

Carmel Care & Support Limited

Carmel Care & Support Teignmouth

Inspection report

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Date of inspection visit:
24 November 2022

Date of publication:
02 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Carmel Care and Support Teignmouth is a supported living service, providing care and support to up to 14 people living in 2 adjoined buildings. Each person had a tenancy. The service provided 24-hour care and staff were continuously on-site. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 5 people received the regulated activity of personal care.

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

The service demonstrated how they met the principles of Right Support, Right Care, and Right Culture.

Right Support:

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 encouraged to take part in activities they enjoyed and staff supported people to pursue their interests. Staff knew people well and knew how to keep people safe from abuse and avoidable harm. A relative told us "I don't have any concerns about the service." Medicines were managed safely. Infection control measures were in place.

Right Care:

People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed warm and friendly interactions between people and staff. Feedback to the service received from a healthcare professional stated, "It actually does feel like a home, not an 'institute'." Staff were patient and used appropriate styles of interaction with people.

The service met the needs people using the service, including those with needs related to protected characteristics. One relative told us "I believe they continue to meet [person's] needs as they change." Another told us "[Person] is very happy, [person's name] has been there since 1999, this is their long term home, they are [person's] family and friends."

Right Culture:

The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The registered manager told us as a service they focussed on helping people to succeed.

Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us, "[Registered manager] is absolutely amazing. She supports her staff." They told us the registered manager was always available to provide help during the day and always responded when she was on call out of hours

A family member told us the care their relative received was, "Excellent, very good, they go above and beyond." Another told us, "I feel the care is exemplary. It is an excellent example of a care home, we feel very fortunate that [person] is living there."

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 27 October 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 28 April 2018.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Carmel Care & Support Teignmouth

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an 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.

This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November 2022 and ended on 1 December 2022. We visited the location's office/service on 24 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 7 June 2022 to help plan the inspection and inform our judgements.

We asked Healthwatch for any information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and spent time with them. We spoke with 4 members of staff including the registered manager, deputy manager and care workers. We spoke with 2 family members over the phone. We sought feedback from the local authority and professionals who work with the service. We looked at records including 2 people's care plans, 2 staff files, and a range of records relating to how the service operated and was managed.

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 inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff received safeguarding training and understood the service's policy on safeguarding. Therefore, they could identify what would need raising as a concern and understood how to escalate concerns both inside and outside of the organisation.
- We observed people appeared to be relaxed in each other's company and enjoyed interactions with staff. A relative told us, "I don't have any concerns about the service."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed.
- People who were at risk of choking received diets appropriate to their needs. Speech and language therapists (SaLT) advice was clear in people's care plans. Staff were knowledgeable of who received modified diets and at what consistency for them to eat safely.
- Staff told us the risk assessments and care plans gave them all the information they needed to provide safe care. Written care plans were updated as soon as a person's needs changed, and the registered manager also informed all staff verbally at handover meetings.
- Health and safety assessments were completed. The checks included fire safety. Where the fire and rescue service had made some recommendations, these were completed in a timely way.

Staffing and recruitment

- There were enough staff to support people safely. Where people required one-to-one support to take part in activities and visits, we saw this had been met. We observed staff had enough time to spend sociable time with people. Relatives told us, "Yes there is enough staff." And, "[Person] has 1 to 1 time with staff and they do things with them."
- Staffing recruitment and induction processes promoted safety. The provider's recruitment process included looking at employment history, references and Disclosure Barring Service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping

over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- Staff worked with professionals to ensure people received the right dosage of medicines. For example, to balance potentially negative side effects for people with the need for effective pain relief.
- People had medicine profiles which specified their preferred way of taking medicines. We observed a staff member administering medicines in a person-centred way and in accordance to the profile. Staff were guided by protocols to enable them to identify when people needed their 'when required' (PRN) medicines.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely. For example, when carrying out personal care or administering medicines. Following risk assessment, staff tested for COVID-19 before every shift which meant they didn't need to wear masks all the time. This decision was made in order to reduce barriers in communication.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- At the time of inspection, there had been no adverse events to learn from. The registered manager had established a clear process of investigating and managing incidents should they occur. Learning from investigations would be shared with all team members to improve care.
- Staff told us they were able to raise concerns and knew how to record incidents and near misses to keep people safe.

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 inspection for this newly registered service. This key question has been rated 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

- The registered manager completed a comprehensive assessment of each person's physical and mental health before admission. This information was used to create their initial care plans and risk assessments.
- On-going assessment continued after admission to ensure care plans were current and in line with the person's needs and preferences.
- We saw that care plans and risk assessments were person centred and reflected the needs and preferences of the person.

Staff support: induction, training, skills and experience

- Staff had the right training to meet people's needs and our observations confirmed this.
- Relevant training was provided for staff to ensure they had the skills to care for people. This included training in learning disability, autism, and safeguarding. The training matrix indicated staff were up to date with their training, and that it was relevant.
- Staff received support in the form of 1:1 supervision, team meetings, and from the registered manager being available on shift or on call. The service had clear procedures for team working and peer support that promoted good quality care and support
- The service checked staff's competency to ensure they understood and applied training and best practice. Some staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People received support to eat and drink enough to maintain a balanced diet. Strategies were implemented to support people to manage a healthy weight.
- People were involved in choosing their food, shopping, and planning their meals. We observed staff supporting people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at anytime, and they were given guidance from staff about healthy eating. Mealtimes were flexible to meet people's needs and to avoid them rushing meals. People were empowered to serve their own meals at a time that suited them. This included controlling their preferred portion sizes.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to attend annual health checks, screening and primary care services
- Multi- disciplinary team professionals were involved in support plans to improve a person's care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff responded to changes in people's demeanour and behaviour and, where appropriate, referrals were made to health care professionals for their involvement.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was following the principles of the MCA. People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- The registered manager recognised where a person met the requirement for a deprivation of liberty authorisation and had taken appropriate action.
- Where required, the registered manager had engaged with advocacy services and independent mental capacity advocates (IMCAs). This ensured people who lacked mental capacity and were un-befriended had their voices heard when making important decisions.

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 inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed warm and friendly interactions between people and staff, initiated by both people and staff. One relative told us the caring staff were, "Excellent, very good, they go above and beyond."
- Staff respected people's choices. They were in the process of developing effective strategies to support one person's choices around food taking into account their health needs. Staff worked with the person to create a healthy diet whilst respecting their preferences.
- People's diverse needs were respected. The registered manager arranged for one person's dining room chair to be raised to enable them to sit at the table comfortably and eat their meals independently, with dignity.
- Feedback to the service from a healthcare professional stated, "It actually does feel like a home, not an 'institute'."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff saw people as their equal and created a warm and inclusive atmosphere. One staff member told us, "We treat everyone as we would want to be treated."
- Staff were patient and used appropriate styles of interaction with people. Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. We observed staff alter their style of communication directly in response to people's emotional needs. There were clear strategies in place which were reviewed frequently in response to people's changing needs.
- People had the opportunity to try new experiences, develop new skills and gain independence. People were supported to attend craft groups, attend cafes to eat their favourite foods, and go shopping.

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

- People were empowered to make decisions, for example, one person stated a preference to spending longer periods in bed. Staff explained the risks of potentially sustaining pressure damage. The person agreed to pressure relieving equipment to lessen the risk and their wishes were respected.
- People were given time to listen, process information and respond to staff and other professionals. Staff supported people to express their views using their preferred method of communication.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. The service met the needs of people using the service, including those with needs related to protected characteristics. One relative told us, "I believe they continue to meet [person's] needs as they change."
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. Staff, and where possible, people, regularly reviewed their care plans.
- Staff used pictorial formats with people to gain their preferences. For example, one person used photographs to communicate they preferred baths to showers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had access to information in formats they could understand, for example, easy read format and pictorial prompts.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, we observed one staff member alter their style of communication to meet the needs and preferences of one person whose medicine they were administering. This reduced the likelihood the person would be distressed by the interaction. We observed one person using objects of reference in communication with staff.

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

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported by staff to try new things and to develop their skills. For example, having been afraid to go in shops, one person was now able to do their weekly shop on their own. They just required the

support of staff waiting outside the shop. The registered manager told us the person visually expressed they were very pleased to have been able to achieve this goal.

- People were supported to participate in their chosen social and leisure interests. One person was supported to see a musical group they were very fond of and enjoyed being at the front of the audience and singing along.
- Staff assured adjustments were made so that people could participate in activities they wanted to. For example, staff used strategies they knew would help one person's confidence which facilitated them to join in with activities they enjoyed.
- People were able to see their relatives when they wanted to. One relative told us "[Person] is very happy, [person's name] has been there since 1999, this is their long-term home, they are [person's] family and friends."

Improving care quality in response to complaints or concerns

- Information about how to make a complaint was given to people (in an accessible format) and their families when they began to use the service. Each person had a copy of this in their room.
- At the time of inspection there had not been any formal complaints made to the service. However, the registered manager stated if one was received, they would respond to it in line with the organisations policy and procedure.
- Relatives told us they knew how to make a complaint. One family member told us, "If I was unhappy, I would go to the manager."

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. The registered manager told us if that changed, they would speak with the person, their family and health professionals to ensure they received care in line with their preferences and needs.
- Funeral and end of life plans had been discussed with those people and their families who wished to make them.

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 inspection for this newly registered service. This key question has been rated 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 registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The registered manager told us as a service they focussed on facilitating people to feel successful.
- Managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which promoted a positive and improvement-driven culture. One staff member told us "[Registered manager] is absolutely amazing. She supports her staff." They told us the registered manager was always available to provide help during the day and always responded when she was on call out of hours.
- The registered manager promoted equality and diversity in all aspects of the running of the service. Adjustments were made in response to staffs' needs in order to enable them to continue working at the service. This ensured continuity of staff for people living at the service which was particularly important for those who had autism.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- A family member told us, "I feel the care is exemplary. It is an excellent example of a care home. We feel very fortunate that [person] is living there."

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 registered manager demonstrated an understanding of the duty of candour. They described it as being transparent and admitting mistakes when things went wrong. A relative told us, "I sometimes drop in randomly and its always the same, they are all very open and honest."
- The registered manager understood their regulatory requirements, they were knowledgeable about legislation and regulations. The registered manager understood their duty to notify CQC of events in the service.

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

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs as well as oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect

people's rights and provide good quality care and support.

- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff were kept informed of people's changes of needs and care plans. One staff member told us, "We are always kept in the loop."
- Staff delivered good quality support consistently. Staff told us, the registered manager had given a clear message to all staff, "To treat people with respect."

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

- The registered manager sought feedback from people where they were able to have an input, informally and at tenants' meetings. They used the feedback to develop the service.
- Staff told us they were kept up to date on things affecting the service in conversation with the registered manager and at formal staff meetings. The meetings also provided an opportunity for staff to feed back their views on the service.
- The registered manager engaged with and welcomed feedback from people's families. One relative told us the registered manager was "Incredibly responsive and always open and honest". Another told us they liked the closed Facebook group, stating "They are always posting things so we can see what they are doing on a daily basis." Another told us they were updated by phone.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They told us they would hate to become complacent about the service and wanted there to be a "pathway out of the service" for everyone. That is, for people to develop their skills and move on to more independent accommodation.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- Records showed evidence of professionals working together with the service and their advice being implemented.