

Clifton Terrace

Inspection report

3 Clifton Terrace

Broadway

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Our findings

Overall summary

We carried out this announced inspection on 30 June 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Service and service type

Clifton Terrace is a domiciliary care agency, located in Douglas. The service provides a supported living service for people with a mental health condition.

The service consisted of five individual flats with a communal space for relaxing and socialising. There were also staff facilities including a sleep-in room which was used to provide overnight support.

The staff team also provided to support to a small number of people located in their own homes across the Isle of Man. At the time of our inspection there were eight people using the service.

People using the service did not receive personal care. This is help with tasks related to personal hygiene and eating.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Governance systems were effective in driving improvements to the quality of the service. However, we did find improvements were needed to ensure the provider's medicines policy was being fully implemented.

People were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice.

Staff knew people and their needs well. People were happy with the support they received from Clifton Terrace. Support plans were detailed and developed with the full involvement of people who used the service.

Risks were assessed and guidelines were in place to manage these risks. People were supported to maintain their health and wellbeing. People's nutritional needs were being met.

People were protected from the risk of abuse. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence.

There were enough staff employed to meet people's needs. Staff were recruited safely. Staff had received the necessary induction and training they needed for their roles and felt well supported by the management team.

We found areas where the service could make improvements. CQC recommends that the service:

- The manager should take action to demonstrate people's needs around medicines are fully assessed in line with the provider's medicines policy.

The inspection

About the service

This service is a domiciliary care agency. It provides support to people living in their own homes. This service also provides support to people living in a 'supported living' setting, so that they can live as independently as possible. People's support and housing are provided under separate contractual agreements. This inspection looked at people's support.

Clifton Terrace had a manager in post who was in the final stages of registration with the Inspection and Registration Unit of the IoMDHSC.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We also observed interactions between staff and people living at the supported living service.

We spoke with four members of staff including the manager, team leader, a support worker and the administrator.

We reviewed a range of records. This included three people's care records. We looked at four staff files in relation to recruitment and staff supervision. Recruitment information was held at the provider's office location. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received written feedback from two members of staff who provided their views about the service and their experience of the care provided.

You can find information about how we carry out our inspections on our website:
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Is the service safe?

We found that this service was safe in accordance with CQC's inspection framework.

Using medicines safely

At the time of our inspection there were limited records to review as people managed this aspect of their support themselves. Although records were limited, we found systems were in place to ensure the safe administration of medicines. There was a medicines policy in place and staff undertook appropriate training.

A small number of people needed staff to verbally prompt them to check they had remembered to take their medicines. People confirmed they received these prompts. One person told us, "I get a prompt as I am forgetful, but I manage [my medicines] myself." This prompt was recorded in support plans however a thorough assessment of need in this area had not been undertaken. We discussed the provider's medicines policy and associated documentation with the manager who told us they would address this immediately.

Assessing risk, safety monitoring and management

People's needs were appropriately assessed; support plans had been developed to minimise any risk to people's health and wellbeing.

Support plans and risk assessments were reviewed on a regular basis.

We did find support files also contained old versions of plans which could cause confusion for new people working at the service. We discussed this with the manager who told us they would remove any old versions into a more appropriate system of storage.

Staffing and recruitment

Staff were safely recruited. Appropriate checks had been made before being offered employment.

At the time of our inspection there were enough staff rostered to meet people's needs.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems were in place to protect people from the risk of abuse. Staff received training and demonstrated they understood the actions they must take if they felt someone was being harmed or abused. Records were maintained when incidents had been reported under safeguarding procedures.

There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the manager. The provider also had oversight. This enabled an analysis of trends to be undertaken to identify any lessons learnt and to reduce the risk of incidents reoccurring.

Preventing and controlling infection

Systems were in place to manage risk and to prevent and control the risk of infection. Staff had access to appropriate personal protective equipment (PPE) and completed regular testing for COVID-19.

Is the service effective?

We found that this service was effective in accordance with CQC's inspection framework.

Staff support: induction, training, skills and experience

Staff received the training they needed to support people effectively. Staff spoke positively about the training they received. A number of staff were waiting refresher training for first aid as face-to-face training during COVID-19 pandemic had been cancelled. We raised this and were provided with assurance dates were being arranged with the training provider.

Staff also confirmed they had received an induction to the service and had the opportunity to shadow experienced staff before supporting people on their own. One staff member said of the induction process, "It was good, thorough training and lots of resources."

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

Initial assessments were undertaken and were used to develop appropriate support plans. Support plans also reflected advice and guidance provided by other health and social care professionals.

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

As far as possible, people should be enabled to 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 Manx legislation. Best practice, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

People who used the service were able to agree to the support provided. Their consent was clearly documented in support plans.

Staff understood the importance of seeking consent before providing support. One staff member told us, "Our individuals have capacity and we would not force our support onto them without their consent."

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

Staff were aware of people's nutritional needs and had clear information with regards to this. People using the service were able to cook for themselves but told us they could access support if they requested.

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

Staff worked with other agencies to ensure people received consistent, effective and timely support. Records demonstrated referrals were made to medical professionals and other services when appropriate.

People also confirmed they were supported to access medical services if they needed. Comments included, "I manage any health appointments myself. [staff] would help if I asked" and, "If I felt unwell, I would come down and they would help me to ring my GP."

Is the service caring?

We found that this service was caring in accordance with CQC's inspection framework.

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

We observed warm and friendly interactions between people and the support staff. Staff spoke to people in a respectful manner.

People spoke positively about the support they received. Comments included, "The staff are really good. Very supportive" and, "I love it here. If I really need help [the staff] are there."

Religious and cultural needs were identified when developing support plans.

Respecting and promoting people's privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. One staff member told us the purpose of role was, "To help people become independent and live in the community. It's good to see when people don't need us anymore." Comments from people using the service supported this. One person told us, "I have been more independent since I came here."

Personal information was kept secure and confidential at all times.

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

People confirmed they were aware of their support plans and had been involved in making decisions. One person said, "I have been involved in my support plan. We have a big review every six months and I check it to see if it's okay. I can have things altered at any point. I would speak to [my keyworker]."

Staff were also able to explain the importance of involving people in decisions. One staff member told us, "People can't make progress if they don't know what they've accomplished, what the next goals are, or what support they have access to. All that information is essential to allowing the individual work on their mental well-being."

Is the service responsive?

We found that this service was responsive in accordance with CQC's inspection framework.

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

Staff were familiar with people's needs and preferences. Important information about people's support needs was recorded.

People confirmed they were supported in a way which met their needs and preferences. One person also described how this would be adapted dependent on how they were feeling at the time. They said, "The staff will do flat care [a term used within the service for assistance with domestic tasks]. When I was un-well, they helped when I asked."

Meeting people's communication needs

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

The communication needs of people were assessed and reflected in support plans.

Information about the service was available in different formats and languages upon request.

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 people using the service told us of a number of ways they were supported to follow their interests, seek employment opportunities and reduce the risk of isolation. comments included, "We mix a lot. We all get on really well," "Everyone is so friendly, so I don't get lonely. We go out to loads of places. We are going to Chester Zoo soon, the whole house" and, "It's nice to be here. These guys helped me get my voluntary work."

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint was available to people. Detailed records were maintained.

People confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

The service does not provide end of life care and support. However, the management team were able to describe how they would work with other agencies should a person find themselves in need of this type of care.

Is the service well-led?

We found that this service was well-led in accordance with CQC's inspection framework.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

There were systems in place to monitor and review the quality of care and experiences of people receiving support from Clifton Terrace. The provider visited regularly and had its own quality assurance system which was effective in identifying improvements to the service.

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

People who used the service described their long-term goals and felt the staff team supported them on their personal journeys. Support plans were outcomes focused and regularly reviewed with the person to ensure changes were made when needed.

People told us they got emotional support when they wanted it. One person commented, "If I was unhappy, I can ask for some one to one time. This will cheer me up. The staff will stay with me until I feel better."

Staff told us they enjoyed working at the service and felt well supported by the management team. Comments included, "We have a really nice team, and everyone is open" and, "If there is a problem [the management team] would fix it straightaway."

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

People were supported by staff to hold regular meetings between themselves. People told us these were effective; and staff were responsive to suggestions. For example, one person described how the people receiving a service had jointly requested CCTV on the main entrance. Another person explained the people who used the service were fully involved in the redecoration of communal spaces.

Staff also had access to regular team meetings. One staff member said, "I am able to express my views and make suggestions."

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 manager demonstrated an understanding of their responsibilities under duty of candour.

Working in partnership with others

Information contained within support plans demonstrated the staff at Clifton Terrace worked in partnership with other agencies.