

Community Homes of Intensive Care and Education Limited

Clarendon House

Inspection report

3 Christie Miller Road
Salisbury
Wiltshire
SP2 7EN

Tel: 02031953558
Website: www.choicecaregroup.com

Date of inspection visit:
26 April 2017
03 May 2017

Date of publication:
12 July 2017

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

Clarendon House provides accommodation for persons who require nursing or personal care (no nursing) for up to seven people with learning disabilities and mental health disorders. At the time of our inspection six people were living at the home.

This inspection took place on 26 April and 3 May 2017 and was announced. The registered manager was given short notice because people living in the home can become unsettled by the presence of an unannounced visitor. This gave the provider an opportunity to plan our visit with the people using the service. The inspection was carried out by one inspector and an expert by experience. The service had a change of provider name at the beginning of 2017; as a result the location was re-registered. There had not been any changes to the registered manager or the location address of service provision. This means that previous inspection history; in which no concerns were identified, are not linked to this provider.

A registered manager was employed by the service who was present throughout the inspection. 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.

We saw people were relaxed with the staff who were supporting them, and did not hesitate to seek support or assistance from any of the staff members present during our inspection. This indicated that people felt safe around the staff members. Processes were in place to ensure their safety such as recruitment checks and the way medicines were managed.

Care and support was centred on the individual's needs and routines. People's wishes, rights and privacy was respected. The home had implemented a 'Recovery Star' outcome focused measurement system, which is designed specifically for people with Mental Health Difficulties. Two healthcare professionals described how the staff "worked really hard to support residents with their personal goals and accommodate individual's needs."

Everyone spoke highly of the level of care the staff and management provided at Clarendon House. The registered manager continued to work alongside other health and social care professionals to promote their understanding of what was good practice, as well as working alongside local voluntary organisations

Without exception, people felt able to raise any concerns, and were confident they would be listened too, taken seriously and action be taken.

The registered manager led a staff team who were passionate about providing a good, value based service to people. People were supported by staff who described moral as being "very high".

Effective systems were in place to ensure the quality of the service was monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had the knowledge and confidence to identify safeguarding concerns and what actions to take should they suspect abuse was taking place.

There were safe recruitment procedures to help ensure people received their care and support from suitable staff.

There were safe administration systems in place and people received their medicines when required. Medicines were stored securely and disposed of safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were skilled in meeting people's needs and received on-going training and support to enable them to deliver effective care.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

People were supported to be able to make decisions and choices about the care they wished to receive.

Is the service caring?

Good ●

The service was caring.

People received personalised care which was centred on their routines and preferences by staff who were attentive.

People's privacy and independence were promoted and people were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to meeting people's individual needs.

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints.

People were supported by staff who received regular supervision and support.

Is the service well-led?

Good ●

The service was well led.

The registered manager led a staff team who were passionate about providing a good, value based service to people.

Staff were motivated and understood the vision and values promoted by the registered manager.

The provider had effective systems in place to monitor the quality of care and support that people received.

Clarendon 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and took place on 26 April and 3 May 2017 and was announced. 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 service.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with four people living at the home about their views on the quality of the care and support they received. We received feedback from four healthcare professionals who supported the service to meet people's care needs. During our inspection we looked around the premises and observed the interactions between people using the service and staff. We spoke with four staff who worked at the home. We spoke with the registered manager and the area manager.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans (with the person it related too) and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

People described what makes them feel safe as; "I like all the staff, I feel safe." Another person said "the staff are regular and I know them." A third said "I trust the staff and they trust me" and "I have no concerns what so ever about how staff treat me."

We looked at the arrangements in place for safeguarding vulnerable adults and the way the service managed any allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. Staff described their understanding of safeguarding as being "to make sure everything is safe for clients and staff inside and outside the home. Duty of care. Reporting incidents to Social Services, CQC, Police or the Whistle blowing hotline." The registered manager and the staff we spoke with explained how they would report safeguarding concerns to the appropriate person. Without exception, each of the staff we spoke with said they were confident any concerns raised would be listened to and acted upon. We saw records to show the local authority had been informed as appropriate of such concerns, and where necessary action had been taken in order to keep people safe. Staff described what action they would take if a person was unwell or if they didn't return to the home when expected. Records showed appropriate action had been taken to ensure the person was safe. People were protected from the potential risks of harm or abuse.

We saw people were relaxed with the staff who were supporting them, and did not hesitate to seek support or assistance from any of the staff members present during our inspection. This indicated that people felt safe around the staff members.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments we saw covered areas such as personal care, accessing the community and support to help the person manage behaviour that may be seen as challenging. We looked at four care plans with the person it related too. Each included detailed information for staff about what could trigger certain behaviour, what to do if behaviour occurred, how to respond when the behaviour first emerged (such as re-direction techniques) and then advice on what to do subsequently. We observed staff remained in communal areas when two particular people were in the same room. We were told this was to reduce the risk of conflict and we saw this was reflected in the risk assessment and care plans. Staff were able to describe the importance of having these plans in place to minimise risks, and how to support the person appropriately.

People's medicines were managed so they received them safely. One person said "staff help me with my medication and sign something when I have taken it." Another person said "staff do my medication for me. They check it's the right medication and sign when I have taken it."

Medicines were ordered, stored administered and disposed of in line with the provider's medicines management policy. Staff had been trained to administer medicines safely and regular observation checks had been made, records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. Protocols were in place for people who required 'as and when' (PRN) medicines. One member of staff said "all medication is kept in a locked cabinet in the office. The key is kept in another locked cabinet. The person in charge is the administrator and another member of staff is the

witness. A sign is placed on the office door saying medication in progress do not disturb. The MAR's are checked to make sure everything is correct. When agreed by both staff medication is given to the person to take. Stock medication is counted and signed as correct, MAR's and administration register is also signed." We observed one person receiving their prescribed medicine. Staff explained to the person that it was time for their medicine and supported the person to take them at a pace appropriate to them, and completed the MAR sheet accordingly. We saw records were completed by two staff to show medicines had been administered and recorded correctly. Staff explained this helped to reduce the risk of error.

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. We were told the planning of staffing was flexible and that if additional staffing was required for such things as outings or appointments then this would be provided. We saw people received care when they needed it and routines were carried out in a timely manner. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities either within the home or the community. Staff we spoke with felt there was enough staff on duty to meet people's needs and could seek additional support if required. One person said "I think the staffing levels are right here."

Staff were aware of the on-call system in place which ensured management support and advice could be accessed at any time.

People were protected from the risk of being cared for by unsuitable staff. Safe recruitment and selection processes were in place to protect people receiving a service. One person explained how they were involved in the recruitment process for new staff "I can sit in on interviews or new staff are introduced personally." Another person said "new staff are introduced to me in person." Appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. We looked at the files for four staff members. Records we saw confirmed that appropriate checks had been undertaken.

Is the service effective?

Our findings

People we spoke with described how the staff "look after you; they speak to you and take you places." Two healthcare professionals described the staff as being patient, supportive and "fantastic."

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes. New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members. Records we viewed showed staff had received the necessary training to meet the needs of the people using the service. One person told us "staff are well trained and know what they are doing" and other person told us "I would say they are very well trained that's why I do so well here." One member of staff described their induction period which included being "taken around the home and introduced to everyone. The first week was in house training where DVD's were watched and exams done on them. External training was carried out over a period of time such as first aid. I worked with someone more experienced but was supported by all members of staff on duty." They went on to describe the on-going support they received in the way of "regular meetings throughout the twelve week probationary period" and "I am looking forward to doing my NVQ. I really enjoy my job." Another member of staff said that they were "working my way through my NVQ 3. I can ask the manager at any time for any further training I would like to do."

People who lived in the home could experience behaviour that could challenge the service. Staff had completed training in how to support people to manage their behaviour in a way that protected the individual, other people living in the home and staff members. One healthcare professional told us "the home has a variety of ages cohabitating and individuals are encouraged to express any concerns they have and to report differences of opinion to de-escalate situations in order to avoid conflict."

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. One member of staff said "the handovers are done at the beginning of each shift and they are quite detailed on what has occurred during the previous shift."

People were supported by staff who received regular supervision (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff we spoke with said they received good support from the registered manager and deputy manager. There were clear lines of responsibility with senior staff taking lead roles such as supervisions, training, weekly audits and "double checking other staff responsibilities." One member of staff said "we have monthly supervisions which is a very positive experience which is good for your self-esteem and confidence." Two other staff told us "I feel very supported, that's the advantage of having an open door policy" and "We are able to discuss anything at handovers, supervision and staff meetings."

People received the support they needed to eat and drink and maintain a balanced diet. We saw that people were given a choice of snacks and drinks throughout the day. People were supported where needed with the preparation of meals where they chose to be involved. Staff told us people were given a choice of meal and other options were available for people to choose. One person said "when I say I don't want to eat they (staff) don't keep on at me." We observed staff encouraging people by providing choices and suggestions.

People were supported to maintain good health and had access to healthcare services as required. This included GPs, dentists and specialists. People living at the home had a 'Health Action Plan', to plan and record any medical intervention required such as optician, dental and doctor's appointments. The service had arrangements in place to ensure people were able to attend appointments and check-ups for all health needs. Staff told us they supported people to see a health professional such as a doctor, dentist or optician as required. Contact with health professionals was recorded in people's records. This showed people's day-to-day health needs were met. One person said "Staff come with me to appointments. It is carried out very efficiently they are a very friendly team" One healthcare professional told us how the home had been "Very quick to address health issues and take appropriate action.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications had been submitted by the provider. These applications were reviewed each year and the necessary reapplications submitted.

We found the necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were asked if they wanted a snack or drink or if they wanted to go out. Staff sought consent from the person before undertaking any care tasks. Staff said people were always offered choice, for example, when they want to get up, what they wanted to eat and drink and how they wanted to spend their day. Staff described their understanding of MCA and consent as being "It means whether they have the capacity to make decisions for themselves if not then decisions must be made in their best interest" and "Capacity, to provide or direct them to information they require. They have the right to make an unwise decision. If decisions have to be made on their behalf it must be in their best interest. Always use the least obstructive approach so as not to cut out the liberties and obtain permission"

We saw staff were very knowledgeable about how people communicated. Each person was treated with respect and given time to make day to day choices. We observed that staff respected the decisions people made. One member of staff explained how they "empower service users by giving them choice, a say in things and asking them what they want." A health professional told us "found they take time to get to know the individual concerned, and assist them with their choices and decisions." A person said "I feel the staff do listen to me and I am given choices."

Is the service caring?

Our findings

Staff knew people and their needs extremely well and had developed caring relationships. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. For example, one person told us "I like to spend time in my room and keep myself to myself. They (staff) leave me in peace but do check on me every now and then to make sure I am ok which is fine."

We observed staff had a genuine interest in the wellbeing of people living at the home, by engaging in conversation and in particular by checking how one person was feeling, as they had recently been unwell.

Staff demonstrated their awareness of people's likes, dislikes and their care needs. People's care plans extensively documented essential information on people's preferences and life experiences to help ensure people received person centred care in their preferred way. One member of staff said "everything is person centred. I ask what they like, what their preferences are, treat them as individuals, give them choice and treat them with dignity." A person described the staff as being 'trustworthy' and "friendly." Another person said "my care plan was reviewed with me recently. If there is anything I am worried about I can speak to my key worker". "The staff are always happy and supportive." Another person said "I have a good relationship and regular meetings with my key worker." Another person told us "I do feel respected the staff listen to me."

We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles, there was friendly 'banter' and laughter which people said they enjoyed. This showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person.

Photographs and pictures were used to make information more meaningful and accessible to the person, such as to enable choice regarding food and people had drawn pictures of the staff to show who was on duty.

People were supported to maintain relationships with their family and friends. Relatives we spoke with said they were welcome to visit anytime and were always welcomed. One relative told us "They are very keen for (person's name) and the other young people to have a family life within the home and to also maintain contact with their family".

People's bedrooms were personalised with decoration and items which was important and meaningful to them. This included music, ornaments and photographs. People described their bedrooms and communal spaces as being 'homely' and 'comfortable'.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them, their relatives and appropriate health professionals. The home had implemented a 'Recovery Star' outcome focused measurement system, which is designed specifically for people with Mental Health Difficulties. Two healthcare professionals described how the staff "worked really hard to support residents with their personal goals and accommodate individual's needs." One person described their experience of the assessment process as "They (staff at Clarendon House) came to do an assessment for me at the place I lived at before moving here." Another person explained how much they had changed since moving to the home, and said "with staffs help they have turned me around. Other places I lived didn't work for me, they gave up on me. Here they have helped build my confidence and I am able to go shopping and out to places alone, which I couldn't do before. They have persevered with me when I have been challenging, they did this by helping and talking to me. I can really open up to X (a member of staff)." Another person described the emotional support they have received has boosted their self esteem and they are now confident to meet other people and go out, something which that were not able to do until recently. One healthcare professional told us "I think the registered manager is very knowledgeable and seems to lead his team very well, and delivers recovery focused, person centred care really well." This meant people received exceptional person centred care from staff who promoted each person's health, well-being and independence.

Care plans were in place which extensively detailed people's routines and preferences and how each person would like to receive their care and support. People's care records had all been reviewed and the information within them was accurate and up to date. One person said "my care plan is reviewed with me quite regularly." Staff told us they had access to people's care plans and understood the care and support people required. They confirmed people's needs were reviewed each day during handover meetings between staff to make sure they were aware of any changes that were required to people's care.

People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. One person said "My care plan was reviewed with me recently. If there is anything I am worried about I can speak to my key worker."

The service was flexible and responsive to people's individual needs. They were committed to being creative and finding ways to enable people to live full lives and continue to be independent. People described how they could experience high and low moods and variances in appetite. Each person said staff provided innovative ways to support them through such periods. Such as using social media to encourage interests and accessing the internet for recipe ideas to encourage interest in cooking nutritious meals. There were arrangements in place for people to access social activities based on their preferences and interests. For example, people accessed clubs in the community and the provider had a 'smile scheme' to help people make friends with others receiving support from the provider. One person said they enjoyed meeting new people and felt more confident doing so with an organised group setting such as the smile scheme. People were encouraged to find employment which had resulted in people being invited to interviews.

Risk assessments were in place to support people to access activities safely. One person said "I feel supported by staff. It's me that limits me." We observed people deciding how they wanted to spend their time during the day. One person wanted to accompany staff who needed to go out in the home's vehicle. Two people chose to walk to the local shop. There was an activities coordinator in post who spent one to one time with people in order to devise an activity plan with the person. People moved freely around the home choosing where and how they wished to spend their time. There was a painting activity session which took place in the afternoon which three people attended. One person said "I feel the staff do listen to me and I am given choices in what I want to do with staff support if I need it."

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints. A survey had been sent out in the first year to gain feedback from people's relatives and staff about the service. We saw the summary of feedback from both relatives and staff which was overall positive. Feedback was valued and the registered manager explained it "was an important part of ensuring improvements were made where necessary." The registered manager told us they had an open door policy and encouraged staff and relatives to speak with them if they had any suggestions or concerns. A 'suggestion' box was introduced by the front door for people to comment if they wished. We saw the following compliments had been made; "homely, staff are very approachable." And "placement is meeting X's needs, achieving goals which haven't been achieved in any other placements." People had the opportunity to be part of a service user committee group, to share views and opinions.

We saw records to show concerns and complaints were investigated and responded to in good time. The complaints procedure was clearly visible within the home. One person said "I have never made a complaint but if I did want to I would go straight to the manager or my keyworker." One member of staff said "we can raise a concern about a service user at any time. Sometimes we need to react quickly. The manager has an open door policy." A healthcare professional told us "the registered manager and staff are approachable and respond quickly to any concerns raised."

Is the service well-led?

Our findings

The registered manager was a positive role model to staff and promoted a culture that was person-centred, inclusive and empowering. There were clear lines of accountability within the team, with each member of staff being aware of their role and responsibility. People, their relatives and staff spoke highly of the registered manager and deputy manager's ability to run the home. Comments made included; "It is very well managed" and "I know the manager very well he is a very trustworthy person," and the registered manager is "as good as gold." Another person said "the home is definitely well run" and "the registered manager is very approachable and has an open door policy." One healthcare professional told us "I am really very impressed with the relationship the staff (and particularly the registered manager) have built." A member of staff described how they were "empowered to do my job through supervisions and training."

The registered manager and staff demonstrated a commitment to continuously improving the service people received. The registered manager explained the importance for them of recruiting staff who shared their ethos and values which included staff being caring and passionate about their job role. People described how they had been involved in recruiting staff by meeting them and asking questions. People told us how they are encouraged to raise any concerns about a peer or staff member. One person said "Trust leads to more trust that is how things improve." Another person said "I have spoken with my keyworker if I am concerned, I am always listened to and things are put in place to improve things for all of us."

Staff we spoke with were motivated and understood the vision and values promoted by the registered manager. Staff told us they were valued as this promoted high moral within the team. Staff explained the provider recognised staff achievements by acknowledging staff employee of the month and held company events for people and staff to get involved in, such as 'CHOICE has talent', fundraising events and gardening competitions judged by the service user committee group.

Regular staff meetings were held to make sure staff were kept up to date and given the opportunity to raise any issues that may be of a concern to them. Staff described their opinions of the meetings as being "very thorough." and "a good chance for everybody to get together and bounce ideas of each other" and every member of staff told us there was high moral within the team that worked well together and was very supportive of each other. One person said "Any changes that occur we find out either in a residents meeting or we are told in person."

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Each of the staff we spoke with understood how to share concerns about the care people received, and were confident they would be taken seriously and action be taken. Staff said they were encouraged to raise any suggestions about how the service was run and the care people received in order to develop the service further.

The registered manager had extensive background knowledge of working within care services for people who have learning disabilities and mental health needs and was committed to giving the staff team a clear

focus and guidance on the care and support people required. It was evident the registered manager knew people and their needs well. During our inspection we observed people were relaxed and comfortable in the presence of both the registered manager and the area manager. People did not hesitate to approach them both for support and interaction.

To keep up with best practice the registered manager undertook specialist conferences which covered topics such as mental health. They continued to work alongside other health and social care professionals to promote their understanding of what was good practice, as well as working alongside local voluntary organisations. The registered manager attended a local provider's forum where they could discuss common issues and share knowledge and best practice with other providers of care services.

The provider had effective systems in place to monitor the quality of care and support that people received. The area manager conducted regular visits throughout the year to check on the quality of the service. The checks covered areas such as maintenance, infection control, staff training, care plans and observations of staff practices. Weekly audits carried out by the registered manager and staff included safe medicines and fire safety. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed, any outstanding actions were followed up during the following audit.

Accidents and incidents were investigated and plans put in place to minimise the risks of re-occurrence. These were reviewed by the registered manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring actions were put in place to prevent re-occurrence.