

Royal Mencap Society

Curlew Close

Inspection report

1 Curlew Close
Northway
Tewkesbury
Gloucestershire
GL20 8TJ

Tel: 01684275991
Website: www.mencap.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Curlew Close is a residential care home providing personal care to four people with a learning disability at the time of the inspection.

People's experience of using this service and what we found

The provider and registered manager did not have a robust system in place to ensure notifications were submitted to CQC promptly when the outcome of DoLS applications was known. We have therefore rated the key question 'Is the service Well-led?' as requires improvement. CQC monitors important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

People were protected from harm and abuse through the knowledge of staff and management. We found the environment of the care home was clean and had been well maintained.

Staff were supported through training and meetings to maintain their skills and knowledge to support people. Sufficient staff were deployed to support people.

People were supported to eat a varied diet which met their needs and preferences.

People received personalised care and support from caring staff who respected their privacy, dignity and the importance of independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had opportunities to take part in a variety of activities. People were supported to maintain contact with their relatives. There were arrangements in place for people and their representatives to raise concerns about the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Rating at last inspection

The last rating for this service was Good (published 29 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Well-led section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Curlew Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Curlew Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager and one member of staff.

We looked over the environment of the care home and reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We visited the provider's office on the second day to review staff files in relation to recruitment and staff supervision

After the inspection

We spoke with two relatives of people using the service by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.
- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available.

Assessing risk, safety monitoring and management

- People were protected against identified risks. For example, there were risk assessments for road safety, refusal of medicines and safe management of eating. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis.
- One person had been assessed as at risk of choking, A care plan provided information for staff to follow in the event of the person choking including first aid procedures. Staff had completed training in emergency first aid.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans. A fire drill and fire alarm test had been completed on the weekend before our inspection visit.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. Staffing could be provided on a flexible basis to enable people to take part in activities in the community.
- There had been some use of agency staff although recent recruitment aimed to build a staff team to ensure people received consistent support.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.

Using medicines safely

- People received their medicines as prescribed.
- Where errors had occurred with people's medicines, appropriate action was taken to investigate and

remedy the situation. Staff responsible for administering medicines had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for pain relief or to relieve anxiety.

- To ensure the safe management of people's medicines, monthly audits took place of medicine administration records and weekly audits checked stock levels. This included checking whether stock checks were carried out on a monthly basis. A recent audit had identified the need to date medicines with their expiry date as opposed to just the date of opening for more effective stock control. We discussed this with the registered manager who agreed to make arrangements for this finding to be implemented.

Preventing and controlling infection

- When we visited we found the care home was clean. People's relatives confirmed they also found the care home clean when they visited. Personal protective equipment was available for staff when providing personal care.

- The latest inspection of food hygiene by the local authority in November 2016 had resulted in a rating of good. Staff had received training in food hygiene training.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. For example, a medicine error had resulted in appropriate remedial action being taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed which included ongoing involvement of their close relatives and if needed health professionals.
- People's needs were discussed at staff meetings to ensure a consistent approach in meeting their assessed needs.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed training such as, moving and handling, first aid and risk assessment.
- Staff had regular individual meetings called supervision sessions with senior staff as well as annual performance appraisals. Staff told us they were well-supported.
- Annual observations were carried out on staff administering medicines, using moving and handling equipment and supporting individuals who are at risk of choking to ensure staff remained competent.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a diet which reflected their needs and preferences.
- People's food preferences were discussed with them on an individual basis.
- Staff discussed people's food preferences and dietary needs to ensure people received a healthy diet.

Adapting service, design, decoration to meet people's needs

- People's individual rooms were decorated in response to their needs and choices.
- One person had a summerhouse in the garden which enabled them to meet their need of having a personalised space of their own away from others.
- Adaptations had been made to meet one person's mobility needs.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. People had attended appointments with dental hygienists, occupational therapists and speech and language therapists.
- An effective system was in place to check people received regular health appointments.
- People had health action plans and hospital assessments. These were written in an individualised style.

They described how people would be best supported to maintain contact with health services or in the event of admission to hospital.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

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.

- When people's mental capacity to make decisions about their care had been in doubt, assessments had been completed of people's mental capacity to consent to receive care and support.
- Applications for authorisation to deprive people of their liberty had been made. There were no current conditions associated with approvals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them. People's relatives also told us positive relationships were developed between staff and people using the service.
- We noted staff spoke to people to check on their wellbeing and engaged with them and responded to their requests.
- People's needs in respect of their religious beliefs were known and understood.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about the care and support they received through reviews and regular meetings with key members of staff.
- People made use of advocacy services; people had used the services of both statutory and lay advocates to help them express their views about important decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff checked with people if they were happy for us to view their rooms and ensured their privacy when we looked over the home. Staff had received training in respect and dignity.
- Staff told us they would ensure doors and curtains were closed when carrying out personal care. This approach was highlighted in people's care plans.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. A person's relative told us they were made to feel welcome when visiting Curlew Close. Staff ensured arrangements were made for people to make regular visits to their relatives.
- People's care plans highlighted areas where staff should promote their independence such as using public transport, shopping and housework.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans included detailed personalised information for staff to understand and support them, for example, with managing their behaviour. A person's relative commented, "They know his quirks."
- Staff were aware of people's individual communication needs and how to support people to express their wishes and be involved in their care.
- People were supported to take part in activities such as, an exercise group, a walking group, swimming and outings such as a trip to the seaside. A relative commented positively about the activities provided and said the person had, "Something to get up for." People were asked their opinions on the activities to ensure they remained suitable.
- One person had an interest in railways and had recently been supported to make a train journey from the local station.
- People were supported to access local shops using public transport and one person had the use of their own vehicle.

Meeting people's communication needs

- Staff were aware of people's individual communication needs and how to support people to express their wishes and be involved in their care.
- Information had been provided for people in an accessible format in line with the Accessible Information Standard when required. For example, people's planned activities had been provided in a format using pictures and symbols. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- Records showed that no complaints had been received since before the previous inspection.
- We saw a system was in place to manage complaints appropriately if needed. Previous complaints had received appropriate written responses with any areas for improvement noted.
- Information was available for people in a suitable format on how to make a complaint and for staff to support them if they wished to complain.

End of life care and support

- End of life care was not currently being provided.

- The registered manager described a plan to record peoples wishes for the end of their life for future reference.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

Requires improvement: Leaders and the culture they created promoted the delivery of high-quality, person-centred care. However, the service management and leadership did not consistently meet their regulatory requirements in relation to notifying CQC of significant events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had not identified that notifications in relation to the outcome of DoLS applications were required to be submitted to CQC and the provider had no system in place to check when the outcome of a DoLS application was known, a notification would be required. The notifications were submitted once we brought this to the attention of the registered manager. However Improvements were needed to ensure all required notifications were submitted promptly in future and that the provider's quality monitoring systems would identify if this did not take place.
- The rating from our previous inspection was prominently displayed in the care home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear vision for people to have access to good quality care and support with their personal care and daily living activities. We found people were cared for in accordance with the provider's values and objectives.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff meetings were used to discuss the needs of people using the service, review activities and how people were supported with maintaining relationships with relatives.
- Staff and peoples relatives were positive about the leadership of Curlew Close.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Quality surveys had recently been sent to stakeholders although the results were not available at the time of our inspection. A survey of the views of people relatives was planned.
- People benefitted from a quality assurance system, including audits such as medicines and the care home environment which ensured a consistent service was being provided.

- The registered manager kept up to date with current trends in adult social care through training and meetings with other managers and updates from the provider.
- Links had been established with local organisations to ensure people were able to access activities in the community.