Empowering U Care Limited

Claremont House

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

This provider was last inspected on 23 September 2015. At that time it was rated as good in all areas. This inspection took place on 9 April 2018 and was announced. The inspection was undertaken by one inspector and phone calls were made to relatives and people by an Expert by Experience. Claremont House is a domiciliary care agency, registered to provide personal care to people living with a learning disability or autistic spectrum disorder, in their own homes. At the time of our inspection, 22 people were in receipt of personal care from the provider. It provides a service to younger disabled adults. Not everyone using Claremont House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where people do receive personal care, we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin 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.

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. There was a Registered Manager in place.

People who used the service were safe. Their risks were well managed and they were supported by sufficient numbers of suitably qualified staff. Staff had a good understanding of how to protect people from the risk of abuse and harm and their responsibilities to report suspected abuse. People were supported with their medicines safely.

People were supported by regular staff who had been suitably recruited. Relatives told us they received reliable care from a regular team of staff who understood peoples' likes, dislikes and preferences for care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported in line with the principles of the Mental Capacity Act (2005).

People's needs were monitored and responded to appropriately. People's interests and preferences were known to staff who encouraged them to pursue social events and areas of interest. Social inclusion was an important priority for people and the staff who supported them. Staff were caring and showed commitment to the people they supported. People felt they mattered to staff and were involved in every aspect of their lives.

People and their relatives were encouraged to share their opinions about the quality of the service for example, to key workers and through monthly questionnaires. The registered manager had a clear vision for the service that was shared by the staff team. This vision was about complete inclusion and involvement of people and staff in shaping their lives and the service.

Leadership of the service at all levels was open and transparent and supported a positive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People felt safe and confident with the staff that supported them.

Staff knew how to keep people safe in their own home and when out in the community.
People received reliable support from a regular team of staff.
Staff were allocated enough time to meet their needs and support people with their social interests.
People were happy with how staff supported them with their medicines.

Is the service effective?

Good

The service was effective.
People were supported by staff that were well trained and supported.
Staff received appropriate supervision.
Staff had a good understanding of their responsibilities when people did not have the capacity to make.
People said staff supported them to access different health professionals as needed .

Is the service caring?

Good

The service was caring.
People and relatives said they liked the staff that supported them and that they were kind.
People were supported to develop their independence.
People were involved in their care planning.
People and their relatives were kept informed about the service and options available to them.

Is the service responsive?

Good

The service was responsive.
People were supported to follow their own interests and hobbies.
Staff promoted good health outcomes and involved other professionals where required.
Relatives and people could complain and would be responded

to well.

Is the service well-led?

Good

The service was well led.
People were happy with the service they received.
Staff spoke positively about the team and the leadership.
The registered manager had developed a culture of inclusiveness and encouraged people to give regular feedback.
The service had a quality assurance process that led to on-going improvements.

Claremont 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 9 April 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit activity took place on 9 April 2018. It included talking to staff and the registered manager, spending time in the company of some people who had come in to meet with us, and to review care records and policies and procedures.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for a family member, and made telephone calls to people and relatives who had given us permission to do so.

We spoke with three people who used the service, six relatives, seven staff and the registered manager. We looked at three people's care records, three staff recruitment files, quality assurance records, complaints, compliments, staff training records and accident and incident records.

On this occasion, we had not asked the provider to send us a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. We used this to help plan our inspection. The provider sent us further information after the inspection.

As part of planning the inspection, we also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that

had been sent to us by the commissioners of the service and Healthwatch. This helped us plan what areas we were going to focus on during our inspection visit.

After the inspection, the provider provided us with further information we had requested and did so in a timely way.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe with staff and were confident staff supported them in a safe way. A relative said, "Oh yes definitely safe, [the staff] are trained." Another relative said, "In an emergency I would phone the office, I have all the numbers."

Staff knew how to keep people safe and what to look for that may indicate potential abuse. They were aware of their responsibilities to report and protect people from the risk of abuse and harm. We found the registered manager knew their responsibilities if any abuse or neglect was suspected. They had reported abuse appropriately in the past and notified CQC as required. Systems and processes were in place which ensured people were protected from harm.

People told us they had helped to write their care plans and we saw that when people required specific support to keep them safe, this guidance was available to staff. People's risk assessments outlined how to support them in situations they might find difficult or which could affect their safety and welfare. The risk assessments were clear and had been reviewed as people's needs changed. Staff we spoke with were very aware of each person's potential risks and what was needed to keep people safe.

Relatives and staff told us how people were supported in a positive way, which helped them take positive and informed risks. We found that the risks to people's safety and welfare were minimised and in many cases people were able to reach their goals. For example, the registered manager told us that with the support of one person's learning disability nurse and their G.P, Claremont House put together a healthy eating programme for one person. This had helped the person make safe choices about both eating and when and how to take their important medication. We found that people were supported to make choices and take risks with information they could understand and on-going support.

The registered manager told us, and records showed, when accidents and incidents had occurred they had been analysed so steps could be taken to help prevent them from happening again. For example, we saw that one person had experienced an increase in their behaviours that might be considered challenging. The registered manager had noted this increase by the process of analysing their incidents, and further work was done to support the person. This intervention meant that the person's dental pain was identified and they received timely treatment.

Staff were trained to support people safely, when they had behaviours that might be considered challenging. A member of staff told us about how the intervention of staff had helped people, they said, "[One person's] past behaviours throughout adolescence had been very turbulent both at home and in the community. Whilst they have been with Claremont House there have been no incidents with them hitting out at staff. I truly believe that is down to the confidence and patience of the staff [from the training] and lead by the advice and guidance of the Claremont House Management." Staff told us they found this training very useful and gave us several examples of where the training had benefited people they supported. For example, one person had a fear of water and would not wash. Staff told us that the training enabled them to slowly introduce the person to water, reduce their fears and now they had improved personal hygiene.

Staffing levels were based around the support each person required to be as safe as possible and to achieve what they wanted in life. People who used the service, relatives and staff told us they believed there were enough staff to be able to support people's safety both in their home or when going out into the community.

The required recruitment checks had been completed for all potential new staff to ensure they were suitable to work with people who used the service, before they commenced their support roles. This included two references and a suitable Disclosure and Barring Check [DBS], or police check. Records we looked at and staff we spoke with confirmed this. One staff member said, "I've got my DBS and references, I'd say that people are safe."

Some people required support with personal care and we found that infection control measures were in place. One relative told us, "They clean her and change her, they use creams, there's no problems at all, they're very good." Staff had received infection control training, and were provided with appropriate personal protective clothing, such as disposable gloves and aprons as needed.

People and their relatives told us they were happy with how staff assisted them to take their medicines. One relative said, "All the medications are given by the carers… it's all recorded in the folder every morning, very safe." People's medicines records we sampled were completed accurately by staff.
A relative of a person who used to access the hospital frequently for ill health told us, "Yes she's kept very safe [the staff] know what they're doing, her last hospital admission was two and half years ago."

Staff who administered medicines had been trained to do so and their competency was checked to ensure they did this safely. Systems for supporting people with their medicines were safe.

Good

Is the service effective?

Our findings

People told us staff understood their needs and supported them how they wanted. One person told us, "I love it, [the staff] take me out and they know me. I like to talk to [the manager], she calms me down." One relative said about the service, "Yes it's working very well, they are very good."

People's needs and wishes were assessed and taken into consideration before they began to use the service. We saw a comprehensive assessment had been completed before each person started and this enabled the registered manager to match people to the staff they might like.

People were supported by staff who had the knowledge and skills they needed. A relative said, "The carers are more specialised in their training, they have good skills, good practice and they have time for him." Staff new to care had completed the Care Certificate, a nationally recognised induction programme. We saw a comprehensive training matrix that ensured staffs training and learning stayed current. All the staff told us how they were trained and supported to meet people's individual needs. A staff member said, "I did an induction, training and shadowing, I felt really ready and comfortable to start work with people." Another member of staff told us, "They offer great training here, we are all doing NVQs and the training is always on-going." Records we sampled confirmed this. A staff member told us they were supported to receive additional training that would help develop their understanding of certain conditions people lived with. They told us they had a really good understanding of people's specific learning disabilities and anxieties, which helped them to empathise and better support people and their families. For example training in relation to autism or epilepsy.

A staff member said, "You are never put in a situation where you are not trained to do something. We do shadowing when we start the job, but also when we start supporting a new person." Staff told us and we saw records that they received regular supervision and checks on their performance to make sure they were able to complete their roles well. Staff told us, "We have supervision but you can also request supervision and the managers will help you."

People who were supported with eating and drinking were supported well and we noted that all staff who supported these people had Basic Food and Hygiene training. Staff said they always asked people about their preferences about their meals and drinks before helping prepare them, to ensure people were offered a choice. We saw some people were assisted to make their own menu plans and supported to do a weekly food shop where appropriate. Some people had been assisted by the service to gain a healthy weight while maintaining a balanced diet.

We saw that staff and the managers worked well with one another and other organisations to deliver an effective service. Systems and processes were in place to facilitate this such as team meetings and handovers. Staff told us communication was good. Comments included, "We use emails and texts, the communication is good within the team." and, "If there's a problem there is always a manager available." One person had been supported jointly by Claremont House and Guide Dogs for the Blind to increase their independence. Another person had been jointly supported by Claremont House and Healthwatch to

challenge a decision that had reduced the person's support package by two thirds. In these and other cases the cross organisational work had been of great benefit to the people concerned.

We saw people had accessed healthcare support as required in order to stay physically and mentally well. Everyone receiving care and support had a hospital support plan in place. These plans reflected people's on going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health. Records showed referrals to dentists, psychologists and speech and language therapists had been made for specialist advice. The service had a holistic view of people's care and offered on-going support with health professionals to make sure people had the best health outcomes possible. For example, one person's consultant had acknowledged the consistent work done by the staff at the service, as it had enabled them to more accurately monitor the person's health and therefore prescribe more appropriate treatment. People had good access to healthcare support.

The 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. We checked whether the service was working in the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Relatives told us staff always asked people for their consent before they gave support. We saw that this was done in a way and pace that people could understand, and that staff respected the decisions people made. Staff we spoke with had a good understanding about the MCA and knew which people they supported had capacity to consent to their care. If people were unable to make certain decisions for themselves, the registered manager ensured they followed the guidance available. The management team knew who needed support with decisions and who should be involved with best interest decisions. We saw evidence of capacity assessments and best interest meetings that had taken place with people to support them in their decision making.

The registered manager was aware of their responsibilities to ensure that any conditions on the authorisations were met. They had informed CQC as required when authorisations were granted as well as professionals involved in people's care. When people who lived in the community were not able to make specific decisions for themselves, we saw that the process had begun to ensure that applications would be made to the Court of Protection so that other people were able to act on their behalf. When people were being restricted, we saw that the registered manager had reviewed these restrictions and made decisions in line with the MCA.

Good

Is the service caring?

Our findings

All the people and relatives we spoke to were happy and complimentary about the care they received. A relative described the staff as "Having time for [my relative.]"

All the staff spoke passionately about the people they cared for and being able to support the best outcomes for them. One staff member said, "The staff team are as caring as they can be. They do little things like put the person's favourite radio on in the car." One staff member's own relative used the service and told us their relative received good, caring support.

People's day-to-day preferences and wishes linked to their cultural, religion and values were recognised by staff and in their care planning. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had been reviewed as needed and their views on the care they received had been sought.

Relatives told us staff supported people in a dignified way that protected their privacy. A staff member told us, "All the staff treat people with respect, we make sure people have care in private if that's needed."

People received good care from staff who knew them well. Staff had developed positive relationships with people and people were supported by the same staff on a regular basis. People told us staff supported them to do the things they enjoyed. One person said, "[Member of staff] is lovely all right." A relative told us, "[The staff member] is excellent". A relative told us, "They're always polite and very respectful towards him, they're always on time and they take time with him. " Staff were aware of what made people happy and we observed people smiling when interacting warmly with staff. Where people could not fully express their needs verbally, staff used their knowledge of people and communication methods to assist communication to identify what they enjoyed and if they were upset or worried.

People's independence and the promotion of it was seen as a core value at Claremont House. We found many examples of people being well supported through intensive intervention to maximise their independence. For example, one person had been supported for over two years and in this time they had reduced the need for care from 24 hours a day to two hours a day. A member of staff told us, "[The person] now feels like they can live independently and doesn't have to rely on her staff to help them with basic life skills." The person had recently been supported by the service to obtain meaningful voluntary work, which had increased their sense of wellbeing and confidence. Another person had been supported for many weeks to tie their shoe laces which they considered to be a massive independence.

The staff approach and values of the service were focused on people's individual strengths and abilities, interests and their positive roles. People were empowered to make as many choices as they were able to, about the care and support they received. Staff aware of people's preferences and their daily routines. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them.

Staff respected people's privacy and dignity. Staff supported people with their personal care in the privacy of their bedroom or bathroom, and we saw that when discussions needed to take place in private this was done discreetly.

The registered manager and staff were aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

Good

Is the service responsive?

Our findings

People were supported to live fulfilling and rewarding lives. The service looked for innovative and creative ways to engage people in activities that interested them and to be part of their local community. The activities people enjoyed enhanced their well-being and enabled them to feel valued.

Our discussions with relatives and staff showed people received care and support based on their needs and preferences. People and their relatives were involved as much as possible in planning and reviewing their care. One relative said, "I participated in [my relative's] care plan and the manager and other staff members from the service visited my home to discuss any changes."

A relative said, "If she's not happy with a carer I get in touch with the office and they change the carer straight away." We saw evidence that this had happened on several occasions.

People were encouraged to participate in the local community and staff looked for ways to enhance this inclusion and promote their health and well-being. For example, one person preferred a very active life and particularly enjoyed sports. Claremont House and a local Council have developed vouchers that allow people to enjoy activities in leisure centres such as swimming baths. These vouchers allow people and staff free access to swimming pools, saunas, gyms and sports halls, along with any activities that are taking place there that day free. Staff had helped the person collect vouchers, which allowed them to access and enjoy the activities.

People were supported to take part in activities and events of their choice and interest. Relatives we spoke with told us they were happy with the range of activities that people experienced. One relative said, "[My relative] went away last year on holiday, the staff booked it up, I paid for it, it was a holiday abroad, they've organised another one for this year." All the staff we spoke with told us how they tailored people's activities around their preferences and stated choices and were flexible so that they could accommodate last minute changes. It was clear that people led the service delivery and were included where possible.

Staff had a clear understanding of their responsibilities to support people in a way that valued them as individuals and took account of their personal preferences. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability and sexuality. For example, one person needed assistance with obtaining specialist sight loss equipment and another person with accessing the correct medical support and guidance to help them with their gender reassignment aftercare. For both of these people support was given in a personalised and respectful way that valued each person and respected their views.

People's support plans were person-centred and gave clear guidance to staff in how to meet people's needs in an individualised way. We saw that support plans detailed people's communication needs and the methods staff needed to communicate with them effectively. For example, one person verbalises sounds that have meaning to them only. Staff at Claremont House worked with relatives and the behavioural support team to produce a dictionary that translates these sounds into English so the person can be

understood by all. By using this and introducing some sign language the person has not shown any behaviour that might be considered challenging for many months.

Staff were exceptional at pursuing equipment to support people to enhance their well-being. For example, one person had very significant mobility issues and they and their family were at risk of harm when the person went upstairs. The registered manager had worked with the person, their family, occupational therapy and learning disability services to co-ordinate the installation of a lift in the person's house to enable them to move about their home safely and independently.

Systems were in place to respond to complaints appropriately. We saw that one complaint had been made to the service in March 2018 alongside three compliments for the same period. Relatives we spoke with knew how to make a complaint and felt comfortable to do so. They were confident that any issues were addressed in a timely manner. Relatives' comments included, "They are very good at communicating, I have all the numbers and emails, I can ring the manager if I need to at any time," and "If I have any problems I phone the office." Staff told us that they felt people would be listened to. One member of staff said, "People can complain, they would be listened to and stuff is done to help them." Another staff member told us, "People can phone if there's a problem, and it's dealt with really well."

People had some guidance about how to complain but this information was not in plain English or in accessible formats for people. The registered manager told us this would be addressed and people would be supported to understand the complaints process as far as possible.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Discussions with them showed that they were aware of the types of notifications we needed to be informed about and the process to be followed to do this.

Throughout the inspection we saw that the service was run with and for people. The service had a positive culture that ensured people were at the centre of everything the service did. There was a clear management structure that passionately promoted a person-centred culture.

People who used the service, their relatives and staff were encouraged to share their concerns and opinions to help them improve the quality of the service. For example, we saw people and their relatives had completed monthly questionnaires about the quality of the service provided, so any improvements identified could be made.

Staff spoke about the values of the care services they provided and the culture of the management and senior staff team. They told us that the mantra of the management is, "Don't compromise on quality." On talking about their work staff members commented, "The managers are very approachable and reasonable," and "All the managers are good, the registered manager is great, she's really passionate and committed, it's excellent." All the staff we spoke with were very positive with how the service was managed, very proud of the care they gave to people and how they worked together.

Throughout the inspection people and staff regularly visited the office. People were extremely comfortable in the environment and were always welcomed warmly by everyone. We saw many interactions that showed people were valued and had developed close relationships with staff. At every opportunity people were introduced to the inspection team and they were enthusiastic to speak with us. This showed people were valued and included by everyone in the service.

Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the safeguarding leads or contact the local authority or CQC. All staff told us they did not have any concerns about staff practice and were clear about their responsibilities to keep people safe.

The registered manager had developed and implemented a leadership programme which several staff had completed successfully. The registered manager understood the difficulties of recruiting effective managers and told us the leadership programme had enabled the service to develop a strong leadership team from within the organisation. One staff member on the programme told us, "It's the internal growth of staff, we are guided and there's a list of things to do before we pass, we are coached every week." This programme enabled staff to experience a managerial role and be coached in it for several months before taking it on.

People's welfare, safety and quality of life were looked at through regular checks and audits of how people's support was provided, recorded and updated. For example, checks were undertaken on medicines and people's presenting risks. We saw the provider had a system in place which looked at the quality of the care

people received. The registered manager organised spot checks of staff to ensure people were satisfied with the service provided. Staff had received training which meant that people were safe with the care they received. A staff member also told us how the managers came out to help them if needed in the community. We saw on-going improvements had been made in the service people received, which meant it met their individual needs. Staff received good levels of support which had resulted in a positive culture in the service. This meant people were supported by a service that was well led.

The registered manager shared with us local good practice initiatives they were involved with to improve outcomes for people, this included staff development initiatives and close working with local agencies. They told us they knew of developments via the CQC website and other social care websites such as SCIE. The registered manager told us they had the support of the provider and together they worked with other agencies in a holistic way to offer the best outcomes for people. The registered manager kept up to date by attending training, local meetings with commissioners and partnership groups.