

Futurewise Properties Limited

St Clare House

Inspection report

Bourne Street
Hull
Humberside
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Tel: 01482229700

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

The inspection took place on 6 May 2016 and was unannounced. This was the first inspection of this location since a share buy out took place and a new management team took over the service. There were no breaches of regulation at the last inspection of this service.

St Clare House is registered to provide care and support for up to 29 people, some of whom are living with dementia. The service is located on Bourne Street in Hull. Accommodation is provided on two floors with communal areas provided on each floor. There is a small car park at the front of the service for visitors to use.

The service has a registered manager. 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.

Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

We found minor environmental issues; a bathroom window required restrictors to be fitted to help maintain people's safety. In two bathrooms seating required replacing to maintain infection control. Denture cleaning tablets for two people needed to be stored securely to prevent the risk of ingestion. These issues were dealt with thoroughly during the inspection.

We observed that the staffing levels provided on the day of our inspection met people's needs. Staff were aware of the risks to people's wellbeing and what action they had to take to minimise risks. Staff were trained in a variety of subjects to develop and maintain their skills. Training was updated, as required and supervision and appraisals occurred to help support the staff.

People's nutritional needs were assessed and monitored by staff. Their preferences and special dietary needs were known and were catered for. Staff encouraged and assisted people to eat and drink, where necessary. A pictorial menu was provided to choose their food which was served on coloured crockery to encourage people living with dementia to eat. Advice from relevant health care professionals was sought to ensure that people's nutritional needs were met.

Staff supported people to make decisions for themselves, they reworded questions or information to help people living with dementia understand what was being said. People chose how to spend their time.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked

capacity and important decisions needed to be made.

Staff were attentive, kind and caring. There was a programme of activities provided to help stimulate people.

We found minor issues in two bathrooms and with the storage of denture cleaning tablets. These issues were quickly addressed. There was pictorial signage in place to help people find their way to the toilets and bathrooms. The environment was decorated in different colours to help people living with dementia to find their way around. General maintenance occurred and service contracts were in place to maintain equipment so it remained safe to use.

A complaints procedure was in place. This was explained to people living with dementia or to their relations so that they were informed. People's views were asked for, feedback received was acted upon.

The registered manager undertook a variety of audits to help them monitor the quality of the service. Issues found were addressed quickly and thoroughly. The registered provider and registered manager were proactive in supporting people living at the service, their relatives, visitors and staff. There was a positive ethos at the service and they actively implemented ways to improve the care and support people living with dementia received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to report any signs of potential abuse. This helped to protect people.

People felt safe when they were being cared for by the staff. Risks to people's health and wellbeing were acted upon immediately within the home environment to help maintain people's safety.

Minor environmental issues regarding the security of one window, safe storage of denture cleaning tablets and the replacement of two bathroom seats had to be addressed to help maintain people's security and infection control.

Staff supported people with their medicines as prescribed.

There were enough skilled and experienced staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective. Staff monitored people's health and wellbeing.

Staff were provided with training, supervisions and appraisals. This helped to maintain and develop the staff's skills.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully which helped to protect people's rights.

People nutritional needs were met.

Good ●

Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. Staff promoted people's independence and choice.

Staff were knowledgeable about people's needs, likes, dislikes and preferences.

Good ●

People were treated with dignity and respect. People participated in friendly banter with the staff.

Is the service responsive?

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff responded to people's needs, they listened to what people said and acted upon it.

A complaints procedure was available to people and their relatives.

Good ●

Is the service well-led?

The service was well led.

Audits were undertaken to help identify issues. Issues found were acted upon quickly to help maintain people's health and safety.

People living at the service, their relatives and staff were asked for their views and these were listened too.

Staff we spoke with understood the management structure in place and felt supported by the management team.

Good ●

St Clare House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

The inspection took place on 6 May 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We contacted the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement.

We looked at the care records for three people who used the service and inspected a range of medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We spoke with four people using the service and with three relatives. We interviewed three staff the registered manager and registered provider who was present at the service for the inspection.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, the training records, the staff rota, minutes of meetings with staff, quality assurance audits, complaints information and maintenance of equipment records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people who were unable to speak with us.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. We received the following comments from people; "I am safe here, no problem, there is always staff around. When I use my buzzer staff come quickly." and "I am safe and well looked after." Relatives we spoke with said, "I feel she is safe because she is here." and "[Name] is safe and secure."

Staff completed training about safeguarding and knew how to protect people from abuse. They were able to describe the different types of abuse that may occur. Staff we spoke with told us they would report abuse straight away to the registered manager, registered provider or local authority. There was a whistleblowing [telling someone] policy in place along with safeguarding policies and procedures to help guide staff. A member of staff said, "I have had protection of vulnerable adults training. I would report all issues."

The registered manager monitored staffing levels provided within the service. They told us they made sure they had enough staff on duty with the right skills to support people. Staff we spoke with confirmed there were enough staff provided on each shift to meet people's needs. We reviewed the staff rota and saw the staffing levels at the time of our inspection were appropriate to support people. Staff we spoke with said they covered sickness, absence and holidays for colleagues to provide continuity of care to people.

Recruitment procedures were robust. We saw potential staff filled in application forms, provided references and had a police check undertaken. This helped to protect people from staff who may not be suitable to work in the care industry.

We reviewed three people's care files and saw that risks to people's wellbeing; for example; the risk of choking, falls, or receiving tissue damage due to immobility were identified, monitored and reviewed. People were assessed for walking aids, wheelchairs, hospital beds, pressure mattresses and cushions. We saw the assessed equipment needed by people was in use which helped protect people's wellbeing. The registered manager said if people's needs changed and special equipment this required this was provided. Personal evacuation plans were in place to help inform the emergency services about people's needs in an emergency.

The registered manager undertook regular audits; this included monitoring accidents and incidents, they looked for any patterns and sought help and advice from health care professionals to try to prevent further issues from occurring.

During our inspection we undertook a tour of the premises. We saw hand washing facilities and sanitising hand gel was available for staff and visitors to use and personal protective equipment, for example; gloves and aprons were available for staff. We found the window in the downstairs bathroom had no restrictor's fitted to the two top openings. They were high and it would have been very difficult for a person to get out of this window. We discussed this with the registered manager and registered provider who confirmed the restrictors would be fitted straight away to help maintain people's safety. We found in one bathroom the hoist seat had just started to rust underneath and in another bathroom a wall mounted seat was just

beginning to rust underneath. We mentioned this to the registered manager who arranged for the wall mounted seat to be immediately replaced with an unused seat from another bathroom. A replacement bath hoist seat was also ordered immediately. Corrective action was taken straight away to maintain infection control. Following our inspection we were contacted the next working day by the registered manager who confirmed the issues we raised had been addressed.

During our tour of the building we found in two people's en-suite bathroom denture cleaning tablets were present. We discussed the potential risks, regarding the possible ingestion of denture cleaning tablets by people living with dementia with the registered manager. They immediately asked the staff to speak with these people and with their relatives to gain permission for this to be stored securely. The registered manager spoke with staff at the handover between the morning and afternoon shift to remind staff that denture cleaning tablets must be stored securely, this message was passed on to the following shifts. The registered manager added this issue to their audits to prevent further re-occurrence of this in the future.

Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. We saw that staff undertook regular fire training to help them prepare for this type of emergency.

Service contracts were in place and general maintenance was carried out to maintain equipment and monitor the water, electrical and gas safety at the service. The registered manager and senior care staff operated an 'on call' system they were able to be contacted at any time for help and advice.

We inspected the medicine systems in operation at the service. A monitored dosage system was used this was prepared by the supplying pharmacy. This system helped staff to dispense people's medicines safely. Robust systems were in place for the ordering, storing, administration, recording and disposing of medicines. Photographs of people were present to help staff identify people correctly. People's allergies to medicines were recorded which helped inform the staff and health care professionals of potential hazards. We checked the balance of medicines at random and found they were correct. Regular audits of the medicine system were in place to monitor the safety of the system in use.

During our inspection we observed a member of staff undertake part of a medicine round. They had completed training about how to undertake this safely and were competent at giving people their prescribed medicines. They took their time to check the medicine to be given; the person's identity and that the medicine had been taken. Their skills were reviewed at supervision to make sure they maintained safe standards of medicine management.

Is the service effective?

Our findings

People we spoke with told us that the staff and management team looked after them well and met their needs. One person we spoke said, "They [the staff] care for me and look after me very well. I can choose what I want to do." Another person said, "It is alright here. The gentleman boss is good. He asks 'do you want a drink [name]'. I am safe and well looked after. The food is really nice, there is plenty of it." People said they were encouraged to do what they could for themselves whilst being supported by the staff, which helped to maintain their independence.

Relatives we spoke with said the service provided to their relations was effective and efficient. A relative said, "I am very satisfied, the staff are skilled and efficient in meeting [name's] needs."

During our inspection we observed staff delivering care and support to people in the communal areas of the service. We saw that staff understood people's needs, likes, dislikes and preferences.

We looked at staff training records, these confirmed regular training was undertaken in a variety of subjects; for example; medicine management, moving and handling, safeguarding, first aid, infection control, dementia, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training and food hygiene. Staff we spoke with said training was on-going and had to be completed to help maintain and develop their skills. A member of staff said, "There is plenty of training. I have just finished a moving and handling refresher course and did health and safety before that."

We saw regular supervisions were in place for all staff and yearly appraisals were taking place. This allowed the staff and management team to discuss the development of the staff's skills and help to identify any further training needs. Staff we spoke with felt this was helpful and they said they felt supported.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed relevant staff had completed MCA and DoLS training. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. Twenty applications for DoLS had been made for people who met the criteria and were awaiting authorisation by the local authority, six had been granted, one had just elapsed and had been re-submitted.

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, best interests meetings were considered to discuss options; these included ensuring relatives and

other relevant people had input into discussions about decisions.

Staff we spoke with had undertaken training about the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make their own decisions. We saw staff speaking with people and giving them choices, they supported people to make decisions for themselves, for example; what they wanted to wear, what they would like to eat and where they wished to spend their time. The registered manager confirmed advocates could be provided locally for people who required further help or support to raise their views.

We looked at people's care records and saw that they had their nutritional needs assessed on admission. This information was reassessed and reviewed regularly to make sure people's dietary needs were met. Staff knew about people's preferences, likes, dislikes and food allergies. If people had lost weight staff asked for help and advice from relevant health care professionals to maintain people's dietary needs.

The cook told us about people's nutritional needs and we saw information regarding this was present in the kitchen. Special diets were catered for. A pictorial menu was in place to help people living with dementia to choose what they wanted to eat. We observed lunch in one of the two dining areas. The food served looked appetising and nutritious. It was served on coloured plates and dishes. This helps people living with dementia to see their food and can encourage them to eat. Staff asked people what they wanted to eat, second helpings and small or large portions of food were also provided. The cook spoke with people in both dining rooms to make sure they had enough to eat and had enjoyed their food. .

Staff were observant and took action to help support people who were not eating their lunch by sitting with them and offered gentle encouragement and support. Other choices of food were offered and staff monitored people to ensure they had eaten and had a drink. People could choose where they wanted to eat, either in their rooms or in the dining areas. The dining rooms had a sociable atmosphere with background music provided.

The care home had a ground and first floor and a passenger lift was provided to help people gain access to the first floor. We saw hoists and special equipment, such as hospital beds with pressure relieving mattresses were in use for people assessed as requiring this to help maintain their wellbeing. Pictorial signage was provided throughout the service. There were coloured hand rails on the corridor walls and different coloured paint was used as a feature to assist people living with dementia to find their way around.

There was a small car park at the front of the service and a garden and patio area at the rear. The back garden had a ramp to the lawn and garden furniture was provided. The garden was secure so people could walk around to promote their independence.

Is the service caring?

Our findings

People we spoke with said they were well cared for by the staff who were caring and kind. A person we spoke with said, "I have a lot of fun with the staff. They [the staff] knock on my door before coming in and are polite and helpful. They [the staff] would do anything for me. The two managers [the registered provider and registered manager] are very good. They come in and talk with me and spend quality time with me." Another person said, "It's fine, I am well treated, it is very nice. I am very grateful for what they [the staff] do. They are polite and professional." People looked relaxed and content in the company of staff.

Relatives we spoke with said the staff were caring and professional in their approach with people. One said, "The carer's have a lovely nature in how they talk to people, they want people to be involved." Another relative said, "It is good here, great, there is always staff about, I am made to feel welcome."

The registered provider had policies and procedures in place to inform staff about the importance of treating people with dignity and respect and valuing their diversity. A confidentiality policy was in place for staff to adhere to. Staff understood they must maintain people's confidentiality and treat them with dignity and respect.

We saw that staff spent time with people in the communal areas of the service. They gained eye contact with people and asked them how they were and if they needed anything. The staff took their time to gain a responses and re-phrased their questions to help people living with dementia understand what was being said. We saw staff listened to and acted upon what people said.

People were addressed by their preferred names. We saw staff knocked on bedroom doors before entering. Bedroom and bathroom doors were closed when staff were providing personal care to ensure people's privacy was maintained. Staff were attentive and they offered help and assistance to people where this was required. For example, a person was finding it difficult to eat their lunch, a member of staff sat and talked with them to encourage them to eat and drink. This interaction was carried out in a caring and sensitive manner.

The registered manager and registered provider told us it was important for everyone to feel cared for, they said it was important to establish bonds and friendships with people and their family. We were informed by the registered provider, registered manager and staff it was essential that people and their relatives felt 'at home' at the service.

During our visit staff we spoke with said they enjoyed their work and enjoyed working with the people living at the service. A member of staff said, "It is a lovely place to work in. I could not ask for any better." Staff were flexible and covered each other's sickness and absence to make sure people were looked after by staff who knew them and their needs. Staff understood people's individual preferences, likes and dislikes regarding their care and support. They understood providing each person with their individual needs was important and helped people to feel well cared for. Staff knew people's life and social histories and told us how they helped people maintain their lifestyle and social interests, where possible.

Visitors were made welcome and could visit the service at any time. The registered manager told us that people's relatives were invited to stay for meals; this occurred regularly and helped to maintain people's family life.

We saw the registered provider and registered manager placed people living at the service as their top priority along with the staff.

Is the service responsive?

Our findings

During our visit people we spoke with told us they felt the staff responded to their needs and said they were well supported. We received the following comments from people living at the service; "There is plenty of things going off. I choose when and where to join in with activities. I have my own GP. I have a walking frame. I enjoy life here. If I did not like something I would tell them [the staff]." and "I would say if I weren't happy, I have no complaints."

Relatives we spoke with told us they were kept informed of changes in their relations needs and condition. They said they were invited to events and to stay for meals at the service. A relative said, "We were asked questions about Mums needs and life history. [Name] had a couple of falls, these were dealt with effectively. I have joined in with activities, this was a sing along at Christmas and I have stayed for lunch." Another relative said, "Mum had a fall a few weeks ago they [the staff] rang an ambulance, and they came back here again [after attending hospital]. Activities; I am invited to them all. I came to the Christmas Fayre and a couple of Holy Communion service's here which were lovely."

We saw that before people were offered a place at the service an assessment of their needs was undertaken. People and their relatives discussed the care and support required. Information from the local authority or discharging hospitals was gained which helped the registered manager make an informed decision about if people's needs could be met. People and their relatives were encouraged to visit the service to see if they felt it was the right place for them. This information was used as a base line by staff to create care plans and risk assessments. We saw people's needs were monitored, reassessed and reviewed over time and as their needs changed which ensured person centred care was provided. Staff we spoke with told us they reviewed people's care with the person or with their chosen representative.

People's care records contained phone numbers for doctors, district nurses and other relevant health care professionals. Staff ensured, if a person was unwell they had their condition reviewed by a health care professional. This review was recorded with details of any changes to their needs to help maintain their wellbeing. Staff we spoke with confirmed they contacted health care professionals to gain help and advice, which they acted upon.

We spoke with two health care professionals, both said the staff contacted them for help and advice and that they listened and acted upon what they said. One said, "I feel I am listened to if I have any concerns about the residents." Another said, "The staff are really good, I don't have to repeat instructions nearly always the senior staff do the visit with me, they are very pro-active and on the ball."

We saw people's nutritional needs were assessed on admission and this continued, if necessary. If people had a poor appetite or if they were reluctant to eat and drink their nutritional intake was monitored by the staff. Where necessary, GP's and dieticians were involved to make sure people's dietary needs were met.

Staff monitored people's conditions on a daily basis. Handovers between shifts occurred where information about people's health; dietary needs, emotional state and activities undertaken were shared so that staff

were informed of people's current needs. There was a 'key worker' system in place. This is where an allocated member of staff helps to support named people and their family within the service.

During our inspection we carried out a SOFI observation. We saw that staff were able to distract people's attention if they seemed unsettled or agitated. Staff talked with people and spent time with them to help reassure them.

Equipment was provided to help maintain people's wellbeing, for example, we saw pressure relieving mattresses and cushions were provided to people at risk of developing skin damage due to being frail or immobile. People were using walking aids which they had been assessed for to help prevent the risk of falls.

We saw that staff prioritised care; for example, we saw if people were trying to get up unaided which may have posed a risk to their wellbeing staff attended quickly to support them.

A programme of activities was provided. This included quizzes, arts and crafts, and movement to music. Themed meal events called 'around the world meals' were held, the last one being a French meal.. Baking was undertaken every Wednesday and outings to the local Toby Inn occurred. A hairdresser and local clergy visited to provide a service. Relatives we spoke with confirmed they were invited to events; we were informed relatives attended regularly to eat with their relations so that quality 'family time' was maintained. A health care professional told us, "There are always plenty of activities going on to keep the residents occupied."

There was a complaints procedure in place. People we spoke with had no complaints to raise. Staff said they would try and deal with any issues but would report complaints to the registered manager. There was a comments book provided for people and their relatives to report any issues for the management team to address. No complaints had been received since our last inspection.

Is the service well-led?

Our findings

People we spoke with and their relatives told us they were satisfied with the service they received. They said the staff and management team listened to their views and acted upon what they said. One person we spoke with said, "The managers are good they are attentive." Another person said, They [the managers] pick good people to look after us." A relative said "It is absolutely brilliant here, the atmosphere is not dull. I know there is an open door policy I can ask questions at any time." Another said, "It is good here. I am involved in reviews and informed of everything that goes on and attend for meetings." There was a notice board displayed with the staff on duty to help keep people informed.

Health care professionals we spoke with said, "The home is very well run. I can approach the staff and management without hesitation." and, "The registered manager is very pro-active. The management team are helpful and professional."

The registered manager and registered provider had an 'open door' policy so that people, their relatives, visitors or staff could speak with them at any time. Staff we spoke with said they did not need to wait for a staff meeting to be held because they were able to speak with the management team at any time. Staff meetings were held regularly and staff we spoke with said these were effective and said their views were listened to and were acted upon. This helped staff feel supported. A member of staff said, "At staff meetings the management team want to listen to us." We looked at the minutes of the staff meetings that had been held, they were available for staff who had not been able to attend which helped to keep them informed. Staff we spoke with told us the ethos of the service was positive and they understood the management structure in place. The registered manager worked with staff and observed how they delivering care to people which helped them to assess the standard of care provided.

The registered manager was supported in their role by the registered provider and senior staff at the service which made up the management team. They all worked together to monitor the service provision. On the day of our inspection the registered manager postponed a private appointment to assist with the unannounced inspection because they wanted to be present for the inspection.

The registered manager and registered provider assessed the quality of the service provided by undertaking variety of audits; infection control, posture, care record reviews and a Christmas festivities audit. Medicines were audited weekly. We looked at the results of the audits that had been completed. We saw if issues were found an action plan was put in place to resolve the issue. The minor shortfalls we found on inspection were dealt with immediately and thoroughly by the registered manager and registered provider.

Emergency contingency plan were in place which detailed the action staff must take in events such as; a fire, gas or electricity supply issue. A daily health and safety check was completed and we saw issues identified, for example a malodour found in an upstairs were addressed. A three monthly health and safety inspection report was undertaken. This monitored moving and handling, health and safety, risk assessments food hygiene and all emergency plans. We saw the kitchen had been assessed and the service had been awarded a five star food handling rating by the local authority. A weekly report was provided to the registered

providers to help keep them informed.

General maintenance and repairs were undertaken as required and on a planned regular basis to make sure the service remained a pleasant place for people to live and equipment remained safe to use.

The registered provider had gained advice from a colour psychologist to learn how important colour and texture was in the environment for people living with dementia. We were informed further research was taking place via the Dementia Alliance who were providing training through the dementia academy along with dementia awareness briefings for people's relatives. The service was involved with dementia mapping [an assessment process to help staff understand people's needs] to gain more of an insight in how the people living at the service could be best supported.

Accident and incidents were analysed and monitored, action was taken to make sure staff reassessed people's needs or contact health care professionals to help maintain people's wellbeing. The registered provider and registered manager told us they were always looking at how they could improve the service they provided to people.

People were asked for their views about the service every six months. We saw the results of ten of the quality assurance surveys which were all positive.

Resident and relatives meetings were held. We saw people had discussed activities and the food provided. Following feedback from people using the service the garden was being re-designed to include raised borders and a vegetable plot. The registered manager and registered provider were happy to use feedback to improve the service provided to people.