

## Housing 21

# Cliffords Mews

### Inspection report

64 Cliffords Mews  
North Shields  
NE30 3RN

Tel: 03007901802

Date of inspection visit:  
03 July 2023  
10 July 2023  
17 July 2023

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### Ratings

Overall rating for this service	Good ●
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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

### About the service

Clifford's Mews is a supported living service with extra care. This means people live in their own flats and receive additional help with their care needs. The service provides support to older adults, people with physical and mental health needs and people with sensory impairment. At the time of our inspection there were 65 people using the service. The service is registered to provide personal care.

Clifford's Mews is a large purpose-built facility in a residential area of North Tyneside. The service consists of 45 single occupancy flats and 19 that are available for double occupancy. There are a range of communal facilities including a laundry area, communal lounge, a bistro/café area and an internal garden.

Not everyone who used the service may have received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe and effective care from staff. They told us they felt safe when being supported by staff. Any safeguarding issues had been reported and dealt with appropriately. There were sufficient staff to meet people's needs and people told us they did not have to wait for support. Some relatives and staff felt nighttime support should be reviewed. Where people received support with medicines, we found processes were not always effective. We have made a recommendation about this. Staff followed appropriate procedures to limit the spread of infection.

People's needs were met and their personal choices and wishes considered. Staff had received a range of training to help them deliver effective care. Staff worked with a range of agencies to ensure people were safe and well and their health supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were very positive about the care team and said all staff were kind, considerate and treated people with dignity. People's independence was supported and promoted, where possible.

Care records were detailed and reflected people's personal preferences and choices. People were supported to maintain friendships and keep in contact with families. Staff facilitated people to actively access activities or the local community. Complaints and concerns were considered, and action taken to address any shortfalls.

Management had a good understanding of their roles and duties with the service. Staff were positive about the support they received from managers and also promoted a positive culture within the service. People were supported to be involved in the running of the service. Staff said they could raise any concerns and felt

these were taken seriously by managers. The service looked to learn lessons when things went wrong and worked closely with a range of professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 24 January 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well led sections of this full report.

Recommendations

We recommend the provider review medicine administration processes to ensure they comply with national guidelines and recommendations and processes are revised in light of errors or omissions.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 July 2023 and ended on 24 July 2023. We visited the location's office/service on 10 July 2023 and 17 July 2023.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

### During the inspection

We looked at 4 people's care plans and a range of other documents related to the running of the service including medicine administration records, audit and review documents, staff files, training records and a range of other management files. We spoke with 3 people who used the service. We also spoke with 6 staff including the registered manager and 5 care workers. Following our visit to the service location we spoke with 3 professionals who support people using the service and 2 relatives. We also received email testimony from 2 additional relatives.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to receive the medicines they needed. One person told us, "If I need morphine, I just press the button and they come and give me the medication. They help you with all the tablets and make sure I take them."
- There had been a number of medicine errors recorded by the service and several safeguarding concerns notified to the local authority regarding missed medicines or errors in administration. The provider followed up on any errors and arranged for staff to receive additional training in this area.
- The majority of people received their medicines in a dispensing system preprepared by the local pharmacy. Staff told us they were not always aware of the types of medicines in these dispensers. They told us they often just ensured the number of tablets matched the number listed.
- Information in one care plan did not accurately reflect how the person was being supported with their medicines, although no harm has come to this individual.

We recommend the provider review their medicines administration systems to learn lessons when there are errors or omissions and to ensure people receive their medicines regularly and safely.

### Systems and processes to safeguard people from the risk of abuse

- People were safe from harm and the provider had in place processes to deal with any safeguarding concerns.
- The provider had a safeguarding policy and staff were aware of how to report any safeguarding issues.
- Where any safeguarding matters had arisen, these had been reported to the local authority and appropriate action taken.

### Assessing risk, safety monitoring and management

- Risk assessments were in place linked to the delivery of people's care and the environment staff worked in.
- Risks related to administering medicines, falls, nutrition and other areas had been considered and action taken to mitigate these risks. Risks related to people's homes and how staff supported them had been reviewed.
- The provider carried out checks on communal areas and equipment to ensure people were safe.

### Staffing and recruitment

- The provider had in place effective systems for recruiting staff.
- New staff were subject to formal interviews and checks were carried out before they commenced employment, including Disclosure and Barring Service checks (DBS) and the taking up of references.
- Staff told us there were enough staff to safely deliver care and people told us they did not have to wait for

care or support when they needed it. People told us staff responded immediately if they called for assistance in an emergency. One person told us, "I have a pendant for emergencies; it goes to the carers. I used the pendant the other week and 5 carers came in."

- Some staff and relatives suggested the number of staff on duty through the night could be improved.

#### Preventing and controlling infection

- The provider had an infection control policy.
- We witnessed staff using appropriate personal protective equipment (PPE) when supporting people with meals in the main bistro area. People told us staff wore appropriate PPE when assisting them with personal care.
- Communal areas of the home were clean and well kept.

#### Learning lessons when things go wrong

- The provider had system in place to review incidents and learn lessons.
- Safeguarding issues and medicine incidents were reviewed, and action take to address any shortfalls.
- Falls were monitored by the registered manager, although it was not clear if trends were identified as part of the audit process.
- The registered manager had recently started a monthly 'lessons learned' meeting with a variety of staff. There had been one meeting to date.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and personal choices were assessed and considered.
- Care plans contained considerable detail regarding how people wanted to be supported and their personal preferences.
- Staff had a good understanding of people as individuals and followed the care plans and any specific health advice. People told us staff supported them well and they were well looked after by the care staff. One person told us, "I get different carers; I never know who's coming in, but they are all very nice and courteous."

Staff support: induction, training, skills and experience

- The provider had a range of training staff were required to complete and maintain.
- Staff told us they received a spread of training to help support people with their care needs. Training completion rate for the service was around 90%.
- Staff told us that prior to working individually they also complete a number of shadow shifts with more experienced staff. They were also subject to observation and spot checks on their work by senior staff.
- People told us staff were skilled at supporting them and they trusted them.

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

- People were supported to access sufficient food and fluids throughout the day.
- Staff had a good understanding of people's dietary needs and what they liked to eat. People told us staff made sure there was always food available for them.
- Care plans detailed how people like to be supported with meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and wellbeing.
- Care records indicated health professional advice that needed to be followed.
- People told us staff fully understood their health needs and if unsure would seek additional advice.

Comments from people included, "The come quickly when I press the button, they don't leave me in pain" and "Four weeks ago I had a bad attack of (health condition). They got in contact with the NHS and got the paramedics. They stayed with me until the paramedics came."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- No one supported by the service was currently under any legal restriction issued by the CoP.
- Where relatives had official responsibility to support people through Lasting Power of Attorney a copy of the official documents were available in people's care folders.

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

- Care was mostly delivered in people's own homes which were suited to their particular needs.
- Communal areas were fully adapted to support people including low level coat hooks, extra wide corridors and doors and automatic lighting.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and received high quality care.
- People told us they were well cared for and felt coming to live at Clifford's Mews had been a good move for them. Comments included, "I'm happy to be here and feel lucky to be here. I have (medical condition) so (this) is the ideal place to be for care that is 24/7. I am well looked after" and "I'm happy to be placed here. It's very good and it's nice to have people popping in, as friends can't come. I know that I need someone to keep an eye on me and be there."
- Relatives told us they were happy with the care their relations received. One relative told us, "The care team who visit my (relative) a number of times each day, to support and check on their welfare and well-being, are excellent. Dedicated, caring and diligent, with a sense of humour and resilience for what is not always an easy job."

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

- People and relatives were involved in making decisions about the care provided.
- People told us staff asked them what they wanted when they came to provide support. They told us this could change from day to day, depending on how they were feeling.
- Relatives told us they were kept up to date with any changes in a person's health and were involved in decisions appropriately. One relative told us, "(Registered Manager) would keep me up to date. They will flag with me if there is anything and do it discretely."

Respecting and promoting people's privacy, dignity and independence

- People were supported and cared for by staff who respected them as individuals.
- People told us staff were kind and caring and always treated them with dignity. Comments from people included, "They all treat me very well, they are all respectful but they also like a laugh and joke" and "They treat me with respect and use their discretion. I'm treated with dignity – no trouble at all, they are all very nice."
- Staff had a good understanding of how to deliver discrete personal care and understood people's personal likes and dislikes.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their needs and individual choices.
- Care delivery relied primarily on local authority assessments, although some internal reviews of care took place. People had signed documents to show they agreed with care plans. It was not always clear how they had been actively involved in care reviews. We spoke with the registered manager about improving people's involvement in reviews.
- Care plans were very detailed and indicated how people liked to be supported and how staff should encourage people to be as independent as possible. People told us staff often did more than was in the care plans and were eager to support them.
- Daily care records were maintained. These were often task based and did not always consider the person as an individual and their personal and emotional wellbeing. We spoke with the registered manager about improving daily care entries.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered and supported.
- Care plans reflected people's individual communication needs and how staff should approach these.
- Staff had a good understanding of people's communication needs and how best to approach and involve people in daily care decision. One relative spoke about how the service supported their relation who had some speech difficulties. They told us, "Staff know they want to place their own order. So, they will wait for them and accommodate them to do it themselves."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and engage in activities to avoid becoming isolated.
- People told us friends and relatives were able to visit any time they wished, and they had regular contact with a wide circle of acquaintances. The facility had a guest room that could be rented out by the night to allow family members to stay if travelling from away. One person told us the room was frequently booked out and that more than one room would be better.

- People were encouraged to engage in community activities or use the community facilities. We saw several people sharing meals with friends in the bistro area and meeting up with family members.
- A residents' association had recently been formed to facilitate activities and the registered manager and other staff organised additional events such as coffee mornings. People were aware of these events and were free to attend if they wished to do so.

#### Improving care quality in response to complaints or concerns

- The provider had in place a complaints procedure.
- People were aware of how to raise a complaint or concern. They told us they could speak to any staff member or visit the manager's office in the main foyer area. They told us any issue were addressed. One person told us, "If I had a problem I would pop into the office and see them, and they would sort it out no problem."
- Complaint records listed a number of formal and informal complaints. Where necessary an investigation had been undertaken and appropriate action taken.
- The service had received a number of compliments from people, relatives and professionals about the care they provided.

#### End of life care and support

- People's end of life wishes were covered in care documents.
- Not everyone who was supported wished to discuss these matters, but where they had their wishes and choices were noted.
- One person told us staff had supported them to ensure a Do Not Attempt Resuscitation (DNAR) order was in place. The person told us, "I had a problem with a DNR that got lost. I don't know where it went. So, I spoke to the staff about it and then the GP called me and wanted to talk about the DNR. She is making it out and will keep it at the surgery. It's good that they helped me sort this out."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was built around a desire to deliver high quality care and support individual to people's needs.
- The registered manager spoke about working to deliver personalised and individualised care that was tailored to people's preferences. Staff spoke knowledgeably about people as individuals and how they supported them to remain independent.
- People and relatives told us they were very happy with the care and support provided at Clifford's Mews and that the move had been extremely positive. One relative told us, "They identified that all their time was not being used up on care. So, they jiggled things around and used the available hours to support them to get out in the community. It's been a really good move. Fantastic."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had in place a number of processes and systems to monitor performance and improve quality.
- A range of checks and audits were undertaken by the service. Some audits identified actions to be followed, but other checks did not always show what improvements could be made. We spoke with the registered manager about improving outcomes from audits of the service.
- Staff told us there was a good staff team at the service and they were supportive of each other. They spoke about learning from errors and looking to continuously improve the service they delivered. They said they were well supported by the registered manager and senior members of the care team.
- A range of meetings took place, including a newly instigated 'lessons learned' group to consider improvements from any untoward issues or events.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware and understood their legal duties under the Duty of Candour regulations.
- Where necessary, following untoward incidents, the registered manager assessed whether these events required a Duty of Candour response and wrote to people or families offering an explanation and apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to try and engage with people and staff in the running of the service.

- A regular meeting was held for people who lived at Clifford's Mews, to provide them with information about the service and for them to raise any issues. Minutes of this meeting showed actions were noted and addressed. A suggestion box had also been placed in the main foyer.
- The registered manager has instigated a 'Carer of the month' process for people to nominate individuals who had provided good support. A number of staff had received nominations, although some people were reluctant to highlight individuals and said all the staff were supportive and helpful.
- A range of staff meetings took place. Staff told us they could raise issues in these meetings or approach senior managers about any concerns or issues.

#### Working in partnership with others

- The service worked in partnership with a range of service and agencies.
- Professionals we spoke with told us the service was responsive to people's needs and could increase and decrease support quickly and effectively.
- Professionals told us managers were approachable and available. Comments included, "I've had contact with various managers, and they are all fully responsive. If not available will respond to messages. You are kept up to date with any issues or changes."