

Claremont Care Limited

The Old Vicarage

Inspection report

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Tel: 01902621026

Date of inspection visit:
09 August 2016

Date of publication:
12 October 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

This inspection was unannounced and took place on 9 August 2016. At the last inspection in May 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

The Old Vicarage is registered to provide accommodation for up to six adults with learning disabilities who require personal care and support. On the day of the inspection there were six people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us they felt people living at the home were safe. Staff understood their responsibilities in keeping people safe from harm, and knew how to report any concerns. There were enough staff to support people living at the home, and staff had the right level of knowledge, skills and experience. Staff received training that was relevant to their role. The provider had effective recruitment processes in place and carried out appropriate checks on staff before they were able to start supporting people. People received their medicines as prescribed and systems to manage medicines were effective.

People were asked for their consent before care was provided. People's care and support was planned in a way that did not restrict their rights and freedom. People enjoyed the food and were supported to have enough to eat and drink. People were supported to access healthcare professionals when required and staff understood the importance of following direction given by other agencies.

Relatives told us they felt their family members were supported by staff who were kind and caring. Staff understood people's individual needs and preferences and people's privacy and dignity was respected. People were supported to develop and maintain their independence.

People were supported to take part in activities that interested them. Where people's needs changed, staff took action to ensure people received care that was appropriate to meet their needs. People's relatives felt confident to complain if they were unhappy and there was a system in place for handling complaints.

Relatives and staff expressed confidence in the registered manager and felt they were listened to when they gave feedback. People felt able to express their views and opinions. There were systems in place to manage the quality of the service and regular audits were carried out which were effective in improving standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who were aware of their responsibilities in protecting people from harm. Risks to people had been assessed and plans were in place to manage risks to people's health and safety. There were sufficient numbers of staff to meet people's care and support needs. People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the appropriate levels of skills and knowledge to meet their needs. People had sufficient amounts to eat and drink and were offered choices. People received support to access relevant healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff understood people's needs and preferences. People were supported in a dignified way and their privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and reviewing of their care. People were supported by staff who understood their needs and preferences. People were supported to participate in activities that they enjoyed. There was a system in place to manage concerns or complaints and relatives knew who to contact if they had any concerns.

Is the service well-led?

Good ●

The service was well-led.

People's relatives and staff expressed confidence in the registered manager. Staff and relatives felt able to give feedback about the home. There were effective systems in place to monitor the quality of the service.

The Old Vicarage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 August 2016 and was unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We met and spoke with five people who lived at the home, five staff members, and four relatives. Following the inspection visit we spoke with the registered manager for the service. We looked at records about people's care and support, medicine records, and systems used for monitoring quality.

Is the service safe?

Our findings

Most people living at the home were not able to share their views with us, however throughout the inspection we saw they appeared relaxed and comfortable and were confident to approach staff if they needed anything. All of the relatives we spoke with told us they felt people were safe. One person's relative told us, "[Person's name] is safe, it's all very good, there is open communication." Another relative said, "I think [Person's name] is safe, the manager keeps us informed." People were protected from the risk of harm by staff who knew how to recognise signs of abuse. Staff understood their responsibilities in recognising and reporting abuse and knew how to raise concerns with both the registered manager and other relevant outside agencies if necessary. One staff member said, "If I had concerns I would contact the senior staff and follow up with the manager. If they didn't do anything about my concerns I would go to the police or CQC."

Risk assessments were in place to enable people's support to be provided in a way that enabled them to live their lives safely. For example one person's care plan detailed their use of public transport and explained how staff could support them in such a way that reduced the potential risks of that activity. Staff shared with us examples of how they assessed risk on a daily basis and told us about the signs they could look for if they felt a person's behaviour may present a risk to themselves or others. For example, staff considered how one person's anxieties may have an impact on other people living at the home. This included observing any changes in people's body language or behaviour. The registered manager had a system in place for monitoring accidents and incidents and staff told us this information was reviewed and then discussed with the staff team to try and reduce the risk of reoccurring incidents.

People's relatives told us there were enough staff available to respond to people's care and support needs. One person's relative told us, "There are enough staff and the senior staff are available to support as well." We saw there were staff available to assist people with their personal care needs, and to support people away from the home to follow their interests. Staff told us they felt there were sufficient numbers of staff to provide people with the support they needed. One staff member said, "I think there are enough staff, even if someone is off work, we always make it work so people living here don't miss out." Where people chose to spend time alone in their rooms, we observed staff regularly checking on them so they were aware someone was available if needed. This offered people reassurance, but allowed them their own personal space as well.

We spoke with two staff members about the recruitment process they had gone through before starting work within the home. Staff told us the provider had requested references from previous employers and carried out background and identity checks, including Disclosure and Barring (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This helped the provider to ensure that staff were suitable to work with vulnerable people.

People received their medicines as prescribed. Staff told us they had been trained to support people with their medicines and had their competencies assessed by the registered manager. One staff member told us, "Only staff who are trained can administer medicines. When I first started I observed other staff first to gain an understanding. Once I was trained the manager observed me to make sure I was competent." We looked

at the medicines for three people and found that they were stored safely, in accordance with national guidance and administered and recorded in a safe way. We saw that there were regular audits carried out in relation to medicines and where errors had been detected the registered manager had investigated and taken appropriate action to ensure people were kept safe.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge required to meet their individual needs. A relative told us, "The staff are marvellous with [name]. They have a good understanding and [name] has come on leaps and bounds in the last few years." Staff told us they felt they had the skills required to be effective in their job roles and shared with us details of recent training they had undertaken. One member of staff told us, "I really enjoy the training. I recently learned more about mental health which has helped me understand people more." We observed that staff's knowledge of people's needs meant they engaged with people sensitively and anticipated their anxieties. They were then able to offer reassurance to people to alleviate any concerns. We saw that the registered manager had supported staff to undertake nationally recognised qualifications to further develop their skills and knowledge. For example, one staff member was in the process of completing the care certificate. This is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received support from the registered manager who held one-to-one supervision meetings as well as team meetings. Staff told us they received feedback on their performance and were able to discuss any concerns they had. Staff who were new to the home were given an induction programme before undertaking any direct work with people. One staff member shared with us details of their induction period when they started working at the home, they told us their induction was, "really helpful and prepared me for the role." This demonstrated people were supported by staff who had an understanding of their needs before they worked directly with them.

We saw staff sought people's consent before providing them with care and support and staff shared with us examples of how they gained people's consent. One member of staff told us, "It's about talking to people and checking out if they are happy. Where people are able I encourage them to sign if they can't tell me. You can read people's body language and I know straight away if they are ok with me being there." Staff were aware of people's communication methods and how these could influence the way they responded to choices offered by staff. One staff member told us, "People have to have choice and it's about getting to know all of the little things. For example, when eating, [name] will pull the plate towards them if they like the meal and push it away if they don't."

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. Staff told us they had received training in MCA and were aware of how to protect people's rights. People's capacity had been assessed and staff knew how to support them in a way that was in their best interests.

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 found that it was. Where relevant the registered manager had submitted applications to the local authority to lawfully deprive people of their liberty. People's care records contained details of the reasons for the application and, where appropriate, the authorisations. Staff told us this information was useful as it helped their understanding of how to support people without infringing on their human rights. One staff member shared examples with us of how in order to safeguard a person they needed to be vigilant about the amount they ate, to avoid a choking incident.

At lunchtime we saw people being offered a choice of food and drink, staff explained the options clearly to people to assist them in making their choice. People were not able to tell us what they thought about the food but we observed people enjoying their lunch choices and getting involved in food preparation where possible. Where people had preferred diet choices, or required a specialist diet for health reasons the staff were aware of this, and meals were prepared to meet people's individual needs. For example, a low sugar diet. One staff member told us, "Some people need support with their meals, so we make sure food is small enough for them to eat. People are given choices in terms of the menu and we also offer a take away on a regular basis." Where people had specific cultural needs in relation to their meals this was respected and staff were aware of how to meet the person's needs. For example, we saw the menu contained a range of different meals including Caribbean, Indian and English dishes.

People's healthcare needs were monitored by staff and they were supported to visit healthcare professionals for both routine check-ups as well as in response to a change in their health care needs or behaviours. One staff member told us, "If people's behaviours change it's important that we respond quickly. We will discuss concerns during staff handovers and if necessary the manager will make a referral." Where healthcare professionals had given advice about a person's diet or behaviour support requirements we saw that staff had followed their guidance to ensure that people's needs were met.

Is the service caring?

Our findings

Staff supported people in a way that was friendly and kind. Interactions were often light hearted and staff had a good understanding of people's sense of humour. Throughout the inspection we saw people laughing and smiling. One relative told us, "[Person's name] loves the home. I just feel the staff care for [person's name] and that is all that I need to know." Another relative told us, "I know [person's name] is happy, it's by far the best place they've lived. Staff understand them well and they are always full of smiles." People were confident to approach staff if they needed anything and interactions between people and staff were relaxed. Staff were enthusiastic about supporting people to enjoy their lives and spoke passionately about why they worked at the home. One member of staff told us, "The best thing about working here is being able to support someone to better their life, that's why I am here."

Staff were able to tell us about people's likes and dislikes and they demonstrated a good understanding of people's routines and preferences. People were allocated a key worker when they came to live at the home and we saw that this gave staff the opportunity to focus on people's needs and interests. One staff member told us, "It's about getting to know people. I can tell by [person's name]'s eyes if they are enjoying their food, so I know what they enjoy." Where people had specific needs in relation to their culture or heritage staff were aware of this and followed the direction given in people's care records.

People and their relatives were involved in decisions about their care and support. For example, staff sought people's views on how they wanted to spend their time and what time they preferred to get up and go to bed. We observed people asking for the support they needed, when they wanted it. People were encouraged to be as independent as possible and staff were able to tell us how they encouraged people to do as much as they could for themselves. One staff member told us, "I've learned that people can really surprise you. You have to give people the opportunity to do things for themselves and often they can. It's about finding things that people enjoy and then supporting them to do things they've never done before." Another staff member said, "It's about supporting people with the little things too, a person might not be able to prepare a meal or wash up, but they can take their plate to the kitchen."

People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms and relatives told us staff acted in a way that maintained people's confidentiality. One relative said, "When I visit the home staff are discreet when talking about other residents. By not using [person's name] in full, they not only reduce their anxiety but also maintain confidentiality." Relatives told us that there were no restrictions on visiting and they were made welcome when they visited the home. This meant people were able to keep in touch with people who were important to them.

Is the service responsive?

Our findings

People and their relatives were involved in the planning and reviewing of their care and support. One relative told us, "There is good, open communication and regular contact. We feel well informed." Care plans were developed to reflect each person's individual communication needs. Staff took time to consider and understand what people enjoyed doing and recorded how they responded to different activities to ensure people could continue to take part in things they enjoyed. We saw the registered manager maintained a 'learning log' which gave the staff team an opportunity to reflect on people's responses to certain situations, this was then used to improve their care planning. One staff member told us, "[Person's name] can get anxious so it's important to explain the schedule to them. We make sure we are clear about what's happening now and what's next and we have learned that this helps them."

Where people's needs changed we saw that this had been identified by staff and appropriate action was taken. For example staff had recorded which time of day people were most receptive to certain aspects of their support, like receiving personal care. People's care records reflected any changes that had taken place and staff were kept informed of these changes through the home's communication systems which included handover meetings and daily logs. Staff explained to us how they used people's care records to help them support people in the way that they preferred. One member of staff told us, "The care plans gave me all the factual information I needed to know, it then comes down to getting to know a person day by day."

People were engaged in activities on the day of the inspection and staff supported people to participate in their chosen activity both within the home and in the community. Some people spent time in their rooms listening to music or using their iPad, while others were supported by staff to go shopping or spend time with family members. Relatives told us they were impressed with the supported people received which enabled them to do the things they enjoyed. One relative said, "[Person's name] loves going out and the staff know this, they go out all the time." Staff had a good knowledge of things people enjoyed and were able to tell us about people's preferences with regards to activities. One staff member told us, "I was told [Person's name] likes swimming so I discussed this with the manager, we considered the risks and then supported the person to go." Another staff member shared with us how following the closure of a day service, one person had been supported to attend an art centre, to encourage them to follow their interests. This demonstrated that people were supported by staff to participate in activities that they enjoyed.

All of the relatives we spoke with told us they would talk to the registered manager, or staff, if they had any concerns. One relative told us, "I'd soon raise a concern if I needed to. I would speak to the manager" Another relative said, "You can be sure I would say something if I was unhappy, the staff know that as well. I would speak to the senior or the manager right away." People living at the home would be unlikely to make a complaint due to their understanding or communication needs, however staff were able to tell us how people would communicate if they were unhappy about something. For example, by observing body language. There was an easy read complaints procedure displayed in the communal area of the home and staff knew what action to take if anyone reported any concerns. We reviewed the complaints log which demonstrated the registered manager had taken complaints seriously and taken appropriate action to resolve people's concerns.

Is the service well-led?

Our findings

People's relatives gave positive feedback about the home. One relative told us, "I wouldn't change anything about the home; it is great as it is." Another relative said, "The staff are marvellous, [person's name] is very well looked after." Relatives as well as health professionals had been invited to give feedback about the home. We saw staff had received compliments from a healthcare professional for their work in managing a person's behaviours. Relatives had also expressed their thanks for the support offered to their family members in terms of activities. The registered manager welcomed feedback from staff or relatives who advocated on behalf of people living at the home which meant people's views were represented.

Staff told us they were able to give feedback in staff meetings that were held by the registered manager and felt listened to when they did. Staff we spoke with expressed confidence in the registered manager and were positive about the leadership of the home. One staff member said, "I meet with the manager on a monthly basis and discuss any concerns. I get given feedback and direction, which is helpful as I want to improve my knowledge." Another staff member told us, "The manager will support the staff team when needed. I get a lot of feedback. I think the manager is one of the good ones, if something's not right I will speak up, and they do listen." This meant people received care and support from staff who felt supported in their roles.

At the time of the inspection the provider was in administration and Careport Advisory Services Limited had been appointed by the administrators to oversee the smooth running of the home. Relatives were understandably anxious about the situation, but told us the provider had held meetings with them to discuss their concerns. Staff also expressed concern, but were keen not to allow their anxieties to effect people living at the home. One staff member told us, "We are concerned, but we are here to do our jobs, we have to make the best of it, the people are what's important."

There were systems in place to monitor the quality of care being provided. We saw that the registered manager carried out regular audits. These included people's personal finances, infection control, medication, health and safety and a review of accidents and incidents. We reviewed these audits and found where areas for improvement had been identified, appropriate action had been taken. For example, improvements had been made to the laundry facilities.

The registered manager was present in the home on a regular basis and people knew who they were. A number of relatives told us things at the home had improved since the arrival of the registered manager. One relative said, "Things have improved a lot, especially in the last 18 months or so." Relatives told us that they would contact the registered manager if they were unhappy about something. One relative told us, "The manager is very receptive to our suggestions and I think this is reflected in the staff team as well." We spoke with the registered manager following the inspection visit and they demonstrated a good understanding and knowledge of their responsibilities, both of the needs of people living at the home and their responsibilities as a registered manager. We reviewed the information we held about the provider and saw that they had notified us of things they were required to do so by law.