

Coventry and Warwickshire Mind

St Clair Gardens

Inspection report

Livingstone Road
Foleshill
Coventry
CV6 5AR

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03 June 2019

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23 August 2019

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

About the service

St Clair Gardens is a care home that provides care for up to 14 older and younger adults who are living with a mental health diagnosis. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection 12 people were living at St Clair Gardens.

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

Everyone we spoke with praised the management and staff for the quality of the service provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe from abuse and avoidable harm. There were effective safeguarding procedures in place which staff followed. Staff knew how and who to report any concerns to. There were enough staff to support people safely. There were systems in place for any absence of staff and managers, so people continued to receive their support as planned.

Staff were recruited safely and had the right skills and experience to meet people's needs. The environment was clean, well maintained and a safe place for people to live. Evacuation procedures were robust in the event of an emergency.

Staff followed infection prevention and control procedures to reduce risk of infection and people received their medicines as required.

People's needs, and choices were assessed before they used the service. Risks to people's health and well-being were managed. Staff received training and updates on best practice guidelines that were appropriate to people they supported.

People were supported with kind and compassionate care. Staff protected people's dignity and confidentiality discreetly. Staff were sensitive to people's individual needs and they understood how best to support people. Relationships between people and staff were positive. Changes to people's health were reported and monitored, and staff supported people to their appointments.

Support was person centred and delivered the way people preferred and met their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff knew people's communication needs and understood how best to engage people.

People were involved with activities, hobbies, and interests of their choosing. The atmosphere in the home was warm and friendly and people were happy in their surroundings.

People knew how to make a complaint and would feel confident doing so. People had opportunity to meet with the registered manager to discuss any concerns. Visitors were warmly welcomed at times suitable to them.

The service was managed well and there was an effective quality assurance processes in place. Action plans were developed following any shortfalls in the service and the registered manager worked closely with health and social care services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 May 2018 and this was the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Clair Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

St Clair Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started and ended on 03 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the clinical lead, registered manager and four recovery support workers [care

staff].

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training staff had received and specific risk assessments.

Is the service safe?

Our findings

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

This is the first time we have inspected the service and we have rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and they knew the potential signs and symptoms to look for that could indicate abuse.
- Staff told us they would immediately report any safeguarding concerns and were confident they would be acted on by the registered manager to keep people safe. They also understood how to raise any safeguarding concerns with external agencies.
- Records showed appropriate action had been in response to safeguarding concerns to ensure people were safe.

Assessing risk, safety monitoring and management

- People said they felt safe living at the home. One person said, "This is the safest I have felt, I feel the staff are looking out for me and they want me to be safe." Another person said, "I feel safe living here because there is always someone to talk to, the staff are great like that."
- Risks associated with people's care and support were assessed and actions were put in place to keep people as safe as possible, whilst also respecting the right for people to take risks. One person told us, "I really appreciate the support I get to become more independent; the staff talk to me about some of the risks I may face, and we work out how to overcome them."
- The risk assessments had information on people's specific risks and what staff needed to be aware of to keep people safe. Staff were able to describe how they supported people to prevent harm, such as monitoring any changes in people's physical and mental health conditions.
- Risk assessments were regularly reviewed and updated following incidents and to ensure records reflected people's current needs and wishes.

Staffing and recruitment

- People's needs were met by a consistent and reliable staff team.
- Safe and robust recruitment and selection processes were followed. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People's care plans contained comprehensive information about their medicines, which ensured staff were able to clearly understand and meet people's needs.

- Staff completed a wide range of training to enable them to safely store and administer medicine and make accurate records. Staff told us they knew what action to take in the event of a medicine error occurring.
- Medicine administration records were correctly completed, and regular audits were conducted by senior staff to ensure the appropriate was action taken if errors were identified.
- People who were able to self-medicate had comprehensive risk assessments in place to mitigate the risks involved. This included spot checks on medicine and slowly introducing additional days of medicine given in advance.

Preventing and controlling infection

- Staff had completed infection control training.
- Staff told us that personal protective equipment (PPE) such as gloves was always provided for them to use when providing care.
- Care plans included information about people's health conditions and guidance for staff on how to manage these. This helped to ensure people were not at risk of infection.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following an incident. For example, when a person had who had chosen not to follow the risk assessments in place to help to keep them safe; this was discussed with the person and the staff team to identify what lessons could be learnt.

Is the service effective?

Our findings

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

This is the first time we have inspected the service and we have rated this key question Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service, and changes were made in response to regular reviews, or sooner if people's needs changed. We saw how people's life history had been fully explored so that care and support was arranged how they wished.
- People's protected characteristics under the Equality Act were considered and respected. People's specific needs, for example relating to their religion, culture or sexuality were respected and met.
- The registered manager and staff kept up to date with good practice through training, and with organisations such as the local authority. This ensured that staff delivered care in line with all relevant evidence-based guidelines.

Staff support: induction, training, skills and experience

- Staff told us, and records showed they were provided with induction training and ongoing training. Staff demonstrated in-depth knowledge on the needs of people using the service.
- Staff said they felt supported in their roles. They said the registered manager, provider and clinical lead were very approachable and offered guidance whenever needed.
- Daily handovers from one staff team to the next were detailed and discussed information on the physical and emotional status of all people using the service.

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

- People's nutritional needs were met, and their preferences considered. Staff monitored people's diet to ensure they ate and drank enough. Care records confirmed this was carried out. Staff could quickly recognise when people had not had enough to eat and drink and acted promptly.
- People were encouraged to maintain their independence with eating and drinking. People were able to make their own drinks and they had access to fresh fruit and light snacks. One person said, "I am learning new skills in the kitchen, we all take it in turn to help the staff cook."

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

- Staff worked closely with other agencies such as the local authority and mental healthcare professionals to ensure best outcomes for people.
- People's care plans included information on their health and social needs.
- Care records showed when people had appointments and any treatment was documented and communicated to staff. People could attend health appointments independently if they were able to;

however, staff members were always available to support if required.

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

- The environment was safe, clean and hygienic. The home was purpose built and had been designed and developed to a high standard. People had safe and secure access to gardens and communal areas. These areas were spacious and included garden furniture.
- People had choice and control of how their rooms were decorated and presented. We saw photographs, pictures and mementos on display.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff asked permission before providing care and support and checked throughout the support that people were still consenting. One person told us, "If I need support in the shower staff will stand outside and give me privacy to do what I can do for myself, and they always check that I am okay with the help I do get."
- When people declined support, staff respected this. For example, we saw one person who didn't want support at a time it was offered. Staff respected this and approached the person later which the person then consented to.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. There was no-one at the time of the inspection who required a DoLS in place.

Is the service caring?

Our findings

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

This is the first time we have inspected the service and we have rated this key question Good. This meant people were supported and treated with dignity and respect; and involved in their care.

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

- People said they felt respected and staff treated them well. Comments included, "The staff are great, they always treat me with respect" and "Absolutely brilliant, I feel like I've landed on my feet, staff have time to listen to me; even on my bad days. Brilliant they are."
- Staff ensured people's rights were upheld and ensured that people with behaviours that challenged them, and others were not discriminated against in any way.
- We observed people and staff were comfortable in each other's company and had developed positive, trusting relationships.
- Staff communicated well with people, exchanging humour and laughter, which people said they enjoyed. Staff said they enjoyed working at the service and they had built good relationships with all the people. Staff spoke about people using the service with compassion.

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

- People were fully involved in making decisions about their care and day to day lives. People and their relatives [if applicable] were involved in developing their care plans, mental health recovery plans and well-being action plans. Staff carried out reviews of these plans with people and recorded any changes and progress made.
- Staff gave people choices, they knew the most effective way to communicate with them. One person told us, "The staff know me really well; they accept some days I struggle with choices, but they always support me really well, somehow they get through to me."
- Care plans contained information and guidance to staff about the things that were important to them and the way they preferred to be supported. Staff were able to tell us about information contained within people's care plans.
- Advocacy services were available in the event people required independent support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's rights to make choices and be in control of their day to day lives.
- The care plans detailed how staff should protect people's dignity whilst provided their care and support.
- Staff provided care and support with the emphasis on promoting and maintaining independence.
- People's right to confidentiality was respected. Staff handover discussions about people's care were held in private, and people's care and support records were stored securely accessible only to authorised people.

Is the service responsive?

Our findings

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

This is the first time we have inspected the service and we have rated this key question Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised, providing information about people's, background, their likes and dislikes and people important to them.
- Staff were flexible in providing people's care and support to enable people to be in control of their day to day lives.
- The care plans and mental health recovery plans were regularly reviewed with the involvement of people, and their representatives.
- People told us they knew of their care plan and had been involved in developing it.
- Staff monitored any changes in people's physical and mental health. This enabled them to respond to provide timely support and appropriate treatment from relevant healthcare professionals.
- Staff had received training about equality and diversity and they knew how to protect people's unique characteristics under the Equality Act 2010.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were able to receive information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. No-body currently using the service required this.

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

- The service had an ethos of supporting people to take part in the local community. The service was aware of the importance of providing the same opportunity for people whatever their disability or assessed need.
- Staff researched appropriate venues that could support people safely. For example, people were able to attend local workshops on self-esteem, confidence building, creative writing and managing finances.
- The service had recently employed the services of an art therapist and this was having a positive effect on people. Everyone we spoke with told us how beneficial this therapy group had been. One person said, "I didn't go to the group the first couple of times because I thought it wasn't for me; but now I love going; it helps with expressing how I feel."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and on display in the home. Information was in different formats, so

people and their relatives understood how and who to raise their concern with.

- People we spoke with had not raised any complaints but were confident if they did they would be taken seriously. One person told us, "[Registered manager] is approachable. I wouldn't hesitate in raising a concern, I know they would try and sort it straight away, they want the best for us and want us to succeed."
- Staff knew how to respond to complaints. The service had not received any complaints at the time of our inspection.

End of life care and support

- Care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes. No one was receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

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

This is the first time we have inspected the service and we have rated this key question Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- Staff were passionate about empowering people to live full and happy lives. People were achieving their goals, and this was celebrated by everyone at the service.
- People told us that care staff knew them well and were available to them. One person said, "They [whole staff team] are so supportive and caring, I don't think I would have got this far without them."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "We get great support from the registered manager and provider. I feel valued as member of the team." Another member of staff told us, "What I love about working here is, everything is focussed on giving people the support they need and all the team are so positive and creative."

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

- The provider, registered manager and staff team understood their roles and were open and honest. The registered manager ensured open communication with people, their relatives, staff and outside agencies.
- The provider was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and competency checks of their work were undertaken which ensured they provided the care and support at the standards required.
- There were effective systems in place to monitor the quality and standard of the service. The provider had a comprehensive quality assurance framework in place that covered all aspects of the service. These included; oversight of clinical audits, staff supervisions, health and safety reports and rota changes. The findings of audits were analysed to identify any patterns or areas where improvements may be required.

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

- People's feedback about the service was captured through regular contact and meetings. The feedback we received was positive. People told us, "I feel like I am at the start of something good, with all the support around me I am going to do well" and "fantastic place to live, I couldn't have hoped for anything better."
- Staff were regularly asked for their feedback and we saw that positive feedback had been provided.

Continuous learning and improving care; Working in partnership with others

- Staff were encouraged to attend regular team meetings. Staff told us these were valuable, and they could raise concerns and make suggestions as to how the service could be improved.
- The provider and registered manager were continuously developing their training provision to ensure it fully met people's and staff needs. For example, ensuring all training was compliant with current standards and best practice.
- The registered manager and staff worked closely with specialist health and social care professionals to ensure people's needs were met.