TLC Care Homes Limited

165 Point Clear Road

Inspection report

St Osyth
Clacton On Sea
Essex
CO16 8JB

Tel: 01255823172

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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

165 Point Clear is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

165 Point Clear provides accommodation and personal care for up to five people who have a learning disability or autistic spectrum disorder. 165 Point Clear is an adapted residential property situated in a residential area of St Osyth in Clacton and is close to amenities and main bus routes. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection five people were using the service.

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

At our last inspection of this service on 10 February 2016 the service was rated 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.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

There were arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely.

Recruitment processes were in place to make sure the service only employed staff who were suitable to work in a care setting.

There were arrangements in place to store medicines safely and administer them safely and in accordance with people's preferences.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs.

Staff were aware of and put into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and specialist healthcare professionals.

Care staff had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were able to take part in leisure activities which reflected their interests.

People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

The service had a calm, welcoming atmosphere. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service 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**

165 Point Clear Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 07 November 2018. It was undertaken by one inspector.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records at the service. These included three staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at three people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with two people, three staff, one healthcare professional, a visiting advocate, the care co-ordinator and the registered manager

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable at the service. One person told us they felt safe because they knew there were staff around them all the time. Another person said, "I am safe yes." Staff told us they were with people on a one to one basis most of the time and said they always kept people safe.

On the day of our visit we saw there were sufficient numbers of suitable staff to support people and keep them safe. People did not have to wait for assistance, and if their care and support required two members of staff, these were available. We saw staff were able to carry out their duties in a calm, professional manner. The manager told us staffing levels were based on full occupancy, and there were no vacancies at the time of our inspection.

The registered manager carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. The registered manager told us that on the rare occasion where agency staff were used, there would be a staff profile in place which showed their qualifications and checks that had been made by the agency.

The registered manager took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. All the staff we spoke were confident any concerns would be handled promptly and effectively by the manager or senior staff. Staff were aware of support available to them outside the organisation where they could raise safeguarding concerns. The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. Records showed the provider followed suitable procedures and had appropriate policies in place for staff to refer to.

The service had responded positively to requests by the local authority to investigate safeguarding concerns. They had notified us where required and had followed up concerns, for instance by reviewing and updating their policies and processes.

The registered manager identified and assessed risks to people's safety and wellbeing. These included risks associated with nutrition, falls and infections. Where people were at risk of pressure injuries or poor nutrition, monthly assessments were in place using recognised methods and tools. Appropriate support plans were in place where people were living with conditions such as autism or distressed behaviour to make sure their conditions were managed safely.

Procedures were in place to keep people safe in an emergency and reduce risks to their health. Personal evacuation plans were in place which showed the support individual people would need in an emergency. There was an up to date business continuity plan which contained emergency procedures available.

Equipment used in people's care and support was inspected and maintained regularly. There were certificates on file to show checks had been made on equipment. Safety checks had been made on portable electrical appliances.

Medicines were stored and handled safely by staff who were trained and had undergone a competency check before they administered medicines to people. Staff had suitable instructions on how to administer people's medicines. The instructions took into account people's preferences about how they received their medicines, and recorded any known allergies. Where people were prescribed creams and ointments, the instructions included when they should be applied, such as "when sore" or "after washing". Body maps were in place to show where creams should be applied. Additional instructions were in place for medicines prescribed "as required". These included how people with complex needs might show they were in pain. There were clear instructions for medicines with variable doses, and records of medicines administered showed people received their medicines as prescribed.

There were suitable arrangements for the storage and handling of medication. There were arrangements in place to check medicines were administered correctly. These included checks by staff of each other's records, and audits and spot checks by senior staff. Checks included that medicines were stored securely and at the right temperature, stock checks to make sure all medicines were accounted for and that once opened medicines were not kept longer than the manufacturer's recommendation.

Good

Is the service effective?

Our findings

People living at 165 Point Clear and their visitors were confident staff had the skills and knowledge to support them according to their needs. A visitor told us "They (care staff) are very good and seem to do a good job."

Staff we spoke with told us the training they received prepared them to do the job effectively. The registered manager used an online system for the planning and recording of training. The recorded and identified training appropriate to staffs' job level. The system recorded when training had been completed, and prompted staff when training was due. The registered manager could use the system to make sure staff training was up to date. Various methods were used to deliver training. These included video based training, group training and one to ones. The one to one meetings were an opportunity for staff to think about their role and how to improve.

Induction training was based on the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported by regular appraisal and supervision meetings where they could raise their training needs. Records showed individual supervisions covered wellbeing, achievements, focus areas, learning and support required. Where actions were identified these were followed up at the next supervision. People were supported by staff who had the skills and knowledge they needed to meet people's needs.

People and their visitors told us staff were conscious of the need to obtain people's consent before supporting them with their personal care. One person told us, "They always ask me if I want something or help." Consent forms were in place to show people or their representatives had agreed to their care plans and other aspects of living in the service.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that where there were restrictions in place in relation to people's care and treatment, referrals had been made to the supervisory body and were appropriate. We saw that assessments of people's capacity followed the guidance included in the Mental Capacity Act 2005 Code of Practice. There

were assessments for specific decisions in place and where best interests decisions had been made on behalf of people, records showed who had been involved in the decision making, and how they had come to the decision made. People's human rights were respected because the provider took into account legal requirements where people lacked capacity.

People we spoke with were complimentary about the meals and menu choices. One person said, "The food is good here. I choose what I like." Where people were at risk of not eating and drinking enough, staff kept records of the amount of food and fluids they took. The individual records were totalled, reviewed by senior staff and actions taken. Records showed one person who had been identified as being at risk of poor nutrition had started to put on weight. People were supported to eat and drink enough and maintain a healthy diet.

People could access other healthcare services if they needed to. Records showed people had appointments with and visits from healthcare professionals including their social worker, advocate, optician, chiropodist, the mental health team and specialist nurses. People had been supported to attend outpatient clinic appointments when required and were supported to maintain good health and access relevant healthcare services.

Good

Is the service caring?

Our findings

There were caring relationships between people and staff who supported them. One person told us, "They are very kind to me here." Another person told us, "I love it here." A visiting healthcare professional said staff were, "very polite" and were, "always very caring." We saw care staff and the registered manager stop and have friendly chats with people. They addressed people in a kindly, respectful way, offered them choices and respected their choice if they declined help.

Staff spoke clearly, made eye contact with the person they were talking with, and gave people time to understand and reply. When they helped a person move from their armchair in the shared lounge to their room, staff explained to the person and to other people in the lounge what they were about to do. They maintained the person's dignity and spoke with them all the time, checking they were comfortable, which relieved their anxiety as they were unsettled.

People received information so they could be involved in decisions about their care and support. A visitor told us they were kept informed of any changes in [person's] needs or care, and said, "They tell you if anything is not right." There were records of contact and communications with people's family, and care records showed that people and, where appropriate, their families were involved in regular care plan reviews. There was a named staff member and keyworker system in place which meant people knew who they could speak to about their personal care and support.

People and their families were supported to be involved where able in decisions about their care. People could make choices about their day to day care, and staff found ways to communicate according to people's needs. We heard a staff member speaking with another person in order to offer them menu choices. When the person was not able to tell the staff member what they wanted, the staff member said, "Can you nod for me?" Another person's care plan showed they sometimes liked to eat on their own and in private and staff adhered to this for that person.

People's care and support was arranged to reflect their preferences and cultural or religious background. The registered manager emphasised the need to respect people's dignity and privacy. Dignity was a main theme in the service, and staff we spoke with gave us examples of how they maintained people's dignity while supporting them with their personal care. During our inspection we saw that people were dressed appropriately and staff took people's dignity and self-worth into account when they supported them.

Good

Is the service responsive?

Our findings

People's care plans were based on pre-admission assessments designed to identify people's needs and preferences. These included their health status, medical conditions, medicines, skin health, nutrition, personal care needs, mobility, falls, and mental health and mental capacity. The assessment also included people's needs with respect to activities of daily living, recreation, and communication. They also included information about people's life history. This meant the provision of care and support was based on people as individuals and took into account all their needs and preferences as a person.

Staff told us the care plans contained all the information they needed to support people according to their needs and preferences. People were happy that their care and support met their needs. One person said, "I am looked after well here." Records showed care plans were reviewed regularly and signed by the person if they were able. Care plans were detailed and contained clear instructions. They took into account advice and guidance from external healthcare professionals. Staff kept records to show people received care according to their plans and assessments.

People told us there was a variety of activities and entertainments available, and they were encouraged to take an active part in them. There was a seven day programme of activities supported by staff on a one to one basis. These included games, outings, one to ones with identified staff members and sensory sessions. Staff took care to involve everyone who was in the room in something individually, and we saw how people's facial expressions and body language changed, which indicated the interaction had a positive impact on their mood. The activities programme was displayed on a notice board, so everybody knew what to expect and decide if they wanted to take part. People were also supported to take part in individual activities and pursue their own hobbies and interests as well. Staff kept an individual social care and activity record for each person. Staff recorded the impact these had on the person, so they had a record of where people responded positively to the activities on offer.

Each person had a memory wall in their rooms displaying things they liked. For example, one person liked the beach and had flip flops and beach items displayed. Another person liked snooker and a large wall display was done for them in their room of a snooker table. A third person's room had a jukebox which lit up on their bedroom wall.

The provider had a complaints policy and process which was clearly displayed in the service. People we spoke with were aware of how to make a complaint should they need to and were confident it would be dealt with properly by the registered manager. One staff member told us they had complained to a previous registered manager and their complaint had been dealt with. Another staff member said, "I would go to the manager who would definitely listen and do something about it." The registered manager kept a log of complaints which showed how they had been dealt with and followed up. There was also a compliments book in which visiting family members and professionals were invited to record positive comments about the service.

Individual person-centred files were developed with people to show their interests, participation in activities

and achievements. The registered manager ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's support plans contained information in picture and easy read format. Information displayed around the home in relation to complaints, safeguarding and fire safety for example, were provided in picture form. Staff had developed communication care plans that provided detailed information on how people communicated their needs and preferences.

There was no one using the service who was nearing the end of their life care and the service had not needed to provide end of life care in the past. However, the registered manager said they would support the person, their family and external professionals on an individual basis should this occur in the future.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service to be well led with a positive culture. One visiting healthcare professional said, "I think this is a well-run and caring little home." Another visitor said, "I can't fault it, they are very good here." The registered manager said there was a good relationship with the local authority and with external healthcare services such as the community teams. They were receptive to suggestions for improvements and had consulted with people and their families about a planned redecoration and refurbishment of the home.

The registered manager told us they had also recently been nominated and been shortlisted as a finalist for an upcoming care awards (The Prospers – Essex care Sector Awards) presentation for using innovative ideas to encourage people to drink well. The provider used the recent heatwave in the summer to get creative and held a drink more competition. Point Clear won the competition and made an external bar in the garden made from an old wardrobe complete with water fall and Walter (The water bottle man). All staff also now have their own individual water bottles and posters made as part of the competition are displayed prominently in the service.

We observed a calm atmosphere during our visit. Staff were polite and helpful. Staff we spoke with were complimentary about the manager and said they had seen improvements in the service over the last year. They told us there was an "open door" policy which encouraged them to make suggestions and raise concerns. The registered manager also oversaw one of the sister homes in the group and had an established network of support with their peer managers. The registered manager had established a management system with the support of a deputy manager and care co-ordinator.

The registered manager met with staff every morning following their walk round the service. There were other, less regular, meetings arranged with senior care staff, care staff, people living at the home and their relations. These meetings were recorded, and actions taken in response to issues raised. Actions including arranging for staff to have more time to spend with people, improvements to the environment and planned activities.

People who use services and others have a right to know how care services are performing. To help them do this, the government introduced a requirement for providers to display our ratings in the home and on any websites for the service. The registered manager had displayed the ratings from our last inspection together with the detailed findings from the report. People were well informed by the about how the service was performing and steps taken to improve the service.

The registered provider had a system of monthly internal and external audits and surveys to assess, monitor and improve the quality of service delivered. There was also a programme of quality assurance visits by the

provider's head office staff. An internal quality assurance review in April 2018 covered care plans, dignity, safeguarding and consent, quality governance, medicines audits and spot checks, staffing and recruitment, and other areas of the service. An improvement action plan was then put in place following the review. People could be confident the provider took steps to improve their service when necessary to enhance outcomes positively for people.