Derbyshire County Council

# East Clune Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

About the service: East Clune Care Home can accommodate up to 30 people. This includes older people, people living with dementia and younger adults. Nursing care is not provided. The home is on two floors, with a lift providing access to the first floor. The service is located in the Clowne area of Chesterfield. At the time of our inspection there were 27 people using the service.

People's experience of using this service:
Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. All the people we spoke with made positive comments about how staff delivered care. They told us they were happy with the general environment and how the home was managed.

People received safe care and treatment. Assessments had been completed to help make sure risks associated with people's care were identified and managed in a way which respected their freedoms and choices. People were safeguarded from the risk of abuse. Accidents and incidents were monitored to identify and address any patterns or trends. People's medicines were managed in a safe way.

There were enough staff on duty to meet people's needs in a calm and unrushed manner, but further recruitment was required to minimise the use of agency staff. However, the provider made every effort to use the same agency staff, thereby giving people consistent care.

The service was clean and tidy, and people were protected from the risk of infection, however, some areas needed attention. We discussed this with the management team who gave reassurances plans were in place to address these areas.

Recruitment procedures continued to make sure staff employed were suitable to work with vulnerable people.

Staff had not always received the training they needed to develop and update their skills and knowledge. Support and supervision sessions had been provided.

Care and support was planned and delivered in a way that met people's individual needs and preferences. Where possible, people had been involved in planning their care. Care plans outlined peoples' needs and risks associated with their care, as well as their abilities and preferences.

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 received a varied and healthy diet that offered choice and met their needs. Everyone we spoke with was complimentary about the meals and snacks available at the home.

There was a range of social activities and events available for people to take part in if they wished to.

The service had an open and positive culture that encouraged involvement of people using the service, their families and staff. The management team was readily accessible and promoted teamwork. Staff had a clear understanding of their roles and responsibilities.

Checks and audits had been completed to identify any areas the service needed to improve. However, training had not been audited effectively to identify all shortfalls, and not all audits provided information about the timescales and completion dates to address the areas needing improvement.

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

Rating at last inspection:  Good (report published 24 September 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Enforcement: There is a breach in regulatory requirements. You can see the action we asked the provider to take at the end of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: After our inspection we requested an action plan and evidence of improvements made in relation to staff training and quality monitoring. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?**<br>The service was safe<br>Details are in our Safe findings below. | **Good** |
| **Is the service effective?**<br>The service was not always effective<br>Details are in our Effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led<br>Details are in our Well-Led findings below. | **Requires Improvement** |

# East Clune Care Home

**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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by an adult social care inspector.

Service and service type:
East Clune Care Home 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:
The Inspection was unannounced. This meant no one connected to the service knew we were visiting.

What we did:
Prior to the inspection visit we gathered information from several sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also used the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and three relatives. We spent time observing staff interacting with people, and providing care and support. We spoke with six staff including permanent and agency care workers, the deputy manager, the cook and the direct care service manager. We also spoke with

a visiting community nurse to gain further information about the service.

We looked at care records relating to two people who used the service, the medication system, staff training records and information relating to the management of the service. This included, records of accidents, incidents and complaints, audits and quality assurance reports.

After inspection:
To help us get a clearer picture of the way the service was operating we considered additional information provided by the management team about the quality monitoring system at the service and staff training.

Good

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
● People who used the service were safeguarded from the risk of abuse because the provider had robust policies in place and staff had a good understanding of safeguarding processes.
● People told us they felt very safe living at the home. Relatives also spoke positively about the way staff supported their family members safely. One relative told us, "Yes, [family member] is safe, sometimes they get out of bed, so a sensor mat has been put in place [to alert staff and minimise possible falls]."

Assessing risk, safety monitoring and management
● Risks associated with people's care and support had been identified and risk management plans were in place to minimise hazards.
● Staff were aware of risks to people and knew how to support them in a safe way, while maintaining their freedom and promoting independence.
● Regular fire drills and tests had taken place to ensure people could be safely evacuated from the service.

Staffing and recruitment
● The provider continued to recruit staff safely. This included obtaining pre-employment checks prior to people commencing employment.
● Our observations and discussions with people who used the service, relatives and staff indicated there were enough staff on duty to make sure people's needs were met in a timely manner. The service relied greatly on using agency staff. However, further recruitment was underway and the provider had made every effort to use the same agency staff, thereby giving people consistent care.
● People spoke positively about staff and confirmed agency staff knew them well. A relative told us they felt the staffing levels were 'fine'. They added, "The agency staff are familiar with the residents and their routines, no problems."

Using medicines safely
● Medicines were stored, administered and disposed of safely.
● Medication record had been completed accurately and clearly showed people had received their medicines as prescribed.
● Medicines prescribed on an 'as and when required' basis (PRN), had protocols in place which informed staff of when the medicines were required.
● Staff were trained to handle medicines in a safe way and completed competency assessments to ensure their knowledge was up to date.

Preventing and controlling infection

● A tour of the home showed the environment was clean and fresh, and relevant equipment and products were available to promote good infection control practices.
● Some areas had been redecorated, while redecoration was underway in other areas. We saw a few areas which required attention, such as a downstairs washbasin cupboard which had damage to the doors, so presented an infection control risk. We discussed the areas for improvement with the management team who told us they would address them as soon as possible.

Learning lessons when things go wrong
● The management team responded to accidents and incidents in a timely way, and measures were put in place to help minimise them reoccurring.
● Accidents and incidents were monitored to identify trends and patterns.

Requires Improvement

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

● Not all staff had received essential training in line with the provider's expectations for their role. Information provided demonstrated there were numerous gaps in expected staff training. For example, some staff preparing food had not completed safe handling of food training or refresher training in this topic was overdue. Although key staff had been booked to attend this training in April, this had not been arranged in a timely manner.

●This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Staff had received an induction when they started working at the service. Agency staff said they had been shown round and given all the information they needed on their first shift at the home. Checks had been made to make sure agency staff had completed required training.

● People told us they thought staff were good at their job. They spoke positively about how staff delivered their care. People's comments included, "They [staff] are marvellous" and "I am happy with the care. The staff are very keen [to help people]."

● Staff said they felt supported by the management team and worked well as a team.

● Records showed staff received periodic supervision and an annual appraisal to monitor their performance and support them in their role.

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

● People's needs were assessed and reviewed regularly to ensure their care and support was delivered appropriately.

● Care plans had been developed with people, so ensured their preferences and diverse needs were met in all areas of their care. This included protected characteristics under the Equalities Act 2010, such as age, culture, religion and disability.

● People told us they had felt they were treated fairly.

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

● People received sufficient food and drinks to ensure they maintained a healthy and balanced diet. They told us meals were varied and they could have alternatives to the planned menus. One person said, "We know what we can have and there's choice, no complaints."

● Catering staff were aware of people's dietary needs. This included any known allergies, special diets, providing fortified drinks and meeting people's food preferences.

● At lunchtime we saw the menu was clearly displayed and offered choice. Meals were of a good quality,

with thought being given to how they were presented. We also saw regular drinks and snacks being offered throughout the day.
● Care files contained information about people's nutritional requirements, likes and dislikes.

Adapting service, design, decoration to meet people's needs
● The design of the home met people's needs. There was clear signage, which supported people living with dementia to navigate around the service.
● People had access to communal rooms where they could socialise, and their private rooms were furnished in line with their personal tastes.
● Communal areas and some corridors had colourful and interesting displays, such as film stars, from the 1950's and nature. However, other corridors were waiting to be redecorated. The deputy manager told us plans were underway to improve the environment. For example, making people's doors look like a colourful house front door.
● Bathroom and toilets were clearly signposted and coloured toilet seats had been purchased last year following a visit by Healthwatch, to make them more prominent for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had access to a variety of healthcare professionals, with their involvement clearly recorded in care files.
● A district nurse told us, "Staff are really good at working with the community nurses and follow instructions well. It's one of the nicer homes, residents all seem happy."
● Everyone we spoke with told us people's day to day health needs were met. They said the community matron visited the home regularly and staff would call for a GP as and when needed. A relative described how staff had responded promptly when their family member became ill. They added, "They called the ambulance and got [family member] to hospital, possibly their quick action saved him."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● The service was working within the principles of the MCA. Restrictions on two people's liberty had been authorised and further applications had been submitted. The management team were clear about making sure any conditions on authorisations were being met.
● Staff ensured they asked for people's consent before they provided care. They were seen explaining what they planned to do for people and asking for their consent before doing anything.

Good

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
- People told us care was provided by staff who were kind, caring, compassionate and responsive to their needs and preferences.
- The provider recognised people's diversity and promoted this in their policies and training.
- Staff demonstrated a good awareness of treating people with equality and meeting their diverse needs.
- Staff consistently spoke to people with warmth and respect, and were supportive and caring.
- Care records showed people's rights were considered when their care was being planned.

Supporting people to express their views and be involved in making decisions about their care
- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred.
- People had been involved in decision making in relation to their care and support.
- Relatives said when people could not speak for themselves they had been involved in making sure their care was planned as they preferred. One relative commented, "Staff know [family member] well and how to support [them]. They communicate with [them] in a way they understand."
- Care records showed people's views were central to how their care was planned, and delivered.

Respecting and promoting people's privacy, dignity and independence
- Staff communicated with people effectively, and when necessary spoke with them by bending down to their eye level. They displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other.
- People's privacy and dignity was respected. This was confirmed by people's comments and our observations. People told us staff knocked on bedrooms doors before entering and spoke with people discreetly to maintain confidentiality.
- Relatives also commented positively about people's dignity being maintained. One relative gave an example of how staff had discreetly managed the situation when someone was incontinent in a communal area. They said they were very impressed by the professional and caring way it was managed.
- People were encouraged and enabled to be independent.
- Care records were kept securely, so confidentiality was maintained.

Good

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and person centred. They enabled staff to promote people's independence and provide care and support in the way they preferred.
- People had been encouraged to be involved in developing and reviewing care plans, to make sure they met their expectations.
- People had access to varied social activities and stimulation. During our visit care staff encouraged people to join in the planned activities. We saw they were meaningful and people said they enjoyed taking part in them. One person told us, "I don't join in many [activities], but they have bingo and music time. There's plenty to do if you want to join in."
- Relatives also said they felt the activities added value to the service. One relative told us their family member joined in memory games and events at the home, such as the Christmas party, which they had really enjoyed. Another said, "There's lots of stimulation and activities, like fitness classes, and entertainers come in, top class, brings such joy to residents."
- It was clear staff supported people to maintain positive relationships with their family members, friends and partners.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible to people using and visiting the service.
- People told us they would feel comfortable raising concerns if they needed to.
- None of the people we spoke with could recall making any complaints. Relatives similarly did not express any concerns to us.
- People were confident any issues would be resolved appropriately and in a timely way.

End of life care and support

- The provider had systems in place to ensure people were supported at the end of their life.
- At the time of the inspection there was no one receiving end of life care. However, staff were aware of good practice guidance around this topic and understood people's needs, including any religious beliefs and preferences.

Requires Improvement

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The management team and staff had a satisfactory understanding of their roles and responsibilities.
- A relative commented, "They [staff] all know their roles, but work as a team.
- Audits had been carried out to check how the service was operating. However, evidence seen did not always demonstrate a consistent approach had been taken. For example, shortfalls in staff training had not been promptly identified and addressed.
- Not all audits undertaken had a detailed action plan highlighting the areas to be improved, timescales for them to be addressed and dates of completion. The deputy manager had introduced a plan for making sure checks were carried out consistently in 2019, but this needed to be embedded into practice.
- Notifications had been submitted to us as required by law and the rating of the last inspection was on display within the home and on the provider's website

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in post, however they had been on leave from the home since November 2018. A registered manager is a registered person. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The deputy manager was acting as manager in the registered managers absence. They were being supported by a service manager.
- Staff spoke positively about the management team. They told us managers were approachable and active in the running of the home. We saw staff and people using and visiting the service had good access to the deputy manager, who was sat in the reception area when not out and about in the home.
- Everyone we spoke with was complimentary about how the home was run. A relative told us, "They [management team] are very approachable and responsive. They delegate very professionally here."

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

- People's feedback was regularly sought, and incorporated into the way the service was run. For instance, a 'share your experience' post box was situated in the reception area so people could post their ideas and comments. Monthly 'keyworker discussions' and completed pictorial questionnaires were also seen in people's files.
- Everyone we spoke with felt the service listened to them and acted on their suggestions.
- Staff told us they also felt listened to and supported by the management team.

Continuous learning and improving care

● There were shortfalls in the training provision, so staff had not had access to continuous learning.

● Staff had received periodic one to one support sessions and an annual appraisal of their work, which they found beneficial.

● The management team positively encouraged feedback and staff felt involved in how the home operated.

Working in partnership with others

● The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered provider had failed to provide staff with timely training to develop and maintain their knowledge and skills. Regulation 18(2) |