

# Cherry Garden Properties Limited

## Clare Hall Nursing Home

### Inspection report

Ston Easton  
Radstock  
BA3 4DE

Tel: 01761 241626

Website: [www.clarehallnursinghome.co.uk](http://www.clarehallnursinghome.co.uk)

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

This inspection was unannounced and took place on 4 March 2015.

Clare Hall Nursing Home is registered to provide care and accommodation to up to 50 people. Part of the home is not currently in use due to difficulties with access. At the time of this inspection there were 29 people using the service.

The registered manager had recently left the home. 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. The provider had advertised for a new manager and had suitable arrangements in place to manage the home in the absence of a registered manager.

Improvements were needed to make sure people were able to make choices about all aspects of their care regardless of their abilities. This includes ensuring people are given the opportunity to express their wishes about their daily routines.

# Summary of findings

Improvements were also needed to make sure people had access to activities and occupation in line with their interests and hobbies. At the time of inspection there were limited opportunities to make sure people received social stimulation and avoid isolation.

People told us they felt safe living at the home and were comfortable with the staff who supported them. One person said “I feel well looked after and safe.” Another person said “There’s a good atmosphere they treat you well.”

Staff had opportunities to take part in on-going training to make sure their skills and knowledge were kept up to date. This enabled people to receive care and treatment in line with up to date best practice. People received effective care to meet their physical needs and had confidence in the skills of the staff who supported them.

The risks of abuse to people were minimised because all staff were thoroughly checked before they began work. Staff knew how to recognise abuse and knew what to do if they had any concerns. All were confident action would be taken to make sure people were protected.

People told us they would be comfortable to make a complaint and were confident that complaints would be listed too. One person who had made a complaint in the past said they had been very satisfied with how the complaint had been handled.

Visitors were always made welcome which enabled people to maintain relationships with their friends and family.

People were able to choose where they spent their time and their privacy was respected. People were able to personalise their rooms in line with their tastes and preferences. All personal care was provided in private to promote people’s dignity.

There was a varied menu and specialist diets were catered for. People were complimentary about the food in the home. Comments included; “Food on the whole is pretty good,” “Food is very good and well cooked” and “Meals are lovely.” People who required a specialist diet said they received this. One person said “They make sure I still get a choice and I definitely have no complaints about how they’ve catered for my diet.”

People received their medicines at the right time from registered nurses who were trained to carry out this task safely. Registered nurses monitored people’s health and well-being to make sure they received appropriate treatment to meet their needs.

# Summary of findings

## 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.

There were sufficient numbers of staff on duty to provide care to people in an unhurried manner.

People received their medicines safely from registered nurses.

Care and support was provided to people in line with individual risk assessments.

Risk of abuse to people were minimised because the provider made sure all new staff underwent appropriate checks.

Good



### Is the service effective?

The service was effective.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People had their nutritional needs assessed and received a diet in line with their assessed needs and preferences.

People had access to appropriate healthcare professionals according to their specific needs.

Good



### Is the service caring?

The service was not always caring. Some people felt that staff did not always have time to listen to them or spend time chatting.

People were able to choose where they spent their time and their privacy was respected.

People were involved in decisions about how their care and support was provided.

Requires Improvement



### Is the service responsive?

The service was not fully responsive. Activities were not arranged in line with people's interests or hobbies and there was limited social stimulation for people.

People received care and support in accordance with their individual assessed needs.

People knew how to make a complaint and felt confident that any concerns would be listened to.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was well led. The provider had made arrangements to make sure the home continued to be well managed in the absence of a registered manager.

There were effective systems in place to monitor the quality of the service and plan on-going improvements.

Everyone was given a copy of the home's value statement to make sure they knew what they could expect from their care.

Good



# 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 was planned to check 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.

This inspection took place on 4 March 2015 and was unannounced. It was carried out by one inspector.

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 home before the inspection visit. The last inspection was carried out in April 2014. At the inspection the provider was found

to be non-compliant in two areas. We found that food and fluid charts were not completed consistently and the providers system for assessing and monitoring the service was not robust enough to identify these failings. At this inspection we found that improvements had been made and more robust systems were in place.

During the inspection we spoke with 14 people who lived at the home and seven members of staff. Staff spoken with included registered nurses, care and ancillary staff. We also spoke with the provider's area manager who was supporting the home in the absence of a registered manager. We spoke with three relatives and two healthcare professionals who were visiting the home. We were able to spend time observing care practices in communal areas and view records relating to people's individual care and the running of the home. Records seen included three care and support plans, medication administration records, three staff personal files and records relating to the quality monitoring of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and were comfortable with the staff who supported them. One person said “I feel well looked after and safe.” Another person said “There’s a good atmosphere they treat you well.”

People’s medicines were administered by registered nurses who had received specific training to make sure their practice was safe. People said they received the right medicines at the prescribed time. One person told us they needed to have an injection each morning before their breakfast. They said “It’s always on time so I don’t have to wait around to eat.” Another person said “The nurses are very good about tablets. You can set your watch by them.”

There were suitable secure storage facilities for medicines to make sure people’s medicines were kept safely. The home used a blister pack system with printed medication administration records. Each administration chart had a photo of the person on to minimise the risks of mistakes. Medicines entering the home from the pharmacy were checked and amounts were recorded when they arrived and when they were administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Some people were prescribed medicines, such as pain relief, on an ‘as required’ basis. We saw registered nurses asking people if they required any pain relief and waiting for an answer from the person before administering the medicine.

At the last inspection we found there was poor recording of the application of prescribed topical creams. This meant there was no way to monitor the effectiveness of the creams. The provider’s action plan stated these records would now be checked regularly by nursing staff. The provider had introduced a new recording sheet for care staff to record when they had applied creams or lotions for people. Records we saw were completed and had been checked periodically by registered nurses which meant their effectiveness could be evaluated.

To minimise the risks of abuse to people using the service the provider made sure all new staff were thoroughly checked. These checks included seeking references from

previous employers and carrying out a Disclosure and Barring Service (DBS) check. The DBS supplies information about a person’s criminal record and their suitability to work with vulnerable people. One member of staff said “I had an interview and I couldn’t start till they had all the checks back.”

Staff received training in how to recognise and report abuse. Staff understood what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said “I would report anything straight away. I am totally confident that something would be done.” People who moved to the home received an information pack which included contact details for outside agencies to report any concerns to.

People told us there were generally enough staff to meet their needs but they felt staff were sometimes too busy to spend time chatting to them. On the day of the inspection people who requested support or assistance received this in a timely manner and staff did not rush people when helping them. People who liked to spend time in their rooms all had access to a call bell to summon help. We did not hear call bells ringing for long periods which was a sign people were seen promptly. One registered nurse said they never turned the call bells off until they were able to assist the person. They told us “We never go and turn the bell off and tell the person we will come back later to help them.” Registered nurses told us staffing levels were adjusted according to the occupancy level in the home. Care staff confirmed this, one said “When we had more people we had more staff.”

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely and minimise risks to their health and well-being. Where risk assessments stated that specialist equipment should be used this was made available. This included pressure relieving equipment and mobility aids. One person’s care plan stated they needed to be assisted by two staff using a mechanical hoist to help them move from their bed to a chair. The person told us “They use the hoist to get me up, well for everything really. There’s always two of them and I feel very safe in the hoist with them.”

# Is the service effective?

## Our findings

People had their nutritional needs assessed and received a diet in line with their assessed needs and wishes. There were good systems in place to make sure any fluctuations in a person's weight were monitored and appropriate support was given. The staff weighed everyone on a monthly basis and where concerns arose a care plan was written to make sure they were weighed weekly. Records showed this system was in operation and was being used to make sure people received effective support to meet their nutritional needs.

People were complimentary about the food in the home. Comments included; "Food on the whole is pretty good," "Food is very good and well cooked" and "Meals are lovely." People who required a specialist diet said they received this. One person said "They make sure I still get a choice and I definitely have no complaints about how they've catered for my diet."

The main meal of the day was served at lunch time and people were able to choose where they ate. In the dining room the main course was served to people according to their pre-arranged requests. Vegetables were served to people at their tables which allowed them to choose which they would like and determine their portion sizes. However people who required a soft diet were not served their vegetables separately with all items being pureed together. This meant they were unable to make choices and the meal did not appear very appetising. Staff said this was unusual and pureed vegetables were normally served separately.

There were adequate numbers of staff available to make sure anyone who required physical assistance to eat received their meal with everyone else. People received support in a dignified and unhurried manner. Staff sat with people to support them which made it a sociable occasion.

At the last inspection we found that the food and fluid charts used to monitor people's intake were not consistently completed. This meant there was a potential risk to people's health and welfare because of the failure to have a robust system in place to monitor food and fluid intake. The provider's action plan told us these charts would now be checked by staff at every shift change and there would be spot checks by the manager. At this inspection registered nurses told us they checked these

charts at each staff handover to make sure they were aware of people's intake and to address any concerns. We also noted that a monthly audit of charts was undertaken by a senior member of staff to provide a second check.

People received effective care and support from staff who had the skills and knowledge to meet their needs. The provider told us in their Provider Information Return (PIR) that training was provided for staff in all areas of care. The provider said trained nurses had opportunities to undertake training to keep their skills and knowledge up to date and care staff were able to complete nationally recognised vocational qualifications. Staff were happy with the training available to them and were confident they had the skills to support people appropriately. One member of staff said there were always opportunities to up-date their skills to make sure they were able to meet people's needs. One person who had recently moved to the home required specialist care to meet their healthcare needs. Registered nurses were confident they were able to meet this person's needs and additional training had been arranged for all other staff.

There were always qualified nurses on duty to make sure people's clinical needs were monitored and met. The care plan for one person gave information about their wound care needs. There was information to show the care plan had been followed and photographic evidence showed the plan of care had been effective in treating the wound.

People had confidence in the staff who supported them. One person said "You can't fault the staff and how they care for you." Another person told us "I have every confidence in the staff. They seem well trained and very competent."

The staff arranged for people to see healthcare professionals according to their specific needs. A GP visited on a weekly basis and other GPs came to the home when requested. One person had been seen by a specialist tissue viability nurse to ensure they received appropriate treatment. Records showed people had access to a range of professionals including chiropodists, speech and language therapists and opticians.

One person told us they were in discomfort because of their physical condition. This person's care and support plan showed they had recently been seen by a physiotherapist and staff were assisting them in the recommended light exercises to minimise their discomfort.

## Is the service effective?

Staff made sure people were in agreement with their care before they assisted them with any tasks. Where people were being supported using a mechanical hoist staff checked the person was ready to be helped and understood what was happening. One person said “Ultimately everything is your choice.”

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us most people were able to make choices about their care. One member of staff said “You get to know people and how

they communicate even if they don’t speak. You can always give people choices. Sometimes we involve family members to help people make decisions.” This showed staff were working in accordance with the principles of the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. No one living at the home was being cared for under this legislation but the provider had policies and procedures in place to make sure staff were aware of the procedures to follow if anyone required this level of support. Registered nurses had recently completed training to make sure they were familiar with the recent changes to this legislation.



# Is the service caring?

## Our findings

People said the staff who supported them were usually kind and caring but some people commented that they felt staff did not always have time to listen to them. One person said “Oh they are kind when they help you but I feel they don’t always listen. Sometimes I’m halfway through saying something and they don’t wait for me to finish.” Another person said “Staff are alright but they really only come to me if I want something. There’s not a lot of chatting.” Other people were complimentary about staff. One person said “Can’t fault the staff they are lovely and kind and helpful.” Another person told us “There’s no grumpy staff they are all friendly and helpful.”

Staff assisted people in a caring manner. When they assisted people they did so at the person’s pace and took time to make sure people were comfortable. One member of staff bought a person to the lounge in a wheelchair. They slowly assisted the person into a comfy chair and made sure they had their handbag and newspaper before leaving them. The person looked comfortable and happily sat reading their paper.

A kitchen assistant offered people in the lounge hot drinks and biscuits. They took time to speak with everyone and showed great patience when people were unable to decide what drinks they would like. Where people required specialist cups to promote their independence they ensured people received their drinks in the appropriate cup and that it was in easy reach.

People were able to spend time in communal areas or in their personal rooms. People told us staff respected their choices and right to privacy. People had been able to personalise their rooms which gave them an individual homely feel. All personal care was provided in private and staff made sure doors were always closed to promote people’s dignity. Staff knocked on bedroom doors and waited to be invited in which showed they respected people’s personal space.

People were clean and well dressed. Clothing was co-ordinated and people wore jewellery and make up which showed that staff took time to assist people. One person said “They help me to keep clean and everything I need is done for me.” Another person said “If I have visitors or am going out they help me to make a special effort.”

Several people commented about how hard the housekeeping staff worked to make sure their rooms were kept clean. One person said “I’m an untidy person, that’s how I like it but the cleaners are brilliant and so caring. They respect my possessions and how I like things.” Another person said “The housekeeper always asks what I want doing. It makes me feel they care about getting things right for me.”

People told us they were able to have visitors at any time. Visitors confirmed they could visit the home whenever they chose and were always made welcome. One visitor said “We come every day so have become part of the furniture. I think we all feel very at home here.” Another person told us their family visited every day which meant they continued to spend time together and maintain their relationship.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us “They do a care plan with you. I get a say in all of that.” Other people were not familiar with their full care plans but told us they felt they and their relatives were always consulted. One person said “I don’t remember ever doing a care plan but they certainly provide care in the way I say I want it.”

Family members told us the home communicated well with them and involved them in decisions where appropriate. Visitors said they were kept up to date with events and continued to feel part of their relative’s life.

# Is the service responsive?

## Our findings

People who were physically able said there were no restrictions on their life style and they continued to make choices about all aspects of their day. One person said “You can live as you want to live. They accept you as you are.” Another person said “I get pretty much left alone which suits me just fine.” However people who required more physical support to meet their needs felt they had fewer choices. One person said “Because I need so much help I am reliant on them to help me when they can.” Another person said “They are pretty good about helping me to bed when I want but in the morning I have sort of fitted into their routine.”

People were happy with the physical care they received but a number of people commented on the lack of activities and social stimulation available. One person said “It’s a bit monotonous with not a lot going on. I like to come to the lounge but really there’s nothing going on.” Another person said “It’s not a bit institutionalised and of course we are free to do what we want but most of us need help to do things. There’s not a lot of things to join in with.”

There was a very basic activity programme but this did not provide activities each day and there was no evidence to show that people’s interests or hobbies had been considered. People told us they did not remember ever being asked about their interests. One person said “I’ve always enjoyed flower arranging but no one has ever asked me. I think you are the first.” Another person told us “I really don’t remember anyone asking me about me. Just about the things I need help with.”

On the day of the inspection no activities took place although some people saw the visiting hairdresser. In the morning a number of people sat in the communal lounge with music playing but there was very limited interaction with staff unless a task was being performed such as assisting someone to move. There was no group chatter or laughter. One person told us they very much enjoyed the activities which were provided especially bingo sessions. Another person said they appreciated the regular church service and the opportunity to take communion.

A number of people said they enjoyed spending time in the garden in good weather. Two people told us they took part in a gardening club and we saw seedlings which had been planted by people. One person said “Gardening club is the highlight of my social calendar these days.”

One person who had some difficulties with speech said they preferred to spend time in their room because they found communication in a group difficult. They said “Just because I don’t want to be in a group doesn’t mean I don’t want company. I love chatting to people on a one to one. I think the loneliness is the worst thing here.”

The newly appointed area manager had carried out an initial audit of the home and had highlighted the need for additional activities as a priority. In order to achieve this, the provider was hoping to recruit a permanent member of staff to lead activities by the end of March 2015.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. The home made sure appropriate equipment was available to meet people’s needs when they moved in. WiFi had been made available to people who wished to use laptops and other gadgets. One person said “It’s great because it means I can keep in touch with people and use my kindle.” We heard how one person used a tablet computer to help them to communicate.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. In addition to care plans each person had a folder in their bedroom which gave an overview of their needs and a basic life history. This ensured care staff had easy access to information about the person’s needs and wishes. People told us they felt their nursing care needs were met by the home. Visitors also said they had no concerns that their family members were not receiving care to meet their individual needs.

The staff responded to changes in people’s needs. For example one person told us they sometimes required assistance to eat meals. They said “Occasionally I need a nurse to feed me and they always help me when I need it.” Another person said “Sometimes I feel more able than others. The girls help me more when I need more help.”

Each person received a copy of the complaints policy when they moved into the home. People said they would feel confident to make a complaint to a senior member of staff

## Is the service responsive?

if they had any concerns about their care. One person told us “I did make a complaint once. They dealt with it well and I got an apology. It was certainly never held against me.” Another person said “I think they would listen if I made a complaint.”

Records of complaints made were kept and we saw that all complaints were responded to in a timely manner. One complaint had been made about the temperature of the food served. We saw that this had been discussed with the cook and measures, such as the purchase of flasks for soup, had been put in place.

# Is the service well-led?

## Our findings

The registered manager had left the home shortly before this inspection. To make sure the home continued to be well managed the newly appointed area manager was based at the home until a replacement manager was appointed. This ensured people and staff continued to have access to a senior member of staff.

At the last inspection we found the provider's quality assurance monitoring had not been robust enough to identify the poor record keeping in respect of food and fluid charts and prescribed creams. At this inspection we found new systems had been put in place to rectify this. A senior member of the nursing team was carrying out regular audits and ensured action was taken when shortfalls were identified. Audits included analysing accident records, monitoring food and fluid charts, medication audits and care plan audits. We saw that when medication audits had identified shortfalls these were communicated to registered nurses through a memo system. Where a care plan audit noted gaps or shortfalls this was fed back to the registered nurses responsible and they had to sign to say when they had taken the required action.

The newly appointed area manager had carried out a full audit of the service in February 2015 and had already begun to address the shortfalls identified. These included introducing meetings for staff and staff supervision. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The audit had also identified a need for a more in depth activity programme and they were planning to recruit a new member of staff to lead this work.

There was always a registered nurse on duty who was responsible for leading the shift and giving support and

guidance to less experienced staff. Care staff told us they felt well supported by the registered nurses and felt that communication was excellent. This meant that registered nurses were able to monitor the standard of care at the home and make sure people received the care and support required to meet their needs.

Registered nurses told us they kept their skills up to date by on-going training to make sure they were practising in line with current best practice. They told us there were good relationships with local healthcare professionals to make sure people received appropriate care and treatment. Visiting healthcare professionals told us they thought the staff worked well with them. They told us records were always well maintained and demonstrated that people were receiving a good standard of care and support.

The provider had a clear vision for the home and had produced a statement of values which was displayed in the main entrance and was given to everyone who moved into the home. All staff also received a copy of the statement when they began work and had to sign to confirm they had received it. This gave clear information about the provider's values and what people using the service could expect. The core values of the home were listed as privacy, dignity, rights, independence, choice, fulfilment, security, respect, equality, inclusivity, empowerment and diversity. Staff told us they tried their best to meet the values of the home. One member of staff said "Our aim is to work around the preferences of people and encourage them to be as independent as possible." Another member of staff told us "I think our aim is to create a home and not to judge people. Hopefully we help people to get the most out of things and give them choices."

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.