

Clia Care Ltd

# Clia Care (Disraeli Lodge)

## Inspection report

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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

Clia Care (Disraeli Lodge) is registered for 'personal care'. The service provides care and support to people living in the 'supported living' scheme so that they can live in their own home as independently as possible. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

Some people living at Clia Care (Disraeli Lodge) did not receive a regulated activity from the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Clia Care (Disraeli Lodge) provides a service to young adults some of whom have autism and learning disabilities. At the time of inspection two people were receiving support with personal care from this service.

This inspection took place on 28 August 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the registered manager would be available on the day of inspection.

This service has not previously been inspected.

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

At the time of inspection, we found that some staff were not up-to-date with the required training courses. We made a recommendation about this.

People told us they felt safe living at Clia Care (Disraeli Lodge) and that there was enough staff to assist them with their care needs. Systems were in place to support people to stay safe from abuse and any incidents and accidents occurring. Staff undertook all the required pre-employment checks before they started working with people which ensured their suitability for the role. Guidance was provided for staff on how to support people to take their medicines safely. Staff followed people's risk management plans to mitigate any potential risks to people. However, some additional information was required to guide staff on what were the exact risks to people that could affect their well-being.

Staff said the management team provided effective support to them which meant they could carry out their responsibilities as required. People's health needs were adhered to when they needed medical attention. People had support to identify and meet their care needs according to their preferences. The service monitored people's ability to make decisions for themselves as required by the Mental Capacity Act 2005 (MCA).

People spoke positively about the staff team and how well they cared for them. Staff were kind, friendly and attended to people's needs and preferences as required. People felt they were respected which helped them to maintain their self-esteem. Staff supported people to learn new skills and increase their independence where possible.

People's care needs were appropriately assessed which provided staff with guidance on the assistance people required. Staff were aware of people's communication needs and communicated to people the way they could understand them. People and their relatives were supported to raise concerns and complaints and felt confident to approach the staff team for making changes to their care if necessary.

People, their relatives and the healthcare professionals we spoke to felt that the service had a good leadership. Policies and procedures were in place to support staff in delivering good care for people. Staff followed good practice to share information appropriately. We saw audits being regularly carried out to check if people's care records reflected their needs as necessary. However, some records were not appropriately completed and the registered manager told us they would address this immediately.

## 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.

Policies and procedures were in place for recording and reporting any potential abuse to people and incidents and accidents occurring. People had risk assessments in place to mitigate any potential risks to their safety.

Appropriate staff recruitment processes were followed to employ suitable staff to take care of people.

People had the necessary support to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were not always supported to up-date their knowledge and skills to ensure they were fit for the role.

Staff supported people to prepare food according to their preferences. People's had access to healthcare professionals when they needed it.

The service followed the Mental Capacity Act 2005 (MCA) principles as required by law.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's individual needs and supported them in the way they wanted to be cared for.

Staff encouraged people to take responsibility for the activities they could carry out themselves and helped them to learn new skills if they wanted to.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed to determine the assistance they required to meet their health conditions. People's communication needs were identified and supported as necessary.

People were aware of how to complain and approached the staff team when they wanted to make changes to the services they received.

### **Is the service well-led?**

The service was well-led.

The registered manager was involved in the day-to-day running of the service and addressed people's concerns if they had any.

There was good communication between the staff team to ensure that information was shared as necessary.

Regular quality assurance checks were carried out to identify any improvements required.

**Good** ●

# Clia Care (Disraeli Lodge)

## **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 28 August 2018. We gave the service 48 hours' notice of the inspection because the service is registered for personal care and we needed to be sure that the registered manager would be in. This inspection was carried out by one inspector.

Prior to our inspection we reviewed the information we held about this service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people and two relatives asking for their feedback about the service. We also talked to the registered manager and two staff members working for the service. We looked at care records for two people, two staff files and reviewed records related to training, safeguarding, incidents and accidents, medicines, recruitment and other aspects of the service management.

We contacted two healthcare professionals asking for their feedback about the service.

## Is the service safe?

### Our findings

People told us they were well supported by staff. One person said, "I feel safe and happy." A family member said, "[My relative] is safe, staff look after him well. Someone is always there." A healthcare professional told us, "the service seems to me to be excellent."

There were policies and procedures in place to protect people from potential abuse. Staff were aware of actions they had to take if they suspected a person being at risk of harm. These actions included appropriate reporting and recording of information. The registered manager told us examples of the actions they had to take if an allegation of abuse was reported to them. During the inspection, a person had shared some concerning information with us that required investigating. The registered manager took immediate action in response to these concerns which showed us they had the necessary knowledge to deal with complex situations to safeguard people.

Risk assessments were detailed and provided information for staff on how to support people to manage potential risks to their well-being. A healthcare professional told us, "[The service's] approach in relation to risk assessment and management is good." The risk assessments included details on the support people required to prevent incidents taking place and the actions that staff had to take to ensure people's safety. However, more information was required on what the specific risks to people were. Currently it was noted that 'staff, the person themselves or the community members' could be affected if the risks were not managed appropriately. After discussing this with the registered manager we were told the risk assessments would be updated immediately. We will check their progress at our next comprehensive inspection.

Safe staff recruitment practices were followed to employ skilled and knowledgeable staff. The application and interviewing process had enabled the service to check staff's employment history and suitability for the role. Records showed that staff were required to provide two references from previous employers and undertake criminal records checks before they started working with people.

People told us that staff were available to support them when they needed assistance or if they wanted to go out in the community. One person said, "[Staff] help me and I go out when I want to."

There were safe medicines management procedures in place which ensured that people received their medicines as prescribed and on time. A family member told us, "[My relative] has never missed his medication as staff help him." Care records included a medication profile with up-to-date information on the medicines people were taking. Medicine Administration Record (MAR) charts were suitably maintained and signed by staff after people had taken their medicines. Staff told us they felt competent to administer medicines to people.

Staff were provided with guidance on infection control to ensure they supported people safely. Staff told us they were required to undertake regular cleaning tasks and use appropriate cleaning materials to protect people from risk of infection. However, we saw that some areas of the home were moulded and required deep cleaning. The registered manager told us they would address this immediately to improve people's

living conditions.

Systems were in place for staff to share information about the incidents taking place to protect people. Staff used an incident and accident form for recording any accidents occurring and ensured these were filled in in good time. Health professionals were contacted because of an incident that took place to ensure a person's safety. The registered manager used a matrix to monitor action taken in response to reported accidents and to prevent repeated events.



## Is the service effective?

### Our findings

People's relatives felt that staff had the necessary knowledge and skills for the job. One relative said, "From what I've seen staff are trained well." However, at the time of inspection, the registered manager could not provide us with an accurate account on the training courses attended by staff. After the inspection, we found that one staff member had recently started working for the service with no up-to-date training, including Mental Capacity Act 2005 (MCA), safeguarding and medicines management. We also found that some staff required training in learning disabilities, autism and epilepsy considering they supported people with these conditions. Soon after the inspection the registered manager wrote to us to say that staff were booked for all the necessary training courses and had completed most of them soon after the inspection.

We recommend that the provider seeks guidance on best practice in relation to staff training to ensure they had the necessary skills and knowledge for their role.

Staff told us they were well supported by the registered manager. A staff member said, "I feel very supported and listened to. This is the most that I had in the working environment." Staff told us they received regular supervision and the service planned to carry out appraisal meetings when staff were due for one in a year's time.

Systems were in place for staff to share and record information about people appropriately. Staff used a laptop and mobile phones to communicate information to each other as necessary.

People told us that staff assisted them to prepare their own meals according to their choices. One person said, "I eat what I want, [staff] help me to make food."

People were asked to choose how they wanted to be supported before they started using the service. The staff team carried out an initial assessment to find out about a person's care needs and to decide if the service was able to provide the required support to them. The registered manager told us they talked to people, their family members and any other relevant agencies to ensure they had a good understanding about the person's individual needs. This information was used to produce a person-centred care plan for staff to follow to ensure consistent care provision. A healthcare professional told us, "Our client wanted to move into Disraeli Road. [The person] was able to take his time in making the final decision. [The person] was able to make a gradual transition, meeting the house-mates and then going for short weekend visits that gradually got longer. I think that this gentle approach, that went at our client's and his family's pace, demonstrated some very good person-centred values."

People were supported to access healthcare services when they needed a check-up. One person said they "talk to staff and they help" if they were not feeling well. People had a hospital passport with details of their health conditions to inform the healthcare professionals about their care needs quickly in an emergency as necessary.

People lived in a flat that met their social needs well. They had access to the lounge area and the garden if

they wanted to socialise and spend time with their visitors. One person said, "I like my room." People chose how they wanted to decorate their bedrooms and the furniture they wanted to have. We saw personal belongings in people's bedrooms relating to their interests and hobbies.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The staff team followed the MCA principals to ensure that people who lacked capacity were supported as necessary. A staff member who attended the MCA training had a very good understanding of the MCA legal requirements and knew how to determine if a person lacked capacity to make a specific decision. All staff that we spoke with told us they supported people to make their own decisions and that they approached the registered manager if they had any concerns in relation to people's capacity to make more complicated decisions. We found that the registered manager took appropriate actions to support a person to understand some risks rather than assuming they lacked capacity to do so as sometimes they made unwise decisions.

## Is the service caring?

### Our findings

People said that staff were caring and kind. One person told us, "[Staff] are nice. Everyone is helping everyone." A family member said that staff were "friendly and supportive" of people in the home. A healthcare professional told us, "Staff are friendly and welcoming."

Staff were aware of people's preferences and how they wanted to be supported. From the conversations observed between staff and people, we found that staff knew people's individual needs, likes, dislikes and what was important to them. This information was also available in people's care plans which helped the staff team to be consistent in the way they supported people. However, people's personal history was not always recorded and the registered manager told us they would promptly look into recording this information.

People had the necessary support to access community facilities which encouraged their social inclusion. One person said that staff helped them to learn to go shopping independently which they had been doing recently without any support. Another person told us that staff supported them to go to the local bank to get the money when they needed it.

People were supported to learn new skills to increase their independence. People's care plans provided details on the strategies that staff should use to encourage people to take ownership and responsibility for the activities of their choice. Staff were provided with guidance for one person on how to support them to save money for a fish tank which they recently bought.

Family members were complimentary about the care provided to people that led to their increased independence. One family member wrote to the service to say that their relative was "coping extremely well with his newfound independence and appears to be growing in confidence when [my relative] is ordering and paying for food and drink, in particular." Another family member said, "[My relative] started going out in the community independently; Learnt to go to the local shops on his own; He is now doing his own laundry which he never did at the family home." One other family member told us their relative was given a front door key which they used when they went out and that they learnt to unlock the door independently. The family member said, "This was a big achievement for him."

People's privacy and dignity were respected. One person told us they had a key for their bedroom for locking their personal belongings should they want to. Another person said that staff always knocked before coming into their bedroom. Support plans included details of people's religious and cultural preferences, for example the food they wanted to eat. We observed that people's care records were securely stored and only accessed by authorised staff members.

## Is the service responsive?

### Our findings

People's relatives said that the service responded to people's needs appropriately. A family member told us, "[My relative's] confidence gone up since he moved in" to this home. Another family member said, "Staff are always telling us if something changes and what they are doing about this." A healthcare professional told us, "Staff are very cooperative and willing to joint work where necessary."

People felt empowered to carry out activates of their choice. One person said, "I can do everything if I want it." Another person told us that staff supported them to "sort out activities" when they needed help. We found that people attended activities of their choice, which included going to football matches. We observed staff helping people to make decisions about the activities they wanted to attend on the day and then supported people to go out to the places as they chose to.

Staff were provided with guidance on how to support people's communication which ensured their involvement in conversations and decision-making process. People's care records identified the difficulties people had to express themselves and the strategies that staff should use to encourage people to communicate. These included using simple words and language to talk to a person. We observed staff being patient with a person who asked repetitive questions and being clear about their actions so the person could understand the order of the events.

Care plans were robust and provided details on the support people required to undertake activities and where they could carry out the tasks themselves. Records viewed included details of the assistance people required with personal care, going out in the community, managing anxiety and maintaining relationships. Staff had access to information on people's health conditions and guidance was available on how to support people to maintain their good health, for example in relation to their hearing, eye sight and foot care.

People told us they approached the staff team if they had any concerns and wanted to make changed to their support plan. One person said, "I would tell staff if I am not happy with something." People were provided with an easy to read complaints procedure should they need it. People's relatives told us they knew who to approach if they had any complaints about the service, including the registered manager in the first instance and the local authority if they were not satisfied with the actions taken by the provider.

The service had a procedure in place to be followed should they have any complaints. Systems were available for recording and reporting formal complaints received. The registered manager was aware of the actions they had to take to deal with the complaints received, including notifying the relevant agencies involved in people's care. There were no formal complaints received since the service was registered.

## Is the service well-led?

### Our findings

This service only started operating recently and people had been living in there for about six months. We found that policies and procedures were in place for staff to follow to ensure good care for people. Staff understood their responsibilities and had on-going support from the registered manager to carry out their tasks as necessary. The registered manager was knowledgeable and knew their role expectations well, including their responsibility to send statutory notifications to CQC as required by law.

The registered manager was involved in the daily running of the service which meant that people and their relatives had regular contact with the registered manager. One person said, "The manager is good." A family member told us, "The manager is doing very well, he is always asking us questions and if any concerns he resolves them straight away. We find him helpful." The staff team facilitated regular 'residents' meetings' and 'relatives' coffee mornings' to gather their feedback about the service provision.

Good practice was followed to ensure effective communication between the staff members. A staff member told us that the service was "continuously improving and we are doing very well. We have monthly staff meetings to discuss what needs to improve." Another staff member said, "I am not scared to discuss issues. We ask questions to improve if we have any problems." Staff were required to fill in a handover sheet which was read by the staff members at the start of their shifts for taking over the tasks they required to carry out.

There were regular quality assurance audits undertaken to monitor the services being delivered to people. The registered manager carried out monthly audits to identify any improvement required and we saw that actions were taken in good time, for example where a person needed referral to healthcare services. However, we found that some records were not available or lacked details on the activities carried out. These included the registered manager's audits, supervision notes and fire safety checks. We discussed this with the registered manager who reassured us this would be addressed immediately. We were satisfied with their response and we will check their progress at our next comprehensive inspection.

The service sought partnership working with relevant agencies to share their experiences and gather information about the changes taking place in the health and social care sector. The registered manager attended a Learning Disability Providers' forums and Carers' Forums to discuss issues related to the supported living services. The registered manager also shared their knowledge and experience during the presentations they facilitated for other providers about the supported living model.