

Clare Care, Care Home Services without Nursing

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Inspection report

3 Clare Walk
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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	

Overall summary

This was an unannounced inspection, carried out on 02 October 2015.

3 Clare Walk is an extended town house located in a residential area of Fazakerley, near Liverpool. The service is registered to accommodate up to three adults who have a learning disability. It is located close to local amenities and public transport links.

At the time of our inspection there were two people using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 last inspection of 3 Clare Walk was carried out in April 2014 and we found that the service was meeting all the regulations we assessed.

People told us they felt safe and that staff treated them well. Safeguarding procedures for preventing abuse and for responding to an allegation of abuse were made available to staff. The registered manager was confident about recognising suspected abuse and they knew what their responsibilities were for reporting any concerns they had about people's safety.

Regular checks were carried out on the environment to make sure it was accessible and safe. Aids and adaptations were in place to help people so that people could safely move around the environment.

Staff received training in relation to infection prevention and control and they followed good infection control practice guidelines. Staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons which they used to minimise the risk of cross infection.

There were the right amount of suitably qualified staff on duty to keep people safe. The registered provider carried out appropriate employment checks for staff before they started work at the service.

The registered manager had a good knowledge and understanding of the Mental Capacity Act (2005) and their

roles and responsibilities linked to this. They worked alongside family members and relevant health and social care professionals to ensure decisions were made in people's best interests when this was required.

People were provided with care and support that was tailored to meet their individual needs. The service was person centred enabling people to have maximum choice and control over their own lives. People's needs had been assessed and a personalised care plan which provided staff with clear guidance on how to meet people's needs was in place.

People were well supported to access a range of healthcare professionals as appropriate to their individual needs. Medication was managed safely and people received their medication on time.

People were encouraged and supported to access services and facilities in their local community and to take part in social and recreational activities of their choice.

People privacy and dignity was respected and they were treated with kindness. The service had a homely and relaxing atmosphere. People were consulted about all aspects of the service including the décor and they were encouraged to personalise their bedrooms and other shared areas of the service.

Staff were well supported and they were provided with training relevant to people's individual needs.

Systems were in place to assess and monitor the quality of the service people received and to ensure the service was safe and effective. These included regular checks on areas of practice and seeking people's views about the service.

Summary of findings

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 was safe.

Staff had access to safeguarding procedures and they understood how to recognise and report potential abuse.

Risks to people's health safety and welfare were identified and managed.

Staff were recruited safely and people received care and support from the right amount of skilled and experienced staff.

Good



Is the service effective?

The service was effective.

People had a good choice of food and drink which was well balanced and healthy.

Staff received the training and support they needed for their roles.

People's consent was obtained in relation to the care and support they received.

Good



Is the service caring?

The service was caring.

Staff were caring and polite and they treated people with respect.

People were encouraged and supported to make choices and decisions.

People's privacy, dignity and independence were promoted.

Good



Is the service responsive?

The service was responsive.

People received person centred care and support.

People were provided with equipment they needed to help with their mobility, comfort and independence.

People had accessible information about how to complain and they were not afraid to voice any concerns they had.

Good



Is the service well-led?

The service was well led.

People liked the registered manager and were happy with the way the service was managed.

People's views and opinions about the service were listened to and acted upon.

There were effective systems in place to monitor and improve the quality of the service people received.

Good



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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.

We visited the service on 02 October 2015. Our inspection was unannounced and the inspection team consisted of an adult social care inspector.

During our visit to the service we held discussions with both people who used the service and looked at their care records. We spoke with the registered manager and observed how people were cared for. We also looked at staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. We contacted local commissioners of the service and the local authority safeguarding team. They raised no concerns about the service.

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. People's comments included; "Yes I feel really safe here" and "No worries at all".

Staff had access to safeguarding policies and procedures set out by the registered provider and the relevant local authority. They included information about how to prevent abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. All staff had been provided with training in safeguarding vulnerable adults and they attended refresher training in the subject on an annual basis. The registered manager talked us through the steps they would take if they witnessed or suspected abuse and this was in line with the safeguarding procedures which were in place.

Policies and procedures were in place for keeping people safe. These were being followed, for example checks were carried out the fire, gas and electricity systems and equipment, including electrical appliances, emergency lighting and fire extinguishers. Staff had details of services and individuals to contact in an emergency situation. Staff had completed health and safety training and we saw records which confirmed this. Training included first aid and fire awareness.

Risks people faced in relation to their care and support and environmental hazards were assessed and identified. Each person had a support plan which highlighted any risks to their safety and they provided staff with guidance on how to support people to manage these. The registered manager knew the risks people faced and they were able to describe the measures which were in place to ensure people's safety. People's choice and independence was factored into plans to keep them safe to ensure restrictions were not placed upon them unnecessarily.

There were sufficient numbers of staff to safely meet people's individual needs. We viewed staffing rotas for the previous month and planned rotas for the coming month. These showed that staffing levels were determined based

on people's needs and keeping people safe. For example, staffing levels were increased at certain times to facilitate events and activities both at home and in the community which individuals chose to take part in.

All staff have worked at the service for over five years therefore we were unable to assess recent recruitment practices. However, the registered provider had a recruitment and selection policy and procedure which aimed to ensure that staff were safely recruited. The registered manager talked us through the process which they would follow for recruiting new staff. This included carrying out pre-employment checks on applicant's fitness and character and obtaining information about applicant's previous employment history to determine their suitability for the job.

People had their medication managed safely by staff who had received the relevant training. Staff had access to policies and procedures and codes of practice in relation to the management of medicines. The registered manager had carried out regular checks on medication stock, medication administration records (MARs) and staff practice to ensure medication processes were being followed safely. Medication administration records (MARs) showed people had received their medicines at the correct times. They were fully completed and staff had used signatures and appropriate codes when completing them.

Aids and adaptations which people needed to enable them to move around the service safely were in place, such as grab and hand rails. Regular checks were carried out on these to ensure they were safe and remained suitable for people's needs.

All parts of the service were clean and hygienic. General cleaning routines were followed each day and these were regularly checked and recorded to ensure they were effective. Hand cleaning products were available and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff had completed infection control training and they had access to information and guidance about good infection control practices. People who used the service were encouraged to observe good hygiene practices and they were invited along with staff to join in discussions about health and safety matters including infection prevention and control.

Is the service effective?

Our findings

People told us they liked the food and that they got enough to eat and drink. People's comments included; "I eat a lot of healthy food" and "I can help myself to drinks and snacks".

Each person had a care plan which detailed their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. Referrals were made for people when required to dieticians and nutritionists for specialist advice and support and this was reflected in their care plans. The registered manager provided an example of how they had supported a person to improve their diet and this had been done in consultation with the person and healthcare professionals. The person confirmed the support they had received from staff and they told us how they had benefited from it. Staff provided people with assistance to develop their menus, shop for food and prepare meals and snacks. This enabled people to plan meals based around their likes, dislikes and preferences.

People consent to care and support was obtained. People told us that staff always consulted them and asked their permission before they were provided with any care and support. The registered manager told us they would involve family members to advocate on behalf of people only if this was deemed appropriate. One person told us that they had given prior consent for a family member to be consulted about a matter concerning their health.

All staff had attended training in the Mental Capacity Act (2005). The registered manager demonstrated a good understanding of the principles of the Act. The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager was aware of the requirement to refer for an assessment if it was deemed that a person was being deprived of their liberty. This was in line with

'Deprivation of Liberty Safeguards' (DoLS) which comes under the Mental Capacity Act 2005. At the time of our inspection nobody was subject to a DoLS. The registered manager was however able to provide us with an example of how a recent decision had been made in a person's best interests. The decision had been made on a multi-disciplinary basis alongside relevant others.

Staff completed induction training when they first started work at the service. Induction covered learning in key topics such as health and safety as well as topics relevant to the needs of people who used the service. Ongoing training relevant to their roles and the needs of the people who used the service. Training completed by staff included, safeguarding people, moving and handling, first aid and health and safety. A record of training was kept for each member of staff along with a record of individual supervisions. The records showed staff had completed relevant training and that they were given regular opportunities to discuss with their manager, training needs and other matters relating to their work.

People told us that the staff knew them well and that they provided them with the right care and support. The registered manager demonstrated a clear understanding of people's needs and the support individuals needed with their health and wellbeing. Records showed that people's health had been monitored as required and that staff had taken prompt action when they noted a decline in a person's health or wellbeing. This included contacting GPs and making referrals to relevant health services as required. Staff followed guidance and advice from external health care services, such as dieticians, speech and language and occupational therapists. We saw that people had a healthcare action plan which identified their healthcare needs and the support they needed to stay healthy and well. People were supported to attend regular appointments with their optician, chiropodist, dentist and GP when needed.

Is the service caring?

Our findings

People told us that the staff were kind, polite and caring. Their comments included; “I like them all [staff] they are always very nice” and “Very kind”.

People’s privacy and dignity was respected. Each person was provided with a front door key and the main bathroom was fitted with a lock. People had the option of locking their own bedroom and they had a lockable facility in their bedrooms which enabled them to lock away any personal items, including their personal records. People were made aware of the contents of their personal records and they were in control of who accessed them. Personal records were written in a person centred way demonstrating that people were given maximum choice and control over their own lives.

Staff knocked on bedroom doors and waited to be invited in before entering and people told us that this was usual. People told us staff had respected their choice to spend time alone in their rooms and with their friends if they wished. People were supported to answer the front door and they had unlimited access to a cordless telephone which they could use in the privacy of their own bedroom. People told us they often used the telephone to maintain contact with family and friends and that staff welcomed their visitors.

People were involved in decisions about the environment. Bedrooms were furnished and decorated to suit individual’s personal preferences. One person told us that their room was about to be redecorated and they showed us the wallpaper which they had chosen. Another person told us they were also planning to have their room redecorated and had chosen the colour scheme. People were also consulted and involved in selecting furnishings, colour schemes and ornaments for communal areas. As well as having family photographs in their own rooms

people had also chosen to display photographs of their family and friends on the walls in the lounge. People told us they liked to do this as it helped them feel close to loved ones and created a more homely feel.

The registered manager spoke to people in a caring and kind way and they listened attentively to what people had to say and showed interest in people’s conversations.

People’s independence was actively promoted. People were encouraged to do as much as they could for themselves and their level of independence and the support they needed to maintain this was recorded in their care plans. Tasks people were encouraged to carry out as part of an independent lifestyle included, cooking, shopping, cleaning and budgeting. People were encouraged to set personal goals and staff actively supported this. One person shared with us a personal goal which they set and they told us how staff had worked closely with them to help them achieve and maintain their goal. The person expressed great satisfaction on achieving their goal and they told us how it made them feel so much better about themselves.

People were supported to make as many choices as possible, such as what they wore, how they spent their time and who with. Care plans reflected people’s individual needs and provided staff with information about their preferred method of communication. Staff had learnt Makaton sign language which enabled them to communicate with people using their preferred method of communication.

People who used the service and their family members were provided with an information pack which outlined the aims and objectives of the home and the services and facilities available. The pack also included information about the staff and the name and contact details of the registered provider. There was clear information about what people should expect from the service and guidance on how they could raise any concerns should they need to. Information was provided to people in an accessible format.

Is the service responsive?

Our findings

People told us. Their comments included; “I never get bored I enjoy what I do” and “I’m kept busy”.

Each person who used the service had an individualised care plan for their assessed needs which provided staff with clear instructions on how best to meet them. People had helped to develop their care plans and agreed to them. People were also involved in reviewing their care plans regularly and agreed to any changes prior to them being made. Any particular preferences people had about their care and support were included in their care plans. For example; preferred personal care routines and how they like to be supported in the community.

Each person’s preferred hobbies and interests were well documented in their personal records. People told us that they participated in activities of their choice both at home and in the local community. One person talked us through a typical week which included shopping, meals out and attending clubs and events in the local community. People were also encouraged and supported to maintain relationships which were important to them and they had regular contact with friends and family. People had access to a range of books, magazines, DVDs and board games and they told us they enjoyed the occasional take away and spending time at home watching TV.

People were provided with equipment which they needed to help with their comfort, mobility and independence. Records showed equipment people used was appropriately obtained following assessments of their individual needs. Staff monitored the suitability of equipment and made appropriate referrals when they recognised a change in people’s needs.

Staff responded appropriately to any concerns they had about a person’s health or wellbeing. Records we viewed and discussions held with staff showed appropriate referrals were made to other healthcare services. Where appropriate staff obtained advice and support from health and social care professionals who were involved in people’s care and support and they monitored people’s health when this was required.

The registered provider had a complaints procedure which was made available to people in an easy read format. The procedure clearly described the process for raising and managing complaints. No complaints had been raised about the service since our last inspection. However, staff were familiar with the complaints procedure and were confident about dealing with any complaints if they received one. People told us they had no complaints about the service and that if they did they would not be afraid of raising them with staff.

Is the service well-led?

Our findings

People knew who the registered manager was and they said she was good at her job. Their comments included “I like her [registered manager] a lot” and “Very good”.

The service had a registered manager who had a good understanding about their role and responsibilities and the lines of accountability within the service and they knew the structure of the organisation.

There were effective systems in place to assess and monitor the quality of the service provided at the service. The registered manager and nominated staff carried out checks on aspects of the service including people’s care records the environment, medication and staff performance. The checks were carried out at various frequencies, for example daily checks were carried out on the cleanliness and safety of the environment, weekly checks were carried out on medication and records and monthly checks were carried out on peoples care records. The purpose of the checks was to ensure that people were protected against the risks of inappropriate or unsafe care and support. Records of the checks were completed and any shortfalls which were identified were quickly acted upon to ensure improvements were made.

The registered provider kept in regular contact with registered manager over the telephone and offered support and advice when needed. They also visited the service each

month when they toured the environment, checked a sample of records and met with people and staff to obtain their views about the service. The registered provider produced a report which detailed the findings of their visit, including any actions for improvement.

People who used the service were invited to attend regular group house meetings as well as a weekly one to one meeting with their keyworker. An agenda was put together and made available to people prior to the meetings and staff discussed this with them. During the meetings people were encouraged to comment on the quality of the service they received and they were encouraged to make suggestions for improvements. For example; people were asked if they were happy with staff and if there were any changes they would like to make with the service they received.

No incidents or events had occurred at the service since our last inspection. However there was a system in place for recording and learning from incidents and the registered manager was aware of their responsibilities to notify the Care Quality Commission promptly of significant events which occur at the service.

The registered provider had a whistle blowing policy which was made available to staff. The registered manager understood their responsibilities for ensuring matters raised with in line with the policy were treated with confidence and acted upon in a sensitive timely way.