Cherry Garden Properties Limited

Clare Hall Nursing Home

Inspection report

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Somerset
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Date of inspection visit:
10 August 2017

Date of publication:
15 September 2017

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

Clare Hall is a nursing home that provides personal and nursing care for up to 57 older people. Most people at the home have complex needs including dementia. On the day of inspection there were 27 people living at the home. Most people lived on the ground floor of the home in single bedrooms. There were communal lounges, a dining room and there were spacious grounds.

This inspection was unannounced and took place on 10 August 2017. The home has a registered manager in post. 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.

At the last inspection in April 2016 we found people were not safe as there were not enough staff to meet their needs and the provider did not follow safe staff recruitment procedures. We also found people were at risk of having their human rights breeched because the principles of the Mental Capacity Act 2005 (MCA) were not always being followed.

At this inspection we found there was sufficient staff to meet people's needs, keep people safe and respond to their requests for assistance. We found the risks of abuse to people were minimised because the provider had a robust recruitment procedure. We also found staff had received training on the principles of the MCA. People's rights were protected because staff worked in accordance with the MCA.

People felt safe at the home and with the staff who supported them. One person said, "Always feel very safe." Training for all staff made sure they were able to recognise and report any suspicions of abuse. Staff said they felt confident they could report abuse and it would be managed appropriately.

There was a full programme of activities including a strong relationship with the local community village church and local school. People had access to extensive grounds which were used for events which involved the local community. People and their relatives told us they enjoyed the gardens and during the inspection we saw people sitting and chatting in the sunshine.

People received effective care and support from staff who were well trained and competent in their roles. Staff monitored people's health and made referrals to healthcare professionals according to their individual needs. 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.

The organisation's philosophy was, "Our home aims to provide its service users with a secure relaxed and homely environment in which their care, well-being, and comfort is of prime importance." These principles could be seen throughout the home and during the inspection. One relative said, "It has become home from home for me. We love to sit in the gardens and there is a very peaceful 'arbour' of trees we like to sit in."

People were cared for by kind and patient staff who respected their privacy and dignity and helped them to maintain their independence.

People benefitted from a management team who were open and approachable and had systems in place to seek people's views. People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure peoples legal and human rights were protected.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

Further information is in the detailed findings below

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 were protected from the risk of abuse as staff had been trained to recognise and report abuse.

There were sufficient numbers of staff to enable people to receive support in a relaxed manner.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs.

People's legal rights were respected and protected.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality.

People were involved in making decisions about their care and the support they received where possible.

Is the service responsive?

Good

The service was responsive

People received care that was responsive to their needs because

staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about most areas of their lives where possible.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by trained and committed staff who understood the vision and values of the service.

People were supported by staff who were motivated. They worked as a team and were dedicated to supporting people in a person centred way.

Clare Hall Nursing Home

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.

At the last inspection in April 2016 we found people were not safe as there were not enough staff to meet their needs and the provider did not follow safe staff recruitment procedures. We also found people were at risk of having their human rights breeched because the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. At this inspection we found the provider had made improvements and addressed the issues raised.

This inspection took place on 10 August 2017 and was unannounced. It was carried out by one adult social care inspectors, a specialist nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Clare Hall is a nursing home that provides personal and nursing care for up to 57 older people. Most people at the home have complex needs including dementia. On the day of inspection there were 27 people living at the home. Most people lived on the ground floor of the home in single bedrooms. There were communal lounges, a dining room and there were spacious grounds.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with seven people living at the home, eight members of staff and three visiting relatives. We also spoke with the registered manager and the regional operations manager. We spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included

five care and support plans, three staff personnel files, training and supervision records and minutes of meetings held at the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "I always feel safe here." Another person when asked if they felt safe told us, "'Never felt any other way." One relative said, "One of the big things about this place is that when I leave I know [person's name] is safe." Throughout the inspection people were observed to be very relaxed and comfortable with staff.

At our last inspection in 2016 we found people were not supported by sufficient numbers of staff to meet their needs. At this inspection we found there was sufficient staff to meet people's needs, keep people safe and respond to their requests for assistance. People who spent time in their rooms all had call bells nearby to enable them to summon help when they needed it. One person said, "I have this buzzer next to me and I can use it anytime and they come to help me". Some people did say they thought staff took some time to respond to their call bells. We discussed this with the registered manager who showed us how they had audited the response times for call bells and discussed with staff at staff meetings. One relative told us there had been issues with response times but they had improved and staff were responding quicker.

At our last inspection in 2016 we found people were at risk of abuse because there was a not a robust recruitment procedure for new staff. At this inspection we found the risks of abuse to people were minimised because the provider had a robust recruitment procedure. Staff files we read showed all new staff were checked to make sure they were suitable to work with vulnerable people before they began work at the home. One recently employed staff member confirmed all the checks had been carried out before they started to work at the home.

Staff knew how to recognise and report abuse. All staff spoken with said they had received training in safeguarding. They said there was an open culture in the home which encouraged them to report any concerns. All felt that if they raised concerns these would be dealt with to make sure people were protected. Where concerns had been raised with the registered manager they had taken prompt action to make sure people were safe. There were posters displayed around the home explaining how people, staff or visitors could raise a safeguarding alert with the local authority.

Care plans contained risk assessments which included information about assisting people to mobilise. They also included guidance on how to reduce risks to people who were at high risk of malnutrition and pressure damage to their skin. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. Some people were at risk of pressure damage. There were clear risk assessments in place with equipment identified to prevent pressure damage developing. Staff had a very good understanding of people and their needs; they would inform the registered manager if people's abilities or needs changed so risks could be re-assessed. We saw people were assisted to sit on pressure relieving cushions during the inspection and pressure relieving mattresses were available on beds.

People's medicines were administered by nurses who had received medicine management training. Whilst administering medicines the registered nurses wore a red 'do not disturb' tabard which is best practice in order to reduce disturbances. People and staff did not interrupt them whilst they were wearing these

tabards. Nurses had their competency assessed regularly to make sure their practice was safe. We observed medicines being dispensed. The correct procedures were followed and staff ensured people took their medicines before they left them.

There were suitable secure storage facilities for medicines. There was also secure storage for medicines which required refrigeration. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

Throughout the inspection we observed staff used personal protective clothing appropriately and washed their hands before preparing food. Alcohol gel was available throughout the home and there was very clear hand washing guidance in toilets and bathrooms.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "I think they are all well trained, they certainly seem to know what they are doing." A relative told us, They all seem to have a very good understanding of [person's name] and how we like things done."

At our last inspection in 2016 we found people were at risk of having their human rights breached because the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. At this inspection we found staff had received training on the principles of the MCA. People's rights were protected because staff worked in accordance with the MCA. The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. In discussion with staff it was apparent they assumed everyone had capacity to make decisions unless assessed as otherwise. Care plans showed when best interest decisions had been made for people and who had been involved.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

All staff confirmed they had access to plenty of training opportunities. This included the organisations policy for staff to attend updates of the their statutory subjects such as, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said they felt the training was very good and they liked the fact it was face to face so they could ask questions and work though scenarios.

New staff had received a thorough induction including information relating to the Care Certificate and shadowing more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. One member of staff told us they had completed the induction training before they worked in the home. They also confirmed they were working alongside staff until such time as they felt they were confident to work alone. This meant people were supported by staff who had the basic skills needed to effectively and safely support them

Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their

performance, training needs and where improvements were required. They also completed one to one supervision meetings on a more regular basis as well as regular team meetings when wider issues could be discussed. For example we saw the response times to call bells had been discussed at a recent team meeting.

Staff sought people's consent before they assisted them with any tasks. During the day we heard staff asking people if they were happy to be assisted. For example when assisting a person to move staff clearly explained what they were doing and asked the person if they were happy with the help.

There were always qualified nurses on duty to make sure people's clinical needs were monitored and met. People's health and wellbeing was monitored regularly which meant staff could take appropriate action to ensure people received effective care and support. For example a care worker informed the qualified nurse a person was not feeling well. They assessed how they were and arranged for a GP to visit. The qualified staff also monitored the progress of any treatment for wounds so changes could be requested in treatment plans. There were regular handover meetings between staff to make sure any information or observations were passed from one staff group to the next. People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist.

People's nutritional needs were assessed and weights were monitored. If a person was seen to be losing weight a GP review would be arranged. Food supplements could be prescribed if appropriate.

Everybody spoken with said the food in the home was good. One person said, "the food is fantastic always good." Another person said, "It's like being in a restaurant." A relative said, "They have been really supportive. We have managed to sit and eat with [the person] and the meal was very good." We observed that at times the meal time experience for some people was more task based rather than an enjoyable social activity. We observed one staff member assisting a person to eat in their own room. The TV was on and the staff member did not engage the person in conversation. We discussed this with the registered manager who said they would observe mealtimes and discuss the benefits of a better social dining experience with staff.

Special dietary needs could be catered for to meet either health related needs or cultural needs. Staff were all aware of any special dietary needs for people such as diabetic diets and vegetarian options were available for people to choose from. People confirmed a choice of meals was available and one person explained how if there was nothing they "fancied" on the menu they could request an alternative.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said, "The staff are all very caring". Another person said, "Kind, considerate and caring; is how I would describe them". One relative told us, the staff are all very kind and caring. I visit daily and we know each other by first names and they are always happy when they talk to me." There was a cheerful and relaxed atmosphere in the home and staff communicated with people in a very kind and respectful manner.

People were treated with dignity and respect. All the staff were observed to support people to make choices about their day to day lives and they respected their wishes. We also observed staff were respectful, understanding and patient when assisting people. They addressed people by their preferred name, responded promptly to requests, such as for a cup of tea, and most staff took the time to talk. However as previously stated there were times when some staff concentrated more on the task at hand than taking the time to make mealtime experiences relaxed and social.

It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. The activities organiser knew about people's interests and hobbies which enabled them to chat and socialise with people on a very personal level. We heard the activities organiser talking to people about what they had done in the morning, about their interests and their families.

People's privacy was respected. Each person had their own bedroom. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

A record of compliments was kept by the home. We looked at some of the compliments they had received. Relatives were generally very happy with the care and support provided and a sample of the comments made included. "Thank you so much for the love, care and compassion you showed to [the person]." and "Thank you so much for the absolutely fabulous spread you put on for my friends who came to tea…"

The home was able to care for people at the end of their lives. The care plans gave information about how and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been signed by people or their representatives to show they agreed with the plan in place.

There were ways for people to express their views about their care. People told us they were involved in reviews of their care plans and could say how they preferred their care and support to be provided. One relative told us they were always involved and kept informed. One person explained how they kept

themselves involved in decisions by being a regular attendee at the residents meetings. There was an annual quality assurance survey for people and their relatives where they could share their views. The latest results were positive and actions had been taken with any concerns raised.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about most aspects of their day to day lives.

People were supported to take part in activities and hobbies that they were interested in. During the visit we talked to the activities coordinator who outlined the vast amount of activities they did with the people living in the home. These included ballroom dancing, music therapy sessions, sing a longs, quizzes, bingo, singers, sensory sessions, pedicures, manicures, pottery, painting and Holy Communion. These activities were all listed on weekly activity plans that were around the home in the high traffic areas as well as in each person's room. The activities coordinator informed us that the activities were chosen based on the response and engagement of people in the home.

There were also trips out which were financed by fund raising events at the home, these included going to Chew Valley lake and trips around the local area. Activities were evidenced by photos around the home and photo albums, these showed the home celebrating all the major calendar events as well as birthday celebrations. One relative confirmed the amount of activities available in the home, they told us, "They are always doing something here. Loads and loads of activities going on." One person told us, "The activities lady is always coming round to see us."

There were ways for people and their representatives to express their views about the quality of the service provided. The activities person would talk with people one to one and ask what they wanted to do and any changes they might like. In this way they had discussed trips out and menu preferences. The minutes for one resident's meeting showed people had discussed menu's and trips they would like to do.

Before people moved to the home they were visited by a member of the management team to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. One person said, "I am totally involved with decisions about the care I get they are really good that way."

The care plan format provided a framework for staff to develop care in a personalised way. We observed care was provided in a very caring way and in line with the basic care plan. However care plans fell short of explaining the finer details of how people liked their care provided. We discussed this with the registered manager who agreed that they would look at ways of including the detail needed to make them more person centred. The care plans had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff. Staff told us that communication in the home was, "very good". Staff confirmed people could contribute to

the assessment and planning of their care, as far as they were able to; otherwise people's representatives were encouraged to share their knowledge of the person.

Staff had a good knowledge of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the people living at Clare Hall. They spoke passionately about the way they supported people to have a meaningful day by supporting them to take part in an activity of their choice. We observed staff supporting people in line with their care plan, for example repositioning charts showed people were supported to maintain pressure areas as outlined in their care plans.

People said they felt they could raise concerns and make a complaint if they needed to and the service responded to them. One person said, "I could always talk to the manager if I wanted to, they are always around the home." The registered manager explained that they spoke with people and relatives personally most days so anything they were not happy about was dealt with immediately and did not become a complaint. The homes policy and procedure for raising concerns gave clear time scales for response and any action taken. We saw complaints had been dealt with in line with the homes policy and learning points raised at staff meetings. The homes welcome pack included the personal contact details for the operations manager for people if they felt the need to talk to someone other than the registered manager. They also contained information about advocacy services and an explanation of how an advocate could, "help you speak up for yourself." This meant the organisation was very open about receiving and managing concerns or complaints.

Good

Is the service well-led?

Our findings

People were supported by a team that was well led. Staff said there were clear lines of responsibility. Staff also confirmed they always had access to the registered manager to share concerns and seek advice. People, visitors and the staff were positive about the registered manager. One person said, "She [the registered manager] is amazing, always coming to talk to me." Another person said, "At our meetings she sits there and listens to what we have to say." A relative told us, "She [the registered manager] was very quick to change and adapt to my wife's needs." One member of staff told us the registered manager was, "Very fair, helps on the floor not just in the office. There's very good communication and support."

A copy of the statement of purpose was up to date and in the entrance for people and visitors to read. The philosophy for the home was clearly recorded in the statement of purpose. "Our home aims to provide its service users with a secure relaxed and homely environment in which their care, well-being, and comfort is of prime importance." These principles could be seen throughout the home and during the inspection. One relative said, "It has become home from home for me. We love to sit in the gardens and there is a very peaceful 'arbour' of trees we like to sit in." The registered manager said, "The residents are my priority, I see that they get what they want. I tell that to the staff, this is their home."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A copy of the homes policy and procedure for the Duty of Candour was available in the entrance for people, staff and visitors to read. This demonstrated the organisations approach to being open and transparent. The policy stated, "The aim of this policy is to ensure that this organisation is fully compliant with the Duty of Candour and embraces a culture of openness and truthfulness in all its dealings with service users, their carers and families." This could be seen in the provision of contact details being made readily available for the operational manager, the ombudsman and the CQC.

Some members of the staff team had lead roles such as end of life care, dementia care, ordering and management of medicines. One staff member explained how they were making an impact on the experiences of people living with dementia. They told us, "We asked for more training in dementia awareness. So [staff member] went to some training and they are now the lead in ensuring we all receive training in dementia awareness. It has been really good when we ask for training they always listen then it is shared with the rest of the team." Another recently employed staff member told us they had already attended the dementia awareness training in their induction week. "It was really good and has given me a base to start from and build further knowledge and understanding."

Staff felt well supported by the registered manager and provider. Staff morale was high and staff appeared genuinely happy in their jobs. This helped to create a cheerful happy atmosphere for people to live in. One member of staff told us, "I love working here the communication and support you get is really good. If I didn't like it here I would have gone before now." Another staff member said, "The good thing is you are listened to. If you need training or have a suggestion they listen and the next thing you know they have

acted. If they feel a suggestion for change cannot be carried out they don't just ignore you they are open and explain why and how it would not work."

The registered manager continued to build strong relationships with the local community. They had contacts with the local church, village and a local school, people were supported to go to village events and to join a regular meeting in the village hall. Good use was made of the home's extensive gardens, social events were held in the grounds. People told us they were all looking forward to the planned fete; one person explained how they were in charge of a stall and selling items. Another person showed us the items they were knitting to sell.

There were robust systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. Resident meetings were held regularly and people's views acted upon. Following a recent food survey the registered manager had purchased a heated trolley to ensure food was served hot and picture menus had been introduced so people could make a more informed choice at mealtimes.

There was an effective quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example people told us the response times to call bells had improved. We looked at care plan audits that had been carried out and saw that any shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered manager was a qualified nurse; they received one to one supervision form both the regional operations manager and from a clinical supervisor. They kept their knowledge up to date by meeting other managers and networking with other care home managers in the area. They also attended care shows and the same training as their registered nurses.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.