

TLC Care Homes Limited

165 Point Clear Road

Inspection report

St Osyth
Clacton On Sea
Essex
CO16 8JB

Tel: 01255823172

Date of inspection visit:
10 February 2016

Date of publication:
27 April 2016

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Good ●
---------------------------	--------

Is the service caring?	Good ●
------------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

The inspection took place on 10 February 2016 and was unannounced. 165 Point Clear Road is a care home that provides accommodation and personal care for up to five people who have a learning disability and/or autistic spectrum disorder. On the day of our inspection five people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There were sufficient staff to provide people with the support they needed to live as full a life as possible. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred. The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express

their views.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to 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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all required pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Is the service effective?

Good ●

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Is the service caring?

Good ●

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with

compassion based upon people's known needs.

People's dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

165 Point Clear Road

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.

The inspection took place on 10 February 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who lived in the service. We also spoke with three care staff members, the deputy manager and the manager as part of this inspection.

We looked at three people's care records, five staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I don't worry they do keep me safe, yes." Another person indicated by nodding that they felt staff treated them well when asked.

People were safe as staff understood their responsibility of safeguarding reporting any abuse or neglect. Staff knew how to recognise the signs of abuse or neglect and who to report it to ensure people were safe from the risk of harm. Staff were able to explain to us how they would report safeguarding concerns and how to 'whistle blow' if the provider had not taken sufficient action to keep people safe.

All of the staff we spoke with knew people's needs and how to manage risks to people's safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised. Staff understood people's needs, and risks to people were managed. For example a staff member and the deputy manager informed us at the start of our inspection about issues we needed to be aware of for two people, and how our presence might have an impact on their mood and behaviours.

Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Staff were able to tell us about individual triggers which might affect people's behaviour and different techniques they used to defuse and calm situations. The staff told us they do not use direct restraint and used various supervision and communication techniques and their knowledge of the person to keep people safe.

Staff identified and managed risks to people's safety to keep them safe. The manager had assessed risks to people's health and well-being and put plans in place on how staff would manage these to minimise the chance of harm. For example, a person's record had information on how the person mobilised around in the service and the equipment they needed to use when they went out. We saw staff support the person in line with their risk management plan when they stood up to walk. Another person who could become agitated around other people and had specific behaviours of risk, was monitored closely by a member of staff, who was able to identify the trigger behaviours that indicated this person may be becoming upset. This person was not able to express themselves verbally and our observations and conversations with staff demonstrated that guidance on mitigating risks had been followed.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments we saw that their families or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Care plans contained risk assessments in relation to risks identified such as challenging behaviour, nutritional risk and going into the community, and how these affected their wellbeing.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had

been appropriate monitoring of accidents and incidents.

We saw records which showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

People told us they there were enough staff to meet their needs. One staff member told us, "We all help each other and there are always enough staff around". We saw the number of staff on duty on the day of the inspection matched the staffing level set by the provider. We saw staff responded to people's requests for support immediately. There were sufficient staff to support people to attend hospital appointments and to go out. The manager ensured there was adequate cover for both planned and unexpected staff absences.

The service used robust recruitment procedures to ensure people received support from suitable staff. Interview records showed staff had demonstrated they had sufficient knowledge and skills to undertake their role to support people with their specific health needs. Recruitment records showed the provider had carried out checks on the new staff's background, employment history and experience. The provider had obtained references and a disclosure and barring (DBS), criminal records check and ensured the new staff's suitability before they started to provide support to people.

People were happy with the support they received with their medicines. Staff administered people's medicines as prescribed. Medicine administration recording sheets (MARS) records were completed and showed people had received the correct dosage of medicine at the correct time. Staff followed the service's procedures on supporting people with 'as required' medicines for pain relief and specific health conditions. Staff accurately recorded the time and reason why people had received the 'as required' medicines. Medicines were stored appropriately and securely to reduce the risk of misuse. Staff made regular checks to ensure medicines were stored at the correct temperature. The manager ensured people received their medicines from competent and well trained staff.

Is the service effective?

Our findings

People told us they received the care and support they needed. One person told us, "I think all the staff are good." Another said, "I can go out when I need to, I am going to college today." We saw people go in and out of the service with support as they wanted.

People told us that staff met their individual needs and that they were happy with the care provided. One person said, "The staff are well trained and look after me ok."

Throughout our inspection we saw that staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people in a person centred way which met their needs and was delivered to an appropriate standard. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

The manager supported staff to understand their role and responsibility through regular one to one supervision meetings and an annual appraisal. One member of staff told us, "The manager is always available and on call to give us advice if required." Another member of staff said, "We discuss people's care and support and the training I need to do to further develop my skills." Regular team meeting minutes showed staff discussed how they provided support to people to meet their needs. The manager had reviewed staff performance against set objectives in appraisals and put a learning development plan in place. Staff said the manager of the service was very supportive and approachable and that they always took the time to offer support, advice and practical help whenever needed. Opportunities for staff to develop their knowledge and skills were discussed and recorded as actions in the supervision notes we saw.

People received support from staff who had the knowledge and skills to meet their needs. New staff underwent an induction programme which was comprehensive and ensured they developed the knowledge they required to support people effectively. Records showed new staff had observed care and support delivered to people by more experienced staff as part of their induction. The manager had observed their work practice and ensured they had gained sufficient knowledge of the service to work in a permanent role. One member of staff told us, "I read all the service's policies and procedures and people's care plans." Staff completed relevant training in courses such as mental health awareness, safeguarding of adults and management of medicines.

Staff had a good understanding of the issues which affected people who lived in the service. We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging behaviour, dignity and respect, supporting people with their health and safety and nutrition. Staff used their knowledge and training to develop good skills around communication. Some of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs

known, such as how people communicated if they were unhappy or distressed.

People's capacity to make decisions was taken into consideration when supporting them and people's freedoms were protected. People told us that staff always asked their permission before providing care or support. For example we saw that staff asked people if they could enter their rooms. During the inspection, we observed staff ask one person what they wanted in relation to their support. Another example was, a person who wanted to go out was asked if they would like someone to walk with them in the garden. The person agreed and the member of staff walked alongside them to support them as they required someone with them at all times.

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. The application procedures for this in care homes and hospitals are 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 were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The manager carried out a mental capacity assessment during their first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

The manager told us they had contacted the local authority when they had concerns about a person's ability to make a decision and ensured appropriate mental capacity assessments were carried out. Records showed where people lacked mental capacity and were unable to make decisions, 'best interests' meetings were held.

People told us they enjoyed the food at the service. One person told us, "The food is nice, I can eat what I like. The food is quite good here." Menu plans were flexible and reflected people's choices. People were asked every day what they wanted to have for their meal and were offered alternatives if they chose something different from other people. During the inspection we observed people having lunch. People we spoke with said they were happy with their lunch and the choice of food offered. Staff told us they supported people, where able to prepare their own meals in the kitchen if they wished. Staff told us they encouraged people to make healthy lifestyle choices when planning their menu. People told us fresh fruit and snacks were available at the service any time they wished.

Is the service caring?

Our findings

People received support from staff that were caring and kind. The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling with staff. One person indicated, by smiling, that they were happy with their care when asked if the staff supported them well.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of the needs of the people they cared for. They were able to tell us about each person's individual needs and preferences. This showed that staff knew people and understood them well. Staff addressed people by their preferred name, and chatted with them about everyday things and significant things in their lives. This showed that staff knew about what was important to the person. For example, one person who enjoyed time in woodland areas and collecting things had their room themed as a woodland with trees painted on the walls. Attached to the trees were leaves in different sensory materials and when the window was opened the wind made the leaves rustle. A staff member told us, "[Person] has become a lot calmer now. We had to ensure this room was kept quite bare a while ago, we were unable to leave things on the wall as they would not stay there. We can now leave the bed made and [person] can add anything they want to the trees on the wall and move them around. There has been a great improvement in [person]"

We observed during our inspection that positive caring relationships had developed between people who used the service and staff. We observed the care people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff were attentive to people's needs and were polite and courteous. People appeared relaxed and smiled at the care staff. When a member of staff was sitting with someone, if the member of staff needed to leave the room they explained to the person what they were going to do and that they would be back and another member of staff stayed with the person. Our observations throughout the day and our discussion with people and staff confirmed people were involved in making choices about their care.

Staff listened to people, showing empathy and understanding, giving them time to process information and waited for a response without rushing them. People were treated with dignity and respect. Our observations confirmed this when one person showed signs of anxiety and distress, and staff dealt with this in an efficient caring manner. Staff spoke with people in a kind and caring manner and they respected people's choices. For example, when staff asked people to choose something such as a drink or attachment for their belt, they allowed plenty of time for the person to make their decision. If someone was trying to communicate something staff listened attentively until they understood what the person wanted.

We observed the service had a strong, visible, culture which focused on providing people with care which was personalised to the individual. Staff were well motivated, warm and caring. Staff respected people's privacy and dignity. We saw that staff discreetly asked people about personal issues such as using the bathroom and supported them appropriately. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported

people to maintain their dignity.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others. People were encouraged to maintain relationships with friends and family. However where this was not possible we were told that advocacy support services were available and were used. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

Staff involved people and their relatives in planning their care and support to meet their individual needs. One person told us, "Staff talk to me about my needs and how I wish to be supported". The service worked with the community teams who contributed to the assessment and planning of people's care and support. People's care records showed the involvement of appropriate healthcare professionals in developing their support plans. People's individual support plans contained information about their needs and how staff supported them. For example, there was information about people's mental health conditions and the treatment plan put in place. Staff met with people and regularly reviewed and updated their support plans. Records showed people attended regular reviews of their care. Staff told us they supported people in these meetings and their care records had documented evidence to confirm this.

Staff were informed about any changes to people's mental and physical health needs and had up to date information about the care they needed. For example, staff were able to explain how a person's mental health needs affected their behaviour. Staff discussed how a person needed support to go out because of an increase in risks. Staff identified people's changing health needs and acted upon them. Records were kept of the discussions staff had with health professionals and the plans that were in place in relation to the assessment and treatment of their specific healthcare needs. The manager ensured people received appropriate support with their health needs. Staff ensured people attended appointments to have their medicines reviewed regularly. Records showed how staff were to monitor people's mood and behaviour following the changes and the review decisions.

People received support to follow their interests and take part in activities of their choice. We spoke with a person who was about to go out, they told us, they were happy to be attending college. The person's record contained information about their interest in gaining skills through education. Another person told us, staff supported them maintain contact with relatives and friends. Records showed people took part in activities at the service. Staff engaged people in activities which improved their quality of life such as going out with them for walks and drives in the car. One person had an indoor tent in their bedroom as they liked listening to their music there. Another person had a number of mats placed in their room as they enjoyed lying on the floor a lot with sensory lights.

People told us staff had asked about their preferences and delivered their support in the way they wished. For example, the service had assigned a member of staff as a key worker to work with each person and had discussions/meetings with them where applicable. Staff kept records of these meetings which showed they supported people to be involved (where able) in reviewing their health and making plans about how to progress further.

Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. Staff told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. We saw staff were receptive to people's non-verbal communication and understood when they did not seem happy and when people needed to be kept safe. Staff had sufficient guidance in the health and behavioural action plans, so

they could provide support to people, when they needed it and reduce the risk of harm to others. For example on the day of inspection one person sustained an accidental fall. This was dealt with professionally and calmly and the person was taken to hospital quickly without disruption to the running of the service as a whole.

Staff also told us they were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed. We saw that people accessed the community and there was good staff availability to enable the outings and any service events to take place. People could choose to participate in a range of individualised social events and follow their own individual interests. People were encouraged to attend college where able. Staff told us that there were a variety of activities available and that people were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. During our visit we noted a memory board that had been developed and photos had been added by people and their families of events and significant events in their lives. Each person also had a memory board in their room made of objects that were familiar to them. These included a small piece of fencing, a wheel, some coca cola products and a board with items that dangled with different textures.

The service had a robust complaints process in place and people were able to express their views. The service was responsive to people's comments and concerns. People told us they were listened to and their views or concerns were addressed.

The manager addressed people's complaints appropriately. One person told us, "I talk to the manager if I have a complaint." People told us they were aware of the provider's complaints policy. They were confident the manager would take their concerns seriously. Records showed the manager kept a record of all complaints received. The service had investigated a complaint and resolved the issue in line with the provider's procedure.

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed. One staff member told us, "The manager is very good. She is on the ball and makes sure everything is as it should be." Another person told us, "The service is run very well I think." People and staff told us the manager was approachable and involved a lot in the day to day running of the service.

Staff told us the manager asked their views about the service and valued their contributions. Staff were confident the manager would take action to improve the service. Staff told us there was a positive and open culture at the service and they felt fully supported by the manager. Staff told us the manager gave them feedback to support them to develop their skills. Minutes of meetings the manager held with staff showed there was discussion about improvements to the service. One member of staff told us, "I can say anything that's bothering me and it always gets resolved."

The manager used audits to take action to improve the service when issues were identified. Audits were carried out on people's care records. The manager had checked staff had completed monthly care plan reviews, support plans and key worker reports. Medicines management audits carried out showed staff had accurately completed the medicine administration records and people had received safe care and treatment. Another senior manager regularly reviewed all concerns raised in the service and ensured staff acted on the issues raised. The service's health and service audits showed that repairs and refurbishment had been undertaken to make the premises safe. Staff identified and reported any repairs to the manager and they ensured maintenance staff promptly carried out any required work.

The manager monitored incidents and accidents and reviewed them regularly to address any concerns. Staff told us they completed and had kept a record of each incident that occurred as indicated in the service's policy and procedure. Staff minutes showed all incidents and accidents were reviewed to ascertain any on-going patterns and to discuss ways to mitigate further incidents. This meant that the service learnt from incidents and accidents. The manager had submitted notifications to CQC appropriately of incidents which had happened at the service and any safeguarding concerns raised.

The manager regularly obtained people's views about the service. People completed surveys about their care and support. Records showed the service listened to people's feedback and responded to their concerns.

The manager attended meetings with senior managers to share best practice in supporting people. The manager told us, "I get good support from the provider and I support the staff here." The manager had a service improvement plan which they regularly reviewed and updated with senior management.

The service worked in partnership with community healthcare professionals and ensured people received appropriate support on their needs. Records showed staff received relevant guidance and best practice from health professionals such as, social workers, community mental health teams and speech and language therapists and other health professionals.

The manager told us of the service's vision and values which ensured people received appropriate support to ensure they lived as independently as they could. Staff told us they understood the service's vision and values and used these as their focus in their delivery of people's care and support. The manager monitored how staff practised the values of the service and gave them appropriate support. Reports of one to one meetings between a member of staff and the manager showed they discussed team-working and people's support and agreed on how to improve the service.

There were systems in place for managing records and people's care records were well maintained and contained a good standard of information. The manager explained that all records were reviewed, assessed and updated according to changes in people's needs. Care plans and care records were locked away in the office when not in use. People could be confident that information held by the service about them was confidential.

We looked at audits which were carried out by the manager on a regular basis. These included care records, medicines, environment of the service, activities, staff records, infection control and health and safety. This showed the service had an effective system in place to regularly assess and monitor the quality of service that people received.