

Specialist Care Team Limited

Clover House

Inspection report

40 St Johns Road
Heysham
Morecambe
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Tel: 01524426444

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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

Clover House is registered to provide accommodation and care for up to six adults who have mental health issues and/or have learning disabilities. The home is an adapted building in Heysham with two small lounges, a dining area and a small garden. There were 6 people living at the home when we visited.

At our last inspection we rated the home 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 home has not changed since our last inspection.

At this inspection we found the home remained Good.

The home had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. We did find some incidents had not been reported to CQC as per the regulations. We discussed this with the registered manager who was able to show us the incidents had been safeguarded and reported to the local authority as appropriate. We have made a recommendation about this.

During this inspection we found the principles of the MCA were not consistently embedded in practice. We found people's capacity to consent to care had not always been assessed and information was, at times, conflicting. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. We have made a recommendation around this.

At the last inspection we found the provider did not have a response-planning document. This would show how the provider planned to operate in emergency situations, such as the outbreak of fire. During this inspection we checked to see the improvements made in this area. We found the home has implemented a full contingency business plan to ensure the home could continue to be provided in the event of an emergency.

Everyone we spoke with told us they felt safe with staff who supported them. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

We found recruitment of staff was safe at the home. We reviewed the staffing levels and found the home was adequately staffed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Staff were aware of their responsibilities in relation to infection control and they told us they were provided with personal protective equipment.

The staff training is ongoing and evidence has been seen of staff completing training. We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended all relevant conferences and provider forums. They commented involvement helped gather and share good practice.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. The people we spoke with said they were given choices on what meals they wanted making and choices of drinks. One person told us, "The food is good." Another said, "The staff can cook."

We received consistent positive feedback about care provided at Clover House from people who lived at the home and their relatives. We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner.

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences.

People told us they were encouraged to give their views and raise concerns or complaints. None of the people spoken with had had cause to raise concerns and were happy with the service they received.

We observed people being offered opportunities to go out for the day or to take part in activities as they wished.

Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. We saw evidence that plans had been discussed with people living at Clover House.

The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and credible strategy to deliver high quality care and support at the home. Staff were aware and involved in this vision and the values shared. There was a positive staff culture at the home.

The management and staff team were open and transparent in providing information and worked well with the inspection team.

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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Clover 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.

This comprehensive inspection took place on 02 July 2018 and was announced. We announced the inspection as the home is small and we wanted to ensure the registered manager would be available for us to speak with at the home. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts, share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with four people who lived at the home and two relatives. We spoke with the registered manager and three care staff.

We reviewed two people's care records, looked at three staff files and reviewed records related to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with staff who supported them. One person said, "Oh yes, I feel safe." Another person told us, "Yes, the staff make me feel safe. They look after me."

We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

The home had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice. We did find some incidents had not been reported to CQC as per the regulations.

We discussed this with the registered manager who was able to show us the incidents had been safeguarded and reported to the local authority as appropriate.

We recommend the care quality commission are notified of all reportable incidents as per the regulations.

The homes policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equality Act 2010. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the home. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us and we could see for ourselves there were enough staff available to meet people's needs and to keep them safe. This was confirmed in discussion with people on the day of the inspection. One person we spoke with told us, "Yes there's staff here they take me out."

We looked at how accidents and incidents were being managed. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. Accident and incident forms are being used. The documents we viewed were fully completed and had information relating to lessons learnt. We saw evidence of lessons learned being shared with staff during team meetings and supervisions.

Systems were in place that showed people's medicines were managed consistently and safely by staff.

Medicines were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP.

Staff were aware of their responsibilities in relation to infection control and they told us they were provided with personal protective equipment.

Is the service effective?

Our findings

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.

We found people's capacity to consent to care had not always been fully assessed and information was at times conflicting. For example, in one person's care file they had been assessed as not having capacity but had signed for the consent to the service. The MCA stipulates if a person lacks capacity to consent to a decision, where there is no legal power of attorney, then a best interest process needs to be carried out. Therefore the correct processes had not been followed.

We spoke with the registered manager about this and they stated they would ensure that MCA assessments and best interest documentation was completed in line with best practice.

We recommend the service ensures the principles of the MCA are followed for each person and the documentation is completed in line with best practice.

We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied.

The staff training is ongoing and evidence has been seen of staff completing training. We checked the full training records of three staff and viewed the training matrix for the home. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training to care for people effectively. For example, a staff member said, "The support I get is excellent." We saw evidence of formal supervision taking place for staff, all of the staff told us they felt supported in their role.

We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended all relevant conferences and provider forums. They commented their involvement helped gather and share good practice. They explained they were currently in the process of reviewing relevant policies to ensure it met the requirements of the General Data Protection Regulation (GDPR). The GDPR is Europe's new framework for data protection laws.

Peoples needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. The people we spoke with said they were given choices on what meals they wanted making and choices of drinks. One person told us, "The food is goods." Another said, "The staff can cook."

People were supported by staff to live healthier lives. Staff supported people to healthcare appointments and arranged these if necessary. The service referred people in a timely manner, if required, to other services such as chiropodist and GPs. We saw evidence that one person had been supported to purchase a virtual reality set to enhance their well being as this simulated being outside.

Is the service caring?

Our findings

We received consistent positive feedback about care provided at Clover House from people who lived at the home and their relatives. People we spoke with told us, "The staff look after my relative really well." And, "The staff are kind, they provide an absolutely great service."

We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact. Staff interacted with people doing the activities that they wanted such as watching football and going out for ice cream.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had brought in their own pictures and paintings.

There was information available for people about how to access local advocacy services, should they so wish. Care records included documented visits with advocates, one person had an advocate at the time of our visit. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

One relative we spoke with told us they felt staff were responsive to their relative's needs. They told us, "The staff are great they know [name removed] really well, it really is a weight off my mind to know the staff are there."

We saw people and their relatives had been involved in the planning and review of their care. The home had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard, particularly in using technology to ensure records were accessible to people with different communication needs.

People told us they were encouraged to give their views and raise concerns or complaints. None of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed complaints had been fully investigated by the registered provider and a full response provided to the complainant. There had been three complaints since the last inspection.

Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. We saw evidence that plans had been discussed with people living at Clover House.

Each person had a care plan which was tailored to meet their individual needs. We saw care records were written in a person-centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person-centred. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

We observed people being offered opportunities to go out for the day or to take part in activities as they wished.

Is the service well-led?

Our findings

At the last inspection we found the provider did not have a response-planning document. This would show how the provider planned to operate in emergency situations, such as the outbreak of fire. We spoke with the registered manager about this who stated they would seek to introduce a business continuity plan. We made a recommendation around this.

During this inspection we checked to see the improvements made in this area. We found the home has implemented a full contingency business plan to ensure the home could continue to be provided in the event of an emergency.

There was a registered manager at the service. 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 management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and credible strategy to deliver high quality care and support at the home. Staff were aware and involved in this vision and the values shared. There was a positive staff culture at the service. Managers were aware of and reviewed the staff culture; this was evidenced in the support offered. Staff told us they felt supported and valued by the management team. Management had the skills and knowledge to lead effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

We observed the staff being supported throughout the day with individual decisions and saw the manager and team leaders actively give verbal guidance on tasks and support relatives with concerns or queries.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The audits completed had highlighted areas for improvement and action plans had been devised. The learning from audits was shared within staff team meetings.

Staff and management meetings took place regularly and were open forums for information to be shared. Staff reported a good working environment, they told us they were happy in their work and felt well supported.

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. Regular resident and relative meetings were held and people were encouraged to have a say on the day to day running of the home, including what they wanted to eat and how they wanted the home decorated.

We looked at policies and procedures related to the running of the home. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

The home had on display in the reception area their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.