

Community Integrated Care Clarence Gardens

Inspection report

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West Yorkshire
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Date of inspection visit:
02 March 2017

Date of publication:
06 April 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

The inspection took place on 2 March, 2017 and was announced. As this is a very small service, and people regularly go out into the community, we announced the inspection shortly before the visit to make sure someone would be available at the home to assist in the inspection. This was the first inspection at the home since Community Integrated Care became the provider.

Clarence Gardens is a registered care home providing 24 hour respite support for up to four adults with a learning disability and/or physical disability, for a maximum of 56 days in one calendar year.

The service had a registered manager in post at the time of our 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.

People were protected from abuse and avoidable harm. We spoke with staff who knew the process for reporting any safeguarding concerns. They all felt the registered manager would take appropriate action without delay.

Risks associated with people's care were identified and actions put in place to help minimise the risk from occurring. This was done in a way that maintained people's independence.

We found that medicines were managed in a safe way and people received their medicines as prescribed. Staff were trained in the safe handling of medication and had annual competency checks to ensure their skills were kept up to date.

Through our observations and talking with relatives of people who used the service and the staff, we found there were enough staff to meet people's needs. Staff had access to a manager who was on call out of hours.

Staff had the knowledge and skills to respond to people in an appropriate manner and ensured that people's needs were met. Staff received training in a range of subjects including mandatory training and appropriate training to meet people's specific health needs. Staff felt fully supported to do their job well and received one to one sessions with their line manager on a regular basis.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff confirmed that they had received training in this area and were knowledgeable about the subject. The registered manager knew the process for applying for DoLS.

We saw that meals were provided in line with people's likes and dislikes. We saw fresh fruit and vegetables were on offer at the service.

We saw that guests had access to healthcare while staying at Clarence Gardens. We saw guests had access to district nurses, dieticians and attended pre-planned appointments.

Guest's stays were based on the compatibility of others so that people stayed with guests who were interested in similar things. This also offered guests the correct environment to help them develop and maintain positive relationships.

Staff ensured that people's privacy and dignity was maintained. They were able to talk with us about how they achieved this.

Staff engaged well with guests and gave opportunities for them to fulfil their dreams and wishes.

We looked at care records belonging to guests and found they reflected the support people required and the support staff were offering. Prior to guests using the service an admittance review was completed to ascertain if there were any changes to the care plan, risk assessment or medication.

We saw a range of in-depth care plans were in place for each guest in regard to personal care, mental capacity, communication, nutritional needs and health care. The care plans clearly set out how to support each guest.

The service had a procedure in place for dealing with complaints and we saw that these were effectively resolved in a timely way.

Staff we spoke with felt supported by the registered manager and the assistant managers and were complimentary about their leadership skills.

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.

People were protected from abuse and avoidable harm. We spoke with staff who knew the process for reporting any safeguarding concerns.

Risks associated with people's care were identified and actions put in place to help minimise the risk from occurring.

We found that medicines were managed in a safe way and people received their medicines as prescribed.

Through our observations and talking with relatives of people who used the service and the staff, we found there were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to respond to people in an appropriate manner and ensured that people's needs were met. Staff felt supported by the registered manager.

We found the service to be meeting the requirements of the MCA and DoLS. Staff confirmed that they had received training in this area and were knowledgeable about the subject.

We saw that meals were provided in line with people's likes and dislikes. We saw fresh fruit and vegetables were on offer at the service.

We saw that guests had access to healthcare while staying at Clarence Gardens. We saw guests had access to district nurses, dieticians and attended pre-planned appointments.

Is the service caring?

Good ●

The service was caring.

Guest's stays were based on the compatibility of others so that

people stayed with guests who were interested in similar things. This also offered guests the correct environment to help them develop and maintain positive relationships.

Staff ensured that people's privacy and dignity was maintained. They were able to talk with us about how they achieved this.

Staff engaged well with guests and gave opportunities for them to fulfil their dreams and wishes.

Is the service responsive?

Good ●

The service was responsive.

We looked at care records belonging to guests and found they reflected the support people required and the support staff were offering.

We saw a range of in-depth care plans were in place for each guest in regard to personal care, mental capacity, communication, nutritional needs and health care. The service had a procedure in place for dealing with complaints and we say that these were effectively resolved in a timely way.

Is the service well-led?

Good ●

The service was well led.

Staff we spoke with felt supported by the registered manager and the assistant managers and were complimentary about their leadership skills.

Audits were completed on a regular basis to ensure the service provided was of a good standard

People who used the service could voice their opinions and they felt listened to.

Clarence Gardens

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.

The inspection took place on 2 March, 2017 and was announced. The inspection was completed by an Adult Social Care inspector. At the time of our inspection there were three people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager.

People who used the service at the time of our inspection were unable to tell us in detail about how they were cared for and supported at Clarence Gardens because of their complex needs. We spent time observing staff interacting with people. We spoke with three relatives of people who used the service.

We spoke with seven staff members including three support workers, two assistant managers, the registered manager and the regional manager. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with relatives of people who used the service and they felt their relative was very safe while staying at Clarence Gardens. One relative said, "We can relax when [person's name] is here, it's very safe."

People were protected from abuse and avoidable harm. We spoke with staff who knew the process for reporting any safeguarding concerns. They all felt the registered manager would take appropriate action without delay. One staff member said, "I would report any safeguarding concerns to the manager and I feel they would take action. However, if I didn't feel they were I would report it myself."

People's medicines were managed so that they received them safely. Medicines were stored appropriately in a locked cupboard in a locked room. One member of staff on each shift was allocated responsibility for ensuring medicines were administered safely. A second staff member was allocated to double sign for medicines. This was in place to minimise any errors from occurring. We also saw a medication fridge was available for medicines which required cool storage. Temperatures of the room and the fridge were taken daily and documented to ensure they remained at an appropriate temperature.

At the beginning of each guest's stay, their medicines were booked in to the home. This included the type, quantity, and dose and times it should be taken. A Medication Administration Record (MAR) was then drawn up and signed by two staff members. A medication stock record sheet was also completed to ensure the correct amount of medicines were booked in and out. All documentation was fully completed and gave a true record of medication administration.

The service had appropriate arrangements in place for storing controlled drugs. A controlled drugs book was in place which was used to record all controlled medication. This was double signed in line with current guidance. Staff competencies were completed on an annual basis to ensure staff were administering medications in a safe way.

We looked at care plans and found risks associated with people's care had been identified. Risk assessments identified the hazard and steps to minimise the risk from occurring. For example, one person had a risk assessment in place for accessing the community and staff were to fully support the person at all times to cross the road. Another person had a risk assessment in place for moving and handling them safely.

The service had Personal Emergency Evacuation Plan's (PEEP) in place for people who may not be able to evacuate the service quickly in an emergency. This document highlighted the best way to support people in this situation to ensure a quick and safe evacuation from the building. One person's PEEP stated that they did not like the sound of the fire alarm and was prone to stand and freeze. The PEEP informed staff that the person required lots of support and verbal encouragement to evacuate to a safe area.

Through our observations and by talking to people who used the service, their relatives and staff, we found there was enough staff available to support people. Staff we spoke with told us that they were supported by the team and worked well together. One care worker said, "There is always enough staff to work with and

there is always a manager you can contact out of hours." Relatives we spoke with told us there were always enough staff around.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post. Records seen also confirmed that staff members were entitled to work in the UK.

Some files we saw did not contain references. We spoke with the registered manager about this who confirmed that they were stored at head office as some staff had transferred over to the company from the previous provider.

Staff we spoke with told us that they received an induction when they commenced employment at the service. One support worker said, "New starters complete an induction which includes some training and shadow shifts." Shadow shifts were in place to give the new member of staff the opportunity to get to know the service and the guests, prior to working as part of the staffing numbers.

Is the service effective?

Our findings

We spoke with relatives of people who used the service and they told us staff were well training and knowledgeable about their job. One relative said, "The staff work with me. They are well trained and understand [person's name] needs and preferences."

We spoke with staff about the training they received and they told us it was valuable and worthwhile and kept their skills up to date. One staff member said, "The training is good and useful and we cover a range of topics that are all appropriate to our work."

We spoke with the registered manager who showed us a training record known as a training matrix. This record showed when staff had completed training, when it was due to be completed or refreshed and if it was out of date. We noted that some training indicated that it required completing, but this had been arranged and a date for completion was recorded on the training matrix.

Training included mandatory subjects such as safeguarding, moving and handling, health and safety, and medication. Staff told us that they had also received training to meet people's specific health needs such as to enable them to support a person who used a percutaneous endoscopic gastrostomy (PEG) tube. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing.

We observed staff interacting with people and found they had the skills and knowledge to meet people's needs. Staff were responsive to people and could communicate with people using a range of different skills, such as body language and eye contact. We also saw that pictures were used to assist communication.

Staff told us they felt supported and receive supervision sessions on a regular basis. Supervision sessions were one to one sessions with their line manager. Staff had a 'you can' system in place which assisted them and the manager to identify training needs and monitor their performance over each year. There was also an appraisal meeting which took place to identify what the staff member had done well, what they needed to improve on and what training was needed to help them achieve their goals. One staff member said, "The manager's door is always open. They are very supportive and offer guidance."

We spoke with staff about the provision of meals and were told that people chose what they wanted for breakfast and usually ate out at their day activities during the day. The main meal was served at tea time and the menu was devised based on the likes and dislikes of the guests who were staying at the service. This was based on the 'eat well plate,' and healthy, nutritious food was available.

Staff told us that guests got involved in food preparation where possible and felt that involving guests in food preparation and cooking was important. One staff member said, "It is good to involve people so they can smell the herbs, and feel the different textures." We saw that fresh fruit was available at 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 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).

We found the service to be meeting the requirements of the MCA and DoLS. Staff confirmed that they had received training in this area and were knowledgeable about the subject. The registered manager knew the process for applying for DoLS.

Care plans we looked at contained comprehensive information about people's capacity and indicated the support they required. This was decision specific and gave staff guidance about the support people needed to make decisions. Any decision made in the person's best interest was also correctly documented.

We saw that guests had access to healthcare while staying at Clarence Gardens. We saw guests had access to district nurses, dieticians and attended pre-planned appointments. One person with more complex needs, was supported by a nurse who supported the guest on a one to one basis during the day and night. This support was provided by a nursing agency. The care plan detailed the different responsibilities expected from the care workers and the clinical support provided by the nursing agency.

Is the service caring?

Our findings

We spoke with relatives of people who used the service and they told us the staff were caring, kind and very supportive. One relative said, "The staff are very caring and protect [person's name] dignity. They are very compassionate and provide excellent care." Another relative said, "They gave [person's name] time to recover from a seizure and preserved their dignity throughout."

We observed staff interacting with people and found them to be very supportive and caring. They involved people in communication and could engage well with people who were non-verbal. We saw that people responded to the staff with smiles and reached out their hand to staff. This showed they were happy and content in their presence.

Guest's stays were based on the compatibility of others so that people stayed with guests who were interested in similar things. This also offered guests the correct environment to help them develop and maintain positive relationships. Some examples of this were that some of the female guests enjoy meeting each other at their stays to have 'girly weekends.' This was an opportunity to have a pamper afternoon where they painted nails, have their hair done and watched films. Other guests enjoyed meeting a male group and going to watch rugby or football. Other guests enjoyed engaging with the sensory equipment.

We spoke with staff about how they helped people to achieve different outcomes. For example, one guest told staff that they would like to go to town to the pub and have the sense of 'going out.' This was a big step for the guest so small goals were set up and planned in order to build up to a visit to town. This started with a visit to a small local shopping area and the next trip was to a quiet bar. Finally the person was supported to get ready, have hair and make-up applied to give the feeling of 'going out,' and was then assisted in to town to the pub. This was a success and met the person's wishes. Another guest was supported to visit some horses as they like to smell them. This gave the person the opportunity to spend time with the horses which she enjoyed.

The service had a 'wishing well' in place where guests could write their dreams and wishes on a heart shaped plaque and place it in the wishing well. Staff would then look at the dreams and wishes and be part of supporting people to achieve them. If they were unachievable the staff would sit with the guest and discuss what they could assist them with. For example, one person's wish was for her relative to be well. Staff were unable to assist with this but it gave an opening for the guest to talk about their situation.

One page profile's were completed by staff and guests and included information such as 'what do people appreciate about me,' and what is important to me.' People's dreams, wishes and aspirations were also included in this document. Guests were able to view staff one page profiles so they could be supported by staff who shared similar interests and hobbies. This was an opportunity to offer person centred support.

We spoke with relatives of people who used the service and found they were supported to maintain relationships with their family members while they were staying at the service. They were also supported to remember birthdays and special events so they could continue to celebrate them.

The staff working at the service had a lead responsibility. For example, one person was a dignity champion and had responsibilities to ensure every guest was treated with dignity. They do this by ensuring that staff support guests to meet their needs and not the needs of the service. This member of staff also spoke about dignity at staff meetings and spoke about the principles of maintaining people's dignity. They also professionally challenged any member of staff who they thought was not maintaining people's dignity. Another staff member was a family liaison champion and would be the main point of contact to talk with families about any concerns. This offered family members a consistent approach.

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and they told us that the service involved them in the care and support of their relative. One relative said, "Everyone works together. [Name] has complex needs but everyone gels together and provides good care and support. The staff have worked really hard on [name] care plan to make sure it is right and it is now perfect."

We looked at care records belonging to guests and found they reflected the support people required and the support staff were offering. Prior to guests using the service an admittance review was completed to ascertain if there were any changes to the care plan, risk assessment or medication.

We saw a range of in-depth care plans were in place for each guest in regard to personal care, mental capacity, communication, nutritional needs and health care. The care plans clearly set out how to support each guest. For example, one guest had a care plan in place for communication. This informed the reader that the person had non-verbal communication, but could sometimes speak when happy or excited. Staff were to speak clearly and use simple words to assist with communication. Pictures were also used to support communication. We saw that staff were knowledgeable about reading body language to help the person understand what was being said.

People had a daily activity support plan in place which included events such as attending college or day centres during the day. We also saw that people who were staying at the service over the weekend had access to the community to go shopping or out for meals. One person's care plan stated that they enjoyed spending time in their bedroom and liked listening to their music. This guest also enjoyed staff interacting with them so they did not feel socially isolated.

We saw an activity board in place which gave suggestion for activities appropriate to the guests who were using the service. These included feeding the ducks, movie night, arts and crafts, baking, games evening or music and sensory night.

The service had a complaints procedure in place which detailed how people could raise a concern and how this would be addressed. This was also available in an easy to read format. We spoke with relatives of people who used the service and they told us they would talk with staff if they had any complaints. They were confident that the staff would resolve their concern appropriately and without delay.

We spoke with the registered manager who informed us that they had not received any complaints within the last year. We saw that in the past complaints were successfully followed up and resolved in a timely manner. The service also had a book in place to record and log compliments. This was full of thank you cards and positive comments about the service from relatives, staff and visiting professionals.

Is the service well-led?

Our findings

We spoke with relatives of people who used the service and they felt the service was well led. They had confidence in the abilities of the management team and felt they were supported to talk about their relatives support needs.

The service had a registered manager in post at the time of our 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.

Staff we spoke with felt supported by the registered manager and the assistant managers and were complimentary about their leadership skills. One staff member said, "The manager is great, the office door is always open and she will bend over backwards for people."

Staff told us that they had regular team meetings and could discuss issues openly and they felt listened to. Staff we spoke with told us that the meetings were valuable and made them feel part of the service provision.

The registered manager was supported by two assistant managers and a team of support workers. A regional manager also offered support to the registered manager and completed audits of the service regularly. This was known as a service compliance audit and covered areas such as staff and support, accommodation, health and safety, environment, complaints, and business planning. In addition to these audits the registered manager completed audits for areas such as infection control and medication management. Audits were in place to ensure the quality of service provision was being maintained.

We found that staff knew their roles and responsibilities well and knew when to pass something on to their manager's. Staff told us they worked well as a team and shared knowledge and experience when needed.

Following each stay, guests and their relatives were asked to give feedback about their visit. They also received a pre-visit call to ensure the service had all the details up to date and correct and to check that they were well and looking forward to their stay. Following their stay a follow up call was completed to ask the person for their views about their stay.

Some people had raised that the décor and bedding required replacing. The service had involving people in deciding colours for decoration and bedding.