental Health) Limited

Clements 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

This inspection took place on 13 September 2018 and was unannounced.

Clements 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 registered to provide accommodation and care for up to seven people who may have mental health needs, an eating disorder, physical disability, sensory impairment and/or needs associated with drug and alcohol misuse. At the time of the inspection there were 6 people living at the home. Clements House is a detached two storey home situated in a residential area close to the Bognor Regis seafront. All bedrooms are single occupancy and each has its own en-suite bathroom with a toilet, washbasin and shower. There was an open plan living room and dining room which people used. There was also a separate room for relaxation and quiet space. There was a garden with seating for people to use.

At our last inspection we rated the service as 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 ongoing 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 said they liked living at the home. People said they got the care they needed and that they were supported to develop and maintain independent living skills. One person told us they would score the service 8/10. People were involved in daily routines in the home such as cleaning and cooking to help them to recover from mental health symptoms and to develop domestic living skills.

People said they felt safe at the home. Staff were trained in safeguarding procedures and had a good awareness of the importance of protecting people. There were comprehensive assessments of risks to people and to others. There were clear written procedures regarding people's safety and these were devised in line with any guidance or statutory requirements of any relevant legislation.

Medicines were safely managed. Sufficient numbers of staff were provided and checks were made on the suitability of new staff to work in a care setting. The service was clean and hygienic. Reviews of care and incidents took place.

Care staff were supported well and had access to a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed. There was a choice of food and people said they liked the food. People were 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.

Staff had a good awareness of people's rights to care and to be treated equally irrespective of any disability. People were involved in decisions about their care. People's privacy was promoted.

People received responsive care to meet their individual needs and preferences. People's needs were assessed and people were involved in decisions about their care. There was a range of activities for people which they enjoyed as well as access to community facilities.

There was an effective complaints procedure.

The service was well – led. The culture of the service supported people to recover and manage mental health symptoms in a safe environment where they could develop their independence. The provider ensured staff were supported to develop their skills and knowledge and that person centred care was provided. The provider and staff worked well with other agencies to ensure people got the right support. There was a system of checks and audits regarding the safety and quality of the service provided.

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 remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Clements 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 was 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 took place on 13 September 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. 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.

During the inspection we spoke with three people who lived at the home. We spoke with one member of staff, the deputy manager and the registered manager. We also spoke to a social worker from a local mental health team who gave us permission for their views to be included in this report.

We looked at the care plans and associated records for three people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents, records of medicines administered to people and complaints. We looked at staff training records and staff supervision records.

Good

Is the service safe?

Our findings

There were systems in place to safeguard people from possible abuse. People said they felt safe at the service. Staff were trained in safeguarding procedures and knew about the need to protect people who were in their care.

Each person had care records which included risk assessments and care plans to manage identified risks. These included risks regarding people's finances, going out, cooking, health care needs and if people did not return to the home. There were comprehensive records to show staff worked well with mental health professionals so that safe care was provided. This included information and instructions for staff regarding any arrangements as part of people's planned discharge from hospital and as determined by the Mental Health Act 1983 and its associated guidance. A mental health professional confirmed the provider worked well with them to ensure people with complex needs received "good support." Care records showed the provider took action to keep people safe when incidents occurred. Training was provided to staff in lone working and dealing with behaviours which may challenge so that people and staff were safe. There was a system to call an 'on call' manager if staff were working on their own.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment, fire alarms and electrical appliances. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water and the water temperature was checked. First floor windows had restrictors so people could not fall or jump out. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. Measures were in place regarding the risk of Legionnaire's disease.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations and what people and staff said. For example, one person said, "There's enough staff. They have time to spend time talking to me." Staffing levels were assessed on the needs of each person which was carried out in conjunction with commissioners who funded individual placements at the home. In some cases people were supported by staff on a one to one basis. The staff rota and our observations showed four care staff on duty in the mornings and three until 8pm. Night time staff consisted of one staff member on duty who had access to an on-call manager if needed. Staffing levels could be adjusted to meet people's changing needs. A mental health professional said there was always enough staff, that people got the right level of staff support and that staffing levels were increased when need.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored and the temperature of the medicines storage room and

fridge monitored.

The home was found to be clean and hygienic. There were no offensive odours. People told us the home was kept clean and hygienic; for example, one person said, "It's always clean and tidy."

Care records and discussion with the registered manager showed any incidents or accidents were reviewed and changes made to ensure people received safe care.

Good

Is the service effective?

Our findings

A mental health professional described the staff as, "Knowledgeable and flexible," and that they worked well with people who had complex needs. This same professional said staff provided good support and were consistent in maintaining this with people who needed long term help with their mental health. People told us they received the help and support they needed and that this included assistance with independent living skills such as managing their finances and cooking.

Staff skills and knowledge were of a good standard and updated. There was guidance for staff from the provider and other organisations regarding information and guidance for staff regarding mental health. There was a system for staff to develop their skills and knowledge by a comprehensive training programme. This included training which was considered mandatory for staff to attend and refresh at intervals in subjects such as supporting people, autism, epilepsy awareness, first aid, moving and handling, medicines management and competency, food hygiene and nutrition. Attendance on the courses was monitored using a training matrix to ensure staff updated these courses on a regular basis. Staff also attended training so they had knowledge of mental illnesses such as schizophrenia, dementia, bi polar disorder and drug and alcohol misuse. All staff were trained in the Diploma in Health and Social Care at level 3 and the registered manager and deputy to level 5. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Equality and diversity training was provided to staff who demonstrated their commitment to promoting people's rights to a good standard of care, independence and treating people with respect.

Staff received regular supervision and said they felt supported in their work and that there was a good team ethos.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

People told us they liked the food and that there was a choice. People's nutritional needs were assessed. Meals were planned with people who were involved in meal preparation and said they had opportunities to develop their cooking skills. People said the meals were home cooked and that they could help themselves to drinks and snacks.

The provider and staff liaised well with health care services. A mental health care professional told us the staff worked well with community and hospital services to ensure people received the right care. The professional said, "They work well with the mental health service. Good joint working." Care records showed people were supported to have regular health care checks and when they needed to be referred for a

specific health care need.

The building was suited to the needs of people. There was communal space which people were observed using. People had personalised their rooms with their own possessions. We noted some areas of the home were showing signs of wear and tear. Flooring was damaged in the hall and a person's shower had mildew growth around the shower tray. The registered manager said there was system for reporting the need for repairs and said these were to be addressed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Each person was assessed as having capacity to consent to their care and treatment. Care records showed people had agreed and consented to their care, which people confirmed to us. Where it was believed people may not have capacity to consent to their care the provider had assessment tools to formally assess this.

Good

Is the service caring?

Our findings

People said the staff were friendly and caring. For example, one person said, "The staff are friendly but are also professional." Another person said, "The staff are very caring. They work very hard. They are friendly and polite."

People were observed to be comfortable with staff. It was evident people and staff got on well together and people engaged staff in discussions about their care and what they were doing. People felt able to seek reassurance and advice from staff. People said they were involved in discussions and decisions about their care, which was reflected in care plans. People's communication needs were assessed and people said staff had time to talk to them when they needed to.

People's care plans were individualised and had comprehensive and well recorded details about how to support people when they were distressed or were experiencing known symptoms of mental health. There were recorded under a section called Mental health and emotional well-being.

Staff demonstrated they understood people's rights regarding choices and independence. For example, one staff member said, "We respect people's choices and decisions and support them with this. We promote their rights to choose and we treat people equally. The residents are not afraid to come and speak to us." Another staff member said it was, "Important to treat people with respect, to uphold their wishes and to listen to them. Good communication is needed. It is about them."

The provider had a quality policy statement on privacy which emphasised people's rights to privacy at all times as well as their human rights regarding dignity and independence. Information was displayed on a notice board in the dining room which included the provider's Statement of Purpose and commitment to equality. The Statement of Purpose included the provider's policy on actively listening to people, their rights and involvement in the home. Staff were aware of the need to uphold people's privacy by knocking on bedroom doors before entering. People had a key to their bedroom door and the front door so they could exercise both privacy and independence.

Good

Is the service responsive?

Our findings

People received care which was responsive to their individual needs and preferences.

People's move to the home was carefully planned to ensure its success. Care records showed people's needs were assessed prior to being admitted to the home. These were comprehensive and showed the provider worked closely with health and social care services, including hospital teams, to ensure the person's needs could be met at the service. People said they were involved and consulted about their move to the home.

Personal care and daily living skills were thoroughly assessed. There were details about people's life history. Care plans included well recorded details about the management of people's mental health and records showed the provider responded appropriately to people's changing needs. Details of joint working and when to contact other services was recorded. People's care was reviewed on a regular basis and care plans updated accordingly. People said they were involved in reviews of their care.

People were supported to develop independent living skills such as with cooking, budgeting finances and attended college courses. There was evidence that the provider worked with other services, such as the occupational therapy team to support people in developing their independence.

There was a staff member who had responsibility for coordinating activities for people which included the use of community facilities. These were provided on an individual basis to reflect person centred care. Two people had a pet rabbit and there was space in the garden for the rabbits. Contact with animals and pets has had publicity in assisting people with their mental health and mood. More social and recreational activities were arranged for people including holidays, outings and taking part in sports such as golf.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about people's communication needs. People said staff communicated with them effectively. The provider's communication policy stated, 'easy read' documentation was available if needed.

The provider's complaints procedure was contained in the Statement of Purpose which was displayed in the home. One informal complaint had been received in the last 12 months and there was a record of this and how it was resolved. People said they felt able to raise any concerns with staff and said they were listened to.

Good

Is the service well-led?

Our findings

The service was well-led with a clear strategy to deliver a good standard of care to people who had experienced mental illness or drug and alcohol misuse. This was done by working in conjunction with community and hospital services to ensure people received safe, effective and responsive care. A mental health professional said the management and leadership of the service was, "Really good with good communication to the staff team and to outside agencies. They are up to date with any changes and respond in a timely way." People were empowered to make decisions about their care and how the service ran. House meetings were held where people could express their views. Surveys were used to gain the views of people, their families and professionals about the standard of the service.

The culture of the service was person centred care where people were supported to recover and manage mental health symptoms in a safe environment which helped them to develop personally. Staff reflected attitudes of valuing people by respecting them and including them in decisions. The provider confirmed that respect for equality, diversity and human rights was a fundamental part of staff induction, and, that the rights of people were at the forefront of the philosophy of care.

The service had a registered manager. 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. A mental health professional stated there was a system of delegation of responsibilities in the absence of the registered manager which was effective. Staff said they felt supported and valued in their work, that they worked well as a team and that communication was good. Staff said they felt able to raise any issues or concerns which were listened to.

The provider's strategy to deliver a good standard of care included the provision of staff training from a training team.

Records were well maintained and the provider was aware of the need to protect information on both staff and people. There were guidelines for staff regarding the General Data Protection Regulation (GDPR), which was effective from 25 May 2018. These included details about maintaining records as set out in the legislation.

The quality and safety of the service was audited on a regular basis by the provider's quality assurance team and by the area manager. Audits included checks on the safe management of medicines, people's finances and CQC Key Lines Of Enquiry (KLOEs) and observations of staff working with people.

The staff worked with other agencies to provide coordinated care to people.