

Claremont Carers Limited

Claremont Villas

Inspection report

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Tel: 01332292036

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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

We inspected this service on 14 November 2016. This was an announced inspection and we telephoned the provider two days before our inspection to ensure we had an opportunity to speak with people who used the service. This was the first inspection of this service.

The service was registered to provide personal care for people. At the time of our inspection, four people with a learning disability were supported by the provider in their own shared home.

The service had a registered manager. 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 felt safe when being supported by staff who knew how to protect them if they suspected they were at risk of abuse or harm. The staff knew how and when to report their concerns if they suspected someone was at risk of abuse so that they could be protected.

The staff had a good understanding of the specific risks to each person and what they should do to minimise these without restricting people's rights to undertake activities or tasks. People were involved in a range of interests and were able to choose how to spend their time and to develop and maintain relationships with their families and friends.

There were enough staff to support people. People only received support in their home during the day and there were arrangements in place for people to have additional support when needed during the night. People's consent to care was sought and they had capacity to make important decisions. People could choose to be supported by family or an advocate when making decisions. The support plans reflected their specific needs and preferences for how they wished to be supported and were reviewed with them regularly.

Staff supported people to keep healthy and well and ensured they were able to access healthcare services when this was needed. People received support to manage and control their medicines and were prompted to take these to keep well, where this was required.

People were treated with kindness and respect and staff promoted people's independence. People were helped to prepare and cook their own meals and they were responsible for shopping and planning their meals. People could choose their own food and drink and were supported to eat healthily.

People felt comfortable raising any issues or concerns directly with staff and there were arrangements in place to deal with people's complaints. Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service to consider how improvements could be made. The manager promoted an open culture which put people at the heart of the

service.

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 knew how to stay safe and staff provided them with the support to reduce the risk of harm. There were sufficient staff to meet people's agreed support needs and people were supported to take responsibility for their own medicines.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when providing support and people had capacity to make decisions about their care. People received health care where needed and staff received training to meet the changing needs of people. People were supported to plan and prepare meals and could choose what to eat.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring, respected their privacy and promoted their independence. People were encouraged to be independent and staff helped and guided people to make choices about their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concern and staff responded to this to improve the support they received.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the support they received and were asked how they could improve the support and service. Staff were supported in their role and able to comment on the quality

of service and raise any concern. Systems were in place to assess and monitor the quality of care.

Claremont Villas

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.

This inspection took place on 14 November 2016 and was announced. The provider was given two days' notice because the location provides a domiciliary care service for adults who are often out during the day, and we needed to be sure that someone would be in. People who used the service shared one home and were supported by staff only during the day. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with four people who used the service, one relative, two members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service. We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People were involved in the assessment and review of their risks and the staff helped to keep them safe. People told us they were able to go out independently and knew how to keep safe. One person said, "I have my own bus pass and know which ones to catch. I don't have a phone but I know how I'd get help if I was in trouble." Another person told us, "If the staff weren't around then I'd go and get the manager from their home or call the staff." Where needed, people had a personal alarm pendant they wore to alert staff to any problems. People told us the staff talked to them about how they should keep safe in the home and when out. One person explained that they were involved in regular fire drills and practiced evacuating their home when the fire alarm was activated.

Staff understood how each person wanted to be supported and were aware of any potential risks. They told us they were committed to maintaining people's independence whilst at the same time protecting them from harm. One member of staff told us, "We promote people's independence and life skills here. This has been people's home for a long time, but we've also had people who have left and are living independently. When they were here we supported them to develop the skills they needed to be independent."

People were helped to understand what potential abuse was and how to report it. One person told us, "I know what to do if anything is wrong and would call or email you. We know how staff are supposed to help us and if I thought anything was wrong then I'd report it." People had an easy read guide which gave them information about what forms of abuse may happen and what to do if they were worried. The staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were reported to the local safeguarding team.

People were satisfied with the frequency of staff support. Staffing was arranged flexibly and there were staff available throughout the day. Where there were planned supported activities additional staffing was provided. One member of staff told us, "As people are independent there isn't staff around here all the time. If we know someone wants to go out all day with us, then we make arrangements for another member of staff to come and work in the home so they can support the other people." People confirmed that when they wanted staff support for particular activities this was arranged. One person told us, "It's up to me when I go out and I can go where I want. Sometimes the staff come with me if I ask them or they just give me a lift. There's never a problem." Where people were independent in their home there was an emergency call system in place where people could contact a local agency for support. One person told us, "The staff aren't here all the time but we know where to contact them if we need them. It doesn't bother me being here alone as I'm independent." One member of staff told us, "There is an intercom so if anyone is in trouble they can contact the on call company and if necessary they will call us so we can provide support." The level of support was reviewed with the person and the professionals who commissioned the service to ensure it continued to meet their needs. We saw any changes to the support was provided.

All the staff had been employed within the service for a long period of time and the last new staff started working in the service five years ago. The registered manager explained that any new staff would meet people and they would comment on new staff and decide whether they wanted them to work in their home.

One person told us, "I like all the staff here and if I didn't, I'd say."

People were supported to take responsibility for their own medicines and kept these in their own room. One person told us, "I have all my tablets for the week and I take them myself. The staff always ask me if I have taken them. I know I have to take them for my epilepsy." People knew what tablets they took and what they were for. Some people chose to dispense their tablets into a daily medicine pack; the registered manager stated they would review this system with the pharmacy and whether medicines could be dispensed by the pharmacy. Staff had received training for safe handling of medicines and were knowledgeable about the medicines that were prescribed for people and what these were for and how to respond to any medication errors or concerns to ensure people kept well.

Is the service effective?

Our findings

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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People who used the service had capacity to make important decisions about their care and support they received. Some people had chosen to receive support to manage their finances.. One person told us "I don't want to get involved with all the benefits and stuff. I like to get my money each week and I sort all that out but don't want to do the rest and I'm happy with how it's sorted."

People's consent was sought before the staff provided support and people had the ability to make everyday decisions about their care. One person told us, "This is my care plan and the staff talk to me about what I want. If I agree then I sign it; if I don't then it gets changed." Where people needed help to make a decision they used the services of an advocate. An advocate helps people make informed choices, speaks up on their behalf and listens to their needs. One member of staff told us, "Where people want extra support we contact an advocate. It helps to have someone they can speak with who is independent and helps them to make decisions."

People visited their doctor when they were unwell and had regular appointments with other specialist health care professionals. One person told us, "If I'm not well then I ring the doctor myself and get an appointment. I don't have to get permission, I just do it." Another person told us, "I like the staff to come with me to the doctors and dentist. I want them to know what's happening." The staff knew about people's health care needs and the signs that people were unwell. The care review included the signs people may show when they were in pain or unwell.

People received care and support from staff who knew them well and knew how they liked things to be done. One person told us, "I've been here for a long time and the staff know how I like things. They help me to go where I want and they know I can get around on my own." Staff told us the training they received gave them the skills to meet people's needs. A member of staff told us, "We are completing a care qualification at the moment and always looking at courses we can attend so we can keep updated with everything."

There had been no new staff employed as all the staff providing support had worked with people for more than five years. The registered manager told us, when any new staff are recruited they would receive an induction in to the service.

People were supported to plan, purchase food and prepare meals in their home. People told us they

combined their shopping money and purchased most of the food together. One person told us, "I'm going shopping later. We go to different supermarkets each week. It all depends what we want." One member of staff told us, "People have lived together for a long time and this was what they like to do and it works well as they get more for their money. Different people cook each day and although we write a shopping list we buy the food people want for the meal they want to cook." Some people attended college and were learning about preparing healthy meals.

Is the service caring?

Our findings

People were happy with the staff that supported them and told us staff treated them with respect and listened to what they had to say. One person said, "The staff are very good here. They support me when I need it and help me to get to my clubs. If there are any problems they listen to me and we sort it out." One relative told us, "The staff are absolutely fantastic."

The staff knew people well, including their preferences and wishes and had provided support for many years. One member of staff told us, "We are a family here. On Christmas Day we all come and spend time together and it's a big event. It's the same for birthdays; we want to spend time together because people mean a lot to us." The staff had a good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported. Staff used their knowledge about people's specific communication preferences to share information with them in a way they could understand. One member of staff showed us how they used finger spelling to help one person to communicate. They told us, "I learnt to do this because we can spell out words, so if it's something they find difficult to say, then we can spell the word out. It works really well."

When staff spoke about people they did so in a kind and respectful way and ensured people's right to privacy and dignity was respected. People had a key to their home and their bedroom. One person told us, "I can lock my room and people don't go in there unless I give them permission. This is my home and the staff know that but help me when I need them." We saw when staff wanted to speak with other people; they knocked on their bedroom door and asked permission before entering.

People were encouraged and supported to be as independent as they wanted to be and staff discussed with them the ways they wished to be supported to achieve this. One person told us, "I get help when I need it and the staff are good at giving me lifts to places, but if I want to go alone I can." Another person told us, "I know which bus to catch and I have a bus pass. I'm going into Derby now but I'm catching the bus back and will be home later." One relative told us, "The staff provide choices about what they could do and always support them with their independence. People are involved with so much. I would give them a five star rating."

People were supported to keep in contact and maintain relationships with their family and friends. One person told us "My family is important to me." People told us relatives and friends were welcomed into the home, with consent from people who used the service and were encouraged to be involved in planning and the reviewing of care. One relative told us, "I am kept informed of what is happening and involved with any review. I feel the way they are supported is amazing."

Is the service responsive?

Our findings

People chose how to spend their time and were involved in a range of activities according to their interests. One person told us, "I like to go dancing and travel around. I can catch the bus or staff give me a lift." Another person told us, "I like to go shopping and go to Derby market. I have a bus pass and can just go when I want." People attended college courses and were able to practice their faith. One member of staff told us, "[Person who used the service] go to church and has been going there for about 20 years. They love it as they are involved in lots of social activities and have food and go to all the events." One person told us, "I'm really looking forward to Christmas. I love Christmas and I'm going to buy some more decorations for my room." The staff confirmed that all the people who used the service celebrated Christmas and one member of staff told us, "Christmas Day is wonderful here. People have a great meal and a few drinks and really enjoy themselves."

People had a support plan and had been involved in how this was developed. The support plans were personalised to each individual and contained information to assist staff to provide support. One person told us, "This is all right. We talk about it and if I agree I sign it." Another person told us, "The staff ask me what I want to do. There's only a few staff here and they've been here for a long time." The staff knew people well and were able to tell us about the things that were important to people. One member of staff told us, "One of the good things about this service is that it's just like a family home and in a way people are like brothers. They have lived together for a long time and know each other really well and having that long term relationship means we can see when things are different. When someone is upset or something is wrong and we can do something about it."

People knew how to raise issues or make a complaint and were confident that any issues raised would be listened to and addressed. One person told us, "I've complained before and it was sorted. I know I can contact you and social services and people listen." Another person told us, "The staff ask me if I'm alright and what they can do for me. I'd speak to them if I was unhappy." Where concerns had been raised, we saw the registered manager had considered the information and responded to them, identifying any outcome or improvement to be made.

Is the service well-led?

Our findings

People were asked about the quality of the service and where improvements could be made. One person told us, "The staff ask me if anything is wrong and what I like when we do my review and I've also filled in a questionnaire. There was nothing wrong though; this is a five star service." The service had a registered manager and people we spoke with knew the manager and told us they worked within the home and spoke with them to ensure they were happy.

The provider also sought the views of people and relatives through questionnaires. People were encouraged to give their ideas and suggestions for how the service could be improved. We looked at a sample of completed questionnaires and these were positive about the care and support people received. One person told us, "They ask me if I'm happy and I'd tell them if not as I know what I want."

There were systems in place to monitor the quality of the service and audits were undertaken by the registered manager. These included checks on care and associated records, health and safety and incidents, the accuracy of people's records, the management of medicines and staff training and support. These checks were all documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these checks.

There was an open culture in the home and the staff felt comfortable to raise any issues with the registered manager. The staff told us that the registered manager listened to them, and made changes in response to these. One member of staff said, "It's difficult in a small team but we all know what we must do. If something isn't right then we speak up. We have worked together for a long time and people here are like our family. There's no way we wouldn't say anything and people here know their rights and would speak out too."

The staff were clear about their role and spoke passionately about these values and how they incorporated these into their work. One member of staff told us, "We have the same standards here. We know this is people's home and I feel lucky to be here supporting people."