Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Clements House

36 Fish Lane, Fish Lane, Bognor Regis, PO21 3AH

Tel: 01243869004

Date of Inspection: 02 September 2013

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Allied Care (Mental Health) Limited
Registered Manager	Ms. Alison Middleton
Overview of the service	Clements House provides support and accommodation for up to seven people with a variety of mental health needs and learning disabilities. It is comprised of a large house in a residential setting in Bognor Regis, West Sussex.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

At the time of inspection, there were six people living at Clements House. We spoke with two people living at the home, the area manager and two staff members. The people we spoke with enjoyed living at the home and were satisfied with the care and support they received. One person told us, "I love it here. There's lots to do and the staff are really friendly". Another said, "The place I was before, the staff were cold but they're kind here. I want to get a place of my own eventually and they're helping me get there". We observed that the home had extensive links with the local community and a wide range of activities and educational opportunities on offer. The staff we spoke with told us that they were properly supported to carry out their duties effectively. One staff member told us, " I will always say if something is not right and the management will listen". Another said, "I am learning all the time and the training on offer here is very good".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

Reasons for our judgement

We spoke with two people who used the service, two staff members and the area manager. We also examined three care plans and the provider's policies and documentation in relation to care and consent to treatment. In addition, we observed how staff and people living at Clements House interacted with each other. We noted that staff did not attempt to direct the actions of people but rather assisted them when requested. We observed staff used phrases such as, "Are you OK with that?" and "What do you want to do?" before acting. One staff member told us, " Our aim is to promote independence. One day, they may be living on their own so it's important they can make decisions for themselves". This demonstrated that staff acted in a way consistent with the best interests of people. The people we spoke with understood this and were happy that consent was sought from them whenever necessary.

The care plans we examined contained appropriate documentation in relation to consent to care and treatment. These included evidence of consent being sought in areas such as people's financial affairs, medication management and sun protection. We noted that no-one living at the home lacked capacity to consent.

We observed that Clements House had a consent policy which was posted in communal areas and made available to people to read where possible. It contained information setting out staff responsibilities and people's rights in relation to the Mental Capacity Act 2005. The home also had a Managing Diversity policy which outlined the law with regard to discrimination and staff's responsibilities in combating it. The staff we spoke with were knowledgeable about these policies and had a clear understanding of their importance. This meant that they were able to provide care consistent with the law.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The people we spoke with held the home in high regard and praised both the quality of care and the way in which it was delivered. One person said, "It's great here. I moved from another home which I didn't like, but here, they can't do enough". Another person told us, "You can't always do just what you want, but they tell you why and will always try to help you out".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans we examined were extensive, person-centred and well-ordered. We found evidence of individual care planning and risk assessment which was regularly reviewed and updated in line with people's changing circumstances. There was evidence of good communication between the home and external agencies such as social workers, doctors and chiropodists. Care planning was focused not only on medical need but what was important to the person being cared for. For example, we noted from examining the daily activity record, that staff were supporting a person to lose weight in a manner that suited them and that motivated them to the full. The risk assessments undertaken were relevant to the circumstances of the individual. This was reflected in their diversity, in areas such as cooking, travel to London and the risk of absconding. They were reviewed and amended appropriately. This meant that the care given was relevant, up to date and person centred.

The staff we spoke with were knowledgeable about people's individual needs and preferences. We noted, through observing care, that staff were focused on promoting people's independence and sense of self-worth at every opportunity. One staff member told us, "It really makes the job worthwhile when someone learns to do something for themselves". We found evidence of an extensive range of activities on offer to support this approach, including gardening, dog walking and attendance at college.

There were arrangements in place to deal with foreseeable emergencies. We observed that the home had clear protocols and procedures to follow in case of emergency. We noted that there were nominated fire marshals and first aid administrators every day and that policies were in place to support this. The staff we spoke with were clear about their responsibilities in this area.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining and disposing of medicine. We noted that adequate supplies of medication had been maintained so that people could receive them when needed. Arrangements had been made with a local pharmacy for the delivery of metered dose medication on a 28 day cycle and for disposal of unused medication. There were clear and accessible policies in place in relation to obtaining and disposing medicines. Appropriate arrangements were also in place in relation to the recording of medicine. We looked at the Medication Administration Records (MAR) covering the past four weeks for all people living at Clements House. The records were legible, well-ordered and contained no gaps. They were subject to frequent internal audit.

Medicines were kept safely. We noted that medication was kept in a locked, secure cupboard and that medicines requiring refrigeration were stored in a separate, locked refrigerator. Medicines were safely administered. We noted that staff involved in the administration of medicines had been appropriately trained and assessed. We also saw the home's medication policy which offered clear guidelines on the management of 'only when needed' medication, self- medication and the administration of controlled drugs. We noted that staff were required to sign a document to state that they had read and understood the policy. The people we spoke with told us that they received their medication in a timely fashion.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with people living at the home and members of staff. We also examined the duty rota for the four weeks prior to inspection. The people we spoke with told us that there were enough suitably trained staff on duty to care for them effectively. One person said, " There's always someone around if you need them". Another told us, "It's a small home. We see a lot of them and they always make themselves available". A staff member told us, "Some days are busier than others but we generally have time to spend with people". Our examination of the duty rota provided evidence that staffing levels adequately reflected the demands of caring for people. The home did not employ agency staff, instead preferring to operate an 'internal bank' system comprised of existing staff who could be called upon at short notice. This meant that the home was able to ensure that staffing levels could be raised if necessary in circumstances such as a person needing an escort to an appointment.

We examined the home's training schedule and found evidence that staff received regular training in areas relevant to the needs of the people they were caring for. These were in areas such as autism, awareness of learning disabilities and forensic mental health. The staff we spoke with were satisfied that the training on offer helped them provide better care. One staff member said, "I have learned such much since I came here. The management are really keen on training".

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs, either in written form or informally through staff or regular residents' meetings. The people we spoke with were aware of the complaints procedure and felt confident that staff would listen and act upon an issue that they raised. One person said, "I know how to complain but I've never had to". The staff we spoke to understood their responsibilities in this area and the need for people to be able to speak freely. One staff member told us, "We like to treat people as we would like to be treated ourselves".

We examined the home's complaints policy and log. We saw that the policy contained guidelines concerning how and by when issues should be resolved. It also contained contact details for outside agencies such as the Care Quality Commission. The area manager told us that there had been no complaints this year. This was verified by the complaints log. The people we spoke with had not wanted or needed to make a complaint. We examined the minutes of recent residents' meetings. We saw that issues related to the running of the home were freely discussed on these occasions. This demonstrated that people were able to raise complaints if they needed to, in a supportive environment.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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