CareTech Community Services Limited

Clock Tower Mews

Inspection report

The Causeway
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29 January 2019

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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: Clock Tower Mews is a residential care home providing accommodation and personal care to eight people with a learning disability and autism.

People's experience of using this service:
● Previous breaches of regulations were now met. This meant people experienced a better quality of care that was safely delivered. However, some work continued to be needed to ensure that people's records were fully person centred. The registered manager had an action plan to address this area.
● People were kept safe from harm because assessments identified the risks to their health and well-being. Plans were in place to respond to people's needs. People were supported by a sufficient number of staff who had been trained to keep people safe f. People's medicines were now safely managed and administered as the prescriber intended.
● Staff were aware of people's nutritional needs and supported these well. Consent was now obtained in line with legal requirements. The building was purpose built and adapted to meet the physical needs of people.
● People continued to be cared for in a dignified manner. People's confidential information was now stored securely.
● People's relatives were now fully involved in the review and development of people's care. People were now able to enjoy a range of activities and pursue their individual interests. Concerns and complaints were promptly responded to. People and relatives were confident to raise concerns when necessary.
● Governance systems were now in place to monitor the quality of care provided. Leadership was now visible across the service, and staff, health professionals and relatives were all positive about the sustained improvements.

●Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The registered manager and staff were meeting the principles of this policy.

Rating at last inspection: Inadequate. The inspection was carried out in March 2018 and the report was published on 1 June 2018.

Why we inspected: This comprehensive inspection was planned based upon the findings from our previous inspection. At that inspection we found five breaches of regulations, rated the service inadequate and placed the service in special measures.

Follow up: The service is no longer in special measures as they have achieved a rating of good. However, we will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

We always ask the following five questions of services.

Is the service safe?□Good

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. Details are in our Safe findings below.	**Good**
Is the service effective? The service was Good. Details are in our effective findings below.	**Good**
Is the service caring? The service was Caring. Details are in our caring findings below..	**Good**
Is the service responsive? The service was Responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not consistently well led. Details can be found in the well led findings below.	**Requires Improvement**

Clock Tower Mews

Detailed findings

Background to this inspection

The 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.

Inspection team:
This inspection was carried out by two inspectors and an inspection manager.

Service and service type:
Clock Tower Mews is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Clock Tower Mews accommodates up to eight people in one adapted building, where people had access to communal areas along with their own individual rooms. At the time of the inspection there were eight people using the service.

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
Notice of this inspection was not given, this meant the registered manager did not know we were coming.

This inspection was carried out between 23 January 2019 and 29 January 2019. We visited Clock Tower Mews on 23 January 2019 and on 29 January 2019 we spoke with health professionals to seek their view about the care provided.

What we did:
Prior to this inspection we reviewed the information we held about the service, including notifications. A

notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the action plan the registered manager sent to us following our last inspection in March 2018. This action plan addressed the issues identified at the last inspection and informed us how the required improvements would be made.

During this inspection we briefly spoke with one person who was able to express their views. However other people were not able to verbally communicate with us. Therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us. We spoke with three people's relatives, four staff, four health professionals and the registered manager. We reviewed records relating to the care and support for three people. We also reviewed records relating to the management of the service, such as staff training, maintenance of the premises and equipment and how the registered person monitored the quality of the service.

Details are in the Key Questions below.

Good

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 22 March 2018. Those concerns related to staff who did not ensure people were kept safe from harm and were unnecessarily restrained at times. Risks to people's well-being were not consistently identified or met. Staff were not aware of people's changing needs as staffing levels were not consistent. People's medicines were not safely managed or administered. At this inspection, the registered manager had made the required improvements.

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

● At our last inspection in March 2018 we found people were at risk because appropriate assessments and actions had not been completed when a risk was identified. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and there was no longer a breach of regulation.

● Risk assessments had been developed and were now in place to monitor people's identified risks, although some gave conflicting guidance. We discussed this after the inspection with health professionals involved with people's care who told us they were confident people received care in accordance with their instructions. There had been no instances of people not receiving care due to this conflicting guidance and outcomes for people's physical and emotional wellbeing were positive. We have reported on the quality of recording in the 'Well Led' domain, however did not find evidence to demonstrate people were not safe.

●The management of areas such as people's skin integrity, nutritional needs and risk of choking had improved. Appropriate referrals to health professionals were made when required and equipment was in place to manage the risks where required. For example, pressure relieving mattresses were used for people at risk of developing pressure wounds. People were no longer unnecessarily restrained in their wheelchair and assessments gave clear instruction how to support people's mobility safely. We observed the least restrictive methods were used, such as transferring people to sit in armchairs and sofas with staff observing they were safe.

●Staff had received training in specific areas such as autism, prevention of choking and fire safety and were knowledgeable about how to safely meet people's needs. One relative said, "It's the best the care has been for years, and that's all thanks to [registered manager] and the team."

● We found that people now experienced good outcomes from appropriate assessment and staff care and support. One person at the previous inspection was not mobile. Staff did not encourage their daily exercises and physiotherapy. However, at this inspection we found staff had encouraged them, and they had been able to stand and embrace their relatives when they visited. The registered manager told us, "Since the inspection [person's] keyworker has really inspired [Person] to do these daily exercises, the change is remarkable. Simple things not done before, that staff have the confidence to do now have a big impact on [Person] in a good way."

Using medicines safely

● At our last inspection in March 2018 we found people's medicines were not consistently managed in accordance with the prescriber's instructions. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and was no longer a breach of regulation.

● People were supported to take their medicines by a trained and competent staff team.

● Processes were in place to identify and report any errors or mistakes that occurred. However, staff took one person out of the building but did not take their emergency medicines with them. The registered manager responded appropriately when alerted to this error.

● People had guidelines in place for staff to safely support them with 'when required' medicines.

● Medicine records were for most people were accurately maintained, however one person was administered their medicine which was not subsequently recorded in the record. Although we confirmed this medicine had been given as administered, we have reported on this in the 'Well led' domain.

● Regular checks and audits of medicines and temperatures were completed and documented.

Systems and processes, keeping people safe from harm and abuse.

● At our last inspection in March 2018 we found staff were not confident in identifying and responding to any concerns of abuse. This was an area that required improvement. At this inspection we found this had improved.

● Staff understood safeguarding, what to look for and how to report concerns. The service had effective safeguarding policies and staff had received appropriate training. One person said, "I don't want to live anywhere else but here."

● Staff were confident to raise concerns and to whistle-blow if required. One staff member said, "It's much better now, I understand what I need to do and if we report anything [Registered manager] looks into it straight away."

● We saw examples where staff had reported their concerns for areas such as an unexplained bruise or mark. The registered manager had reviewed these, seeking professional guidance when needed to assure themselves the person had not been harmed.

● The manager was aware of their responsibility to report safeguarding concerns to the relevant external agencies although they had not had any need to.

● At the previous inspection in March 2018 fire assessments previously had not been completed, reviewed by the registered manager or provider and evacuation plans were not sufficiently robust. At this inspection the service had been assessed by the fire officer, and evacuation plans were much improved.

Staffing and recruitment

● At our previous inspection in March 2018 we found staffing levels in the home were not consistent. This led to people receiving care from staff they did not always know. This was an area that required improvement. At this inspection we found this had improved.

● The registered manager had successfully recruited staff to the vacant positions. Robust vetting was carried out to ensure newly employed staff were suitable for the post they applied for.

● Staff, relatives and health professionals told us there were enough staff to support people in a timely manner. One person's relative said, "The staff team is much better, we can actually get to know the staff now which is a big improvement."

Preventing and controlling infection

● People lived in a clean, hygienic environment. The home had recently undergone refurbishment and was bright and airy.

● Staff were seen to adopt good practise when delivering personal care. Staff told us there was enough

personal protective equipment such as gloves and aprons to use.

Learning lessons when things go wrong

● At our previous inspection in March 2018 lessons were not learned where there had been incidents or near misses. At this inspection improvements had been made.

● Staff told lessons learned were regularly discussed with the registered manager. One staff member said, "We talk about what happened, how we could do things different or better and learn from it." Staff were able to tell us how they had reviewed their practise based upon incidents, such as people being agitated or restless. They were able to demonstrate where these incidents had reduced as a result of their changed approach.

● The provider and registered manager reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

● The registered manager had shared the action plan arising from the previous inspection. They had sought relatives feedback regarding the care provided and reviewed the action plan to ensure areas of learning from this were embedded.

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 22 March 2018. Those concerns related to staff not receiving appropriate training or development. Staff were not supported through a regular appraisal and supervision process. Staff told us they did not feel supported prior to the appointment of the registered manager. People's consent was not obtained prior to care being provided, and people's nutritional needs were not met consistently. At this inspection we found the registered manager had made the required improvements.

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

Good: People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been fully assessed. Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
• The provider supported staff to deliver care and support in line with best practice guidance.
• People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff skills, knowledge and experience.
• At our last inspection in March 2018 we found staff did not receive appropriate training, development or support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and was no longer a breach of regulation.
• People were supported by a well-trained staff team who felt supported by the provider and registered manager. One staff member said, "Support is provided, [registered manager] is always on hand, our training is on point, our supervision is completed by the seniors. I love my job and working here." However, the registered manager had not completed observations of staff practise which was an area they told us they would complete and regularly review.
•Training had been reviewed for all staff. Training in key areas such as dysphagia, nutrition and autism had been provided. The registered manager told us they had further plans to develop staff. They said, "I have plans to develop champion roles around things such as safeguarding and [service user] engagement. The staff are identified we are just waiting on space with [local training provider]."
• New staff members completed a structured induction which included training in adult safeguarding, fire awareness and topics specific to people's individual needs.

Ensuring consent to care and treatment in line with law and guidance.
• At our last inspection in March 2018 we found the provider had not followed the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and was no longer a breach of regulation.
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
• In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
• People were now supported to have choice and control over their lives and staff supported them in the least restrictive way possible.
• Since the previous inspection, training regarding consent had been provided to all staff. Staff demonstrated through discussion they understood the importance of gaining consent. The registered manager had reviewed all assessments relating to consent and submitted the relevant authorisations.
• Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment.

Supporting people to eat and drink enough with choice in a balanced diet.
• People were supported to have enough to eat and drink. Preferences around what people liked to eat were provided and people were given choice about what they ate. Allergies were prominently recorded in people's care records.
• Where people required a specialist diet, for example food of a soft consistency this was provided. Not all staff prepared people's food to the required consistency or dietary requirement. We found that those that did prepare people's meals and drinks were aware of those needs and had been trained accordingly.
•People's weights were regularly reviewed and a nutritional assessment completed. Where this suggested people may be at risk of weight loss appropriate actions were taken and referrals sent to health professionals.

Staff working with other agencies to provide consistent, effective, timely care.
• People had access to healthcare services when they needed it. This included the GP, dentists, district nurses, hospital consultants and mental health professionals. The registered manager referred people for healthcare assessments promptly if required.
• Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their current requirements.
• One healthcare professional commented, "Since [registered manager] has been there, referrals are quicker and the information we need to review is always on hand. Staff know the residents and know when something is not right and take the right action. I think the care has moved forward a lot in the last six months."

Adapting service, design, decoration to meet people's needs.
• The home had undergone redecoration and new furniture and furnishings had been purchased. The home was specially designed to ensure people using wheelchairs or hoists had sufficient space to do so. Bathrooms were specially adapted to ensure they met people's limited mobility needs safely. The registered manager was organising the installation of an adapted shower as one of the people living there preferred to shower as opposed to bathing.
• People had personalised their own rooms which were reflective of their personalities and interests.

Good

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 22 March 2018. Those concerns related to people and their relatives had not been involved in the development or planning of their care and people's confidentiality was not maintained. At this inspection we found the registered manager had made the required improvements.

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

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

Ensuring people are well treated and supported.
• People were treated in a compassionate manner by staff who were caring and respectful to them. People were seen to be at ease with the staff members supporting them and a rapport had clearly been developed between them.
• Staff were quick to offer support to people when they became distressed or upset. When staff intervened, they did so showing a genuine level of concern for the person. One person was observed to show initial signs of anxiety. Staff recognised this and quickly offered them reassurance, using tactile hand holding and calm reassurance. They were aware of the technique to use to distract the person, who later was seen to be happily sat contentedly listening to music. The staff member was later able to explain to us people's individual likes and dislikes which could cause them upset. This showed that people were supported by a staff team who knew them well. One relative said, "[Person] is quite loud. Staff deal with it in a nice way. Previously staff would not have done anything."
• People's life histories were documented well and captured people's interests, relationships important to them and characters thoroughly. Staff were aware of these histories and used them in their day to day interactions with people.
• Staff members spoke to us about people with a passion and commitment to ensure they received good quality care.

Supporting people to express their views and be involved in making decisions about their care.
• Following the previous inspection people's views, opinions, preferences and decisions about their care had been reviewed. The registered manager had involved people, their relatives, staff and health professionals in reviewing these areas.
• People were supported to express their individual likes and dislikes. These were known to staff who provided care in line with these preferences and decisions. For example, staff knew how people used particular gestures to communicate. These were seen to be used when people wanted something to eat, or even when leaving the home for a trip.
• People were able to seek support from advocates regarding any significant decisions relating to their care. We saw examples where advocates had supported people's decisions, particularly in relation to where people were deprived of their liberty. An advocate is someone who will act as a spokesperson for a person for a range of decisions, such as health and finance matters.

Respecting and promoting people's privacy, dignity and independence.
• We saw that people were treated with dignity and respect and that their privacy was supported by staff members. One relative said, "[Person] has a fish tank in their bedroom. This is important to them. The fish died but staff replaced them straight away because they understood how much they meant."
• People received support with their personal care and with dressing in a style of their choosing. Staff were aware of people's particular preferences when assisting them with dressing and getting ready for the day.
• Information which was confidential was kept securely and only accessed by those with authority to do so.
• Staff supported people, where possible to develop their independence. This included promoting more independence during personal care support.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 22 March 2018. Those concerns related to a lack of person centred care planning, as well as a lack of individual meaningful activity. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found at this inspection this had improved and the service was no longer in breach of the regulation.

Responsive – this means we looked for evidence that services met people's needs
Good: People's needs were met through good organisation and delivery.

Personalised care, accessible information; choices, preferences and relationships

- Staff knew people well. They were aware of their likes, dislikes and preferences. Staff used this information as the basis for the care they provided to people. For example, staff had documented how to carry out personal care that ensured people's preferences around routine and appearance were met. One person's relative said, "We don't visit often, but when we do [Person] is impeccably presented. The staff know what they like, how they want to look, they now show a real interest in getting it right for [Person]."
- People were encouraged and supported to make their own choices to have as much control and independence as possible. This included shaping how their care and support was provided to ensure it was individual to them and their wishes.
- People were now provided the opportunity to engage with activities. On the day of the inspection we saw staff were supporting people individually with sensory activities, music and singing and a trip to the pub for lunch. Most people spent their day at day centres with one person attending college. The registered manager told us that outside organisations were now used to provide activities such as arts and crafts. The works created from these sessions were now prominently and proudly displayed on the walls.
- People had been supported to go on day trips, local trips around the town and had also been away on activity holidays. Links continued to be made with the local community.
- Staff ensured that people were not isolated and had the opportunity to be part of the wider community in the home and outside. Staff were observed to bring people together and patiently sit and engage with people in a meaningful way. The relaxed approach helped to create a warm, sociable and inclusive environment. One relative commented, "It's night and day, the staff now are so attentive and spend time with them [people]. I don't think in all the years that [Person] has lived there they have ever been so happy or had such a fulfilling life."

Improving care quality in response to complaints or concerns

- People and their relatives told us they were now confident they could raise a complaint or concern with staff or the registered manager and it would be dealt with. One person's relative said, "[Registered manager] has had a lot to deal with over the last nine months dealing with all our complaints. They have done so professionally and made some real meaningful changes. They are honest and will admit when things have gone wrong."
- Copies of the complaints procedure were made available to people and visitors and the provider monitored any concerns raised. The complaints process was discussed with people to help them

understand their rights to raise concerns. Those that had been raised had been dealt with in line with the providers policy.

● However, the complaints policy for service users was not in an accessible format.

● People and relatives were provided with regular meetings where they could raise their concerns or suggestions. Minutes recorded that relatives were able to challenge the registered manager and make suggestions that were noted and actioned. The registered manager had also developed a newsletter to keep people informed of developments in the service.

End of life care and support

● No person at the time of the inspection was receiving end of life care.

● Policies were in place in the event someone required end of life care, and links to healthcare professionals were established.

Requires Improvement

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 22 March 2018. These were that systems were not operated effectively to identify areas that required improvement. The provider did not ensure effective management was in place to both ensure people received a high level of quality care, and that staff were sufficiently supported and managed. Care records were not accurately maintained as required. We found the registered manager had made most of the required improvements.

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.

Requires improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's care records, although vastly improved since the last inspection in March 2018 continued to require further development. For example, one person's assessment for manual handling did not refer to the advice given by the occupational therapist. A second health plan referred to a different person, and a third persons medicine record was not completed. Although the medicine had been given. For a fourth person, their risk assessment made no reference to how staff would manage a choking incident from eating, which was a risk for this person.
- The care plans overall were cumbersome and difficult to navigate. Staff told us they did not read the care plans because of this. Guidance to staff about preparing people's meals was out of date, referring to old practise regarding consistency and thickness. Although staff knowledge about people's needs was current and they had received appropriate training to manage risks such as dysphagia, nutrition and choking, care records required further development. Further to this, care records were not available in an accessible format to enable people to engage further with their care reviews.
- The registered manager told us they were aware of the need to update some of the care records and would start updating them shortly after the inspection.
- The registered manager demonstrated a commitment to providing person centred care to people. They were able to accurately describe people's care and knew what was important to each person we discussed.
- Feedback received from staff, people, relatives and healthcare professionals formed the basis of developing and continually improving the quality of care.
- Duty of candour was promoted by all working at Clock Tower Mews. Management supported staff to report adverse incidents, and to promote and open and honest approach if something went wrong. Notifiable incidents were made within a reasonable time frame.

Managers and staff being clear about their roles.

- The service was well managed. Staff understood their roles and responsibilities and the registered manager was overall accountable for their staff. Evidence demonstrated that all staff were held to account

for their performance where required.
●Quality assurance processes were in place and used to identify where improvements were required. For example, the registered manager was aware that some care records required further development.
● Quality monitoring was carried out by the regularly by the registered manager and checked by the provider who regularly visited the home to conduct their own audits. Recent audits showed a comprehensive review of the care and management had been carried out. The quality of these audits had improved since the previous inspection.

Engaging and involving people using the service, the public and staff
● People, relatives and staff told us the registered manager was approachable and supportive. One relative said, "[Registered manager] is without doubt the best Clock Tower Mews has had, ever. They have changed that place for the better, and even the staff look happier now than before they started working there. We are lucky to have [registered manager]."
● Staff told us the culture of the home had changed over the previous six months. Staff spoke about teamwork and transparency which they said was driven by the registered manager.
● The registered manager sought people's views, opinions and feedback about the service. They evidenced this through compliments received and surveys sent to people and their relatives.

Continuous learning and improving care
● The registered manager had been in post for only a short time prior to our last inspection. The changes they have made have had time to embed and become sustainable. Most of the improvements we found at this inspection, for example managing risk, staffing, medicines management and supporting staff were put in place from April 2018. Since that time the registered manager has continually reviewed and learned where care can be constantly improved.
●The registered manager continued to develop and review an extensive action plan to address issues that needed improving on. This had recognised the areas that we had identified as requiring improvement, such as the personalisation of care records and ongoing action to ensure records are clear and relevant to the person.
● Staff told us they felt the registered manager was encouraging their learning through reflecting on incidents when they occurred and to look at why and what could have been done differently.