

Nos Nom

Clubworthy House

Inspection report

Clubworthy
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Clubworthy house on the 23 January 2016 the inspection was announced. This was to ensure that the people would be at the service during the inspection. Clubworthy House provides accommodation and personal care for up to two people with a learning disability.

The service has a registered manager in place. 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.

The person who currently lived at Clubworthy House was well cared for, relaxed and comfortable in their home. The person readily approached staff when they wished to be supported and their privacy was consistently respected by staff. We also spoke with a relative who shared with us positive examples of the care and support their family member received from the service. They commented "If you ever want an example of outstanding care, it's here. They are all about life enhancement."

People were happy and relaxed on the day of the inspection. The person moved around their home as they wished, interacting with staff and smiling and laughing. Staff were attentive and available. Staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner. Staff knew the person they supported extremely well and spoke of them with affection.

Staff had high expectations for people and were positive in their attitude to support. The service offered flexible support to people and responded promptly to the person's decisions and choices.

The service was known to the local community. The person actively participated in local community life and their relative told us, "(person's name) has been adopted by the local community and that's thanks to the (registered manager name) and (registered provider name)."

Care plans were informative and contained clear guidance for staff. They included information about people's routines, personal histories, preferences and any situations which might cause anxiety or stress. Details of how the person wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support. The person shared their care plan with us. It was presented in written and pictorial formats to enable them to read their plan and be involved in any changes or updates.

Risk assessments were in place for day to day events such participating in sporting sessions. Where activities were done regularly risk assessments were included in people's care documentation. People had access to a range of activities. These were arranged according to the person's individual interests and preferences. Staff identified with people future goals and aspirations and worked with the person to achieve them.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that identified risks could be addressed with the aim of minimising them in the future.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly.

Support was provided by a small, consistent, motivated and well trained staff team. Staff were well supported and attended and sought out relevant training to enhance their skills. Monthly staff meetings were held which were an opportunity to share any concerns or ideas they had to continuously improve their service. Staffing levels met the present care needs of the person that lived at the service.

There was a robust complaint system in place. There were plenty of opportunities for people, relatives and staff to voice how they felt about the service and any concerns they had. The person was supported to attend an advocacy group which allowed an opportunity to raise any issues.

The registered manager was keen to gather views from people, their relatives and stakeholders to ask for their feedback. Staff were committed to engaging with families who were kept informed of any changes in people's needs or appointments.

There were clear lines of accountability and responsibility at Clubworthy house The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual. The registered manager commented "You've got to put your heart and soul into it. My day is to make sure (person's name) is happy and we try to achieve this."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Staffing levels met the present care needs of the people that lived at the service.

Good ●

Is the service effective?

The service was effective. Staff attended and sought out training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Good ●

Is the service caring?

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

Staff valued family relationships and helped ensure they were sustained

Good ●

Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated

The person living at the home was actively encouraged and supported to engage with the local community, and participate in their chosen activities.

Good ●

There was a satisfactory complaints procedure in place.

Is the service well-led?

The service was well-led. There was a clear ethos in place which focussed on ensuring people had both fulfilling lives and experiences.

The service was open and worked collaboratively with other professionals to help ensure the person's health and care needs were met.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

Good 

Clubworthy House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 January 2016 and was announced. The provider was given 24 hours' notice of this inspection because the location provides care for up to two people and we wanted to ensure we would be able to speak with people during the inspection. The inspection was conducted by one inspector.

Before visiting the service we reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the person who used the service, the registered manager and registered provider who are the staff team. In addition we observed staff supporting the person within the home and inspected a range of records. These included care plans, training records, and staff meeting minutes and the service's policies and procedures. Following the inspection we spoke with a relative to gain their views on the service.

This service currently provides support to one person. In order to protect this person's confidentiality this report will not make reference to any specific personal information.

Is the service safe?

Our findings

A relative told us they believed their family member was safe living at Clubworthy house. They commented, "(person's name) feels absolutely safe." On the day of the inspection visit we saw the person moving around their home freely and were comfortable in their surroundings. They were relaxed and at ease in staff's company. When the person needed support they turned to staff for assistance without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. The service had a safeguarding policy and records showed staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse in line with the multi-agency safeguarding procedure.

Staff supported people to take day to day risks whilst keeping them safe. For example, people were involved in preparing meals and drinks. This was achieved by supporting the person hand over hand when necessary. Care plans were well laid out and regularly updated to reflect people's changing needs. They contained risk assessments which were specific to the needs of the individual. For example, we saw assessments had been completed in relation to activities the person enjoyed.

People living at Clubworthy house had a risk assessment completed about how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for staff on how to support people to engage with activities while minimising identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

The relative commented that the person when anxious could present behaviours that challenged staff in other care settings. They commented, "There was a settling in period at Clubworthy House, but it does not happen now." Care plans clearly outlined the process for staff to follow if the person became anxious. Staff were made aware how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. If an incident occurred this was recorded and a review was completed following any incident. These were analysed in order to highlight any trends. Staff had received training in supporting people whose behaviour may present as challenging in order to help ensure they were able to support people effectively when they became distressed.

The registered provider and registered manager were the staff team. If they needed additional support, such as night support they would arrange additional staffing. Commissioners assessed each person at the service to ensure the correct staffing levels were identified to meet the person's individual's needs. The current staffing arrangements meant the assessed staffing levels were observed at all times. Staff were able to spend time chatting with the person about their day as well as attending to their personal care needs. The support was unrushed. This meant that there were enough staff on duty to support the person to take part in individual activities, attend appointments and engage in daily chores and routines.

There were appropriate storage facilities available for all medicines. We reviewed the Medicines Administration Records (MAR) and found that they were completed correctly. We checked the number of medicines in stock against the number recorded on the MAR sheets and saw these tallied. Training records confirmed staff had attended medicines training. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. This meant there was clear guidance to help ensure a consistent approach from the staff team.

We saw there were effective systems in place to help the person manage their finances. The relative was satisfied with the financial arrangements and was kept up to date with regards to all expenditure.

Is the service effective?

Our findings

Staff were knowledgeable and well trained. Staff records showed they had completed all training identified as required by legislation. They also sought and attended additional training in a variety of topics which were specific to the needs of the person. This meant the person was supported by skilled staff with a good understanding of their particular needs. Staff demonstrated a depth of understanding about the person they supported and worked closely with them to help ensure they received consistent care and support.

Staff attended monthly meetings where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

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 had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever 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. We found that the service acted in accordance with legal requirements. Decisions had been made on a person's behalf and a decision had been made in their 'best interest'. Records confirmed that the registered manager had made appropriate applications to the local Authority DoLS team. For example, best interest meetings had been held when a person needed constant supervision in order to keep them safe and this supervision was in their best interests. These meetings involved the person's family and appropriate health professionals. This showed the service reviewed people's level of restriction and acted in accordance with legal requirements at all times.

We were invited to join the person and staff for lunch. The person chose what they wanted to eat and this was provided. Lunch was a relaxed social occasion with good conversation and laughter. It was evident that the person was supported to be involved with shopping and preparing meals. The registered manager said "We are led by (person's name) as to what meals they wants to have." We saw from daily records that the person had a variety of foods that they chose to eat. The registered manager told us they shopped locally for fresh produce. The relative told us they felt the service supported their family member to choose what meals they would like but also ensure that the meals were healthy. This meant that people were supported to maintain a healthy diet.

People were supported to access other health care professionals, for example GP's, opticians and dentists.

Multi-disciplinary meetings were held as necessary to help ensure all aspects of people's needs were taken into consideration when planning care. People's care records contained details regarding other health professionals and their contact details as well as "easy read" health action plans which outlined what support people needed in an accessible format. Staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant that the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

The person was relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had been developed and staff valued the person. Staff spoke with the person kindly and made sure they were comfortable and occupied. Staff were respectful and spoke to the person with consideration. They were unrushed and caring in their attitude towards the person. Relationships between the person and staff were relaxed, friendly and there were easy conversations and laughter.

Staff had told the person that we would be visiting. When we arrived we were asked to have a photograph taken so that it could be shown to the person so they knew who had come to visit them. This prepared the person for our initial meeting. The person was then asked by staff if they would like to meet with us.

The person invited us to look around "my home". The person's bedroom was decorated in keeping with their age and gender and reflected their personal tastes. We saw personal photographs and mementoes' were displayed in their bedroom and also in the front room. This gave a feeling that the person was fully integrated into the family home.

A relative told us staff had developed a positive relationship with their family member but also with them. They commented "[person's name] loves them and [staff] love [him/her], they have so much love to give." We saw the service had received compliments and praise from other relatives. All were highly positive of the care the service provided. One commented 'Thank you for everything you do. You are both truly amazing people and we feel so lucky that (person's name) has found you.' A professional had also complimented the service, stating 'You are both such a wonderful example of how social care provision can be done in a very positive way.'

The relative told us that they had experienced care services before which had not been a positive experience and were therefore hesitant about what Clubworthy House would offer. They told us "If you ever want an example of outstanding care, it's here. They are all about life enhancement."

The provider ensured that the person remained in contact with their previous carers as the person valued this relationship. The provider arranged the visits. The person requested that the providers remain with them throughout the visits and this was respected. This meant the person could continue their relationship with people who had been an important part of their life.

The service is located in a small hamlet and the person participated in the local community. When the person recently had to visit a health service a member of the community knitted the person a comfort blanket. The person showed us this item which meant a lot to them. This showed that the person had been accepted by the wider community.

The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual. The registered manager commented, "You've got to put your heart and soul into it. My day is to make sure (person's name) is happy and we try to achieve this." This

demonstrated that the providers placed the person at the centre of their work and adapted their lives to meet the person's needs.

Staff told us they had formed positive relationships with the person's family members as they appreciated how important family were to the person they supported. The relative told us when they visited the service they were invited to join them for a meal and this made the visit more sociable for all. The relative had on specific occasions stayed overnight. The person was in regular contact with their family via skype, letters, phone calls and visits.

The service had a vacancy. The registered manager said, "We are not interested to fill a space for filling a space. It has to be right for (person's name)." Staff told us they had assessed people for a possible placement but felt it may have a negative impact on the person they supported. Therefore they did not proceed. A relative commented, "They (staff) consider what's best for (person's name), who will live there." This demonstrated that staff were aware of the importance of who would be able to join in their family home.

Staff told us how they maintained people's privacy and dignity generally and when assisting with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence.

The person's care plan showed their preferred communication methods were identified and respected. For example, use of verbal and visual tools to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. This showed that the service shared information with people in a meaningful way.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Along with the person, staff had summarised what was important to them, which outlined their likes and dislikes, preferences, what others liked about them and what was important to and for them.

During our inspection we saw and found records that demonstrated the service had providing outstanding care and support to the person. However, we are unable to provide detailed examples of what we found in this report without disclosing personal information about the individual.

Is the service responsive?

Our findings

The person shared with us their care plan which they called 'My life plan'. The plan was presented in pictorial and written format so that the person could access the document in a more meaningful way. Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support the person. For example, the person's daily routine was broken down and clearly described so staff were able to support them to complete their routine in the way that they wanted. The care plans detailed what must happen if the person's health needs changed. This gave staff clear guidance and direction as to what action and within what time frame they must respond. Staff felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on regular basis to ensure they reflected people's changing needs. People were involved in reviewing their care along with other interested parties. The person's ideas as to how they would like to progress their living skills were discussed in these reviews and agreements made as to how this would be achieved. For example, how to support the person when attending medical appointments to help lessen the person's anxiety. This showed that staff listened to the persons wishes and worked with the person to achieve this.

A relative told us they met with staff to talk about the care their family member received and the person also attended if they wished. The person, their relatives and staff talked about what they had done well and what future goals they would like to achieve. For example, the person wished to attend a certain activity and this had been planned and had now been achieved. Relatives were, with the person's permission, given access to their daily logs so that they could see how the person was managing. The registered manager said this assisted with communication and allowed a more trusting, open and transparent relationship to be formed with the relative.

People were consulted about the support they received. We heard staff ask the person what they wanted to do and how they wished to spend their day. The person was also responsible for a number of household tasks. This meant they were able to develop their independence in daily life. In discussion with staff we heard how the service endeavoured to help people maintain relationships with family and friends. Staff arranged for people to see their families and supported them to meet up if necessary. The relative told us they had regular phone calls with their family member and staff, plus access to Skype, emails and visited the service.

The staff team worked well together and information was shared amongst them effectively. There was a continual handover of information between staff. Daily logs of people's activity were completed throughout the day. These recorded any changes in the person's needs as well as information regarding activities and people's emotional well-being. A communication book was also used to record any general information which needed to be shared amongst the staff team.

The person showed us photographs and mementoes of places they had recently visited. The activities were

suited to the person's individual interest and taste. Due to the persons changing needs the level and type of activities had to be changed. The providers along with the person and family discussed what future activities the person would like to participate in and these were then resourced. The relative told us "The places and things they do are amazing, (person's name) has a fantastic time." Care files also identified people's likes/dislikes and interests which the service then attempted to accommodate. People had access to a wide range of pursuits which were meaningful to them and reflected their individual interests. The service had access to vehicles to use when supporting people to attend appointments or go out on activities

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, people regularly went to the local shop. The registered manager told us the person were all well known in the village and had formed some positive relationships with them. Staff encouraged and supported this social interaction where appropriate.

The provider was aware that they supported one person at the service and therefore wanted to ensure that the person had another opportunity for their voice to be heard. The providers identified an advocacy group which the person attended. The registered manager provided transport to the group as it was some distance from the service. This allowed the person the opportunity to have an independent person to represent them.

The organisation had a complaints procedure which provided information on how to make a complaint. An "easy read" version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. The service had not received any complaints. The relative told us they had no need to raise a complaint, and if they had a concern they would raise this with the staff direct. The person was supported to attend an advocacy group which allowed an opportunity to raise any issues.

The service worked effectively with health services to help ensure the person's health needs were met. The provider had advocated and represented the person they support positively to ensure they received the right treatment to meet their needs. The registered manager had also supported the person by staying with them throughout hospital admissions, which in one instance lasted a few days. This reassured the person to lessen their anxiety levels, and also ensured that the person's needs could be communicated effectively to health professionals who were providing medical care.

In addition the service had produced a 'Hospital passport'; so that any medical person who had contact with the person would be able to know their social and health care needs. There were comprehensive records of all health related appointments and if any further action was needed to be provided, for example if there was a change in medicines.

Is the service well-led?

Our findings

Clubworthy house is a family run care service that supports up to two people. The staff team consist of the two registered providers, one of which is the registered manager. They therefore know the service and the person they support very well. The service was well led and the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, "We want to provide care that meets (person's name) needs, to make sure that (they) are happy, content and safe. This is our way of life. We live together, we believe in consensus living. We want to and do the best we can."

There was a clear aim at the service which emphasised the importance of supporting people to develop and maintain their independence. It was important to the staff that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

Throughout the inspection the registered provider and registered manager spoke of the value of establishing personalised relationships with all stakeholders. They talked of the importance of meeting people, families and other professionals, on a face to face basis. They demonstrated a clear commitment to developing an accessible, friendly and approachable service.

The person using the service was comfortable with and actively sought the company of staff during our inspection. The registered provider and registered knew the person well and continuously shared information together about the person's social and health needs. Regular formal staff team meetings were held. The minutes of these meetings demonstrated that these meeting provided an opportunity for staff to review the service performance and identify any changes they could make to further improve the service.

Records showed staff met face to face with the person that used the service, and their relative to review care guidelines and discuss any changes people would like to make in "their home." This ensured staff were aware of people's individual experience of care.

Where incidents or accidents had occurred these had been documented in the service and forwarded to the relevant health and social care professionals. All accidents and incidents had been appropriately investigated and staff told us any points of learning identified during the investigation process, were shared with commissioners and family.

As the staff team was small, they provided formal supervision to each other. In addition they were actively involved in a number of local care support groups to help ensure they were aware of any changes to best practice. They also researched new guidance in health and social care to ensure their practise was up to date with current legislation.

Clubworthy House has an effective quality assurance system in place to drive continuous improvement within the service. Regular audits were carried out to help ensure the service was running effectively and safely. For example, there were audits in respect of training, all housekeeping areas as well as care planning documentation.

