

# St.Clair Care Limited

# St Clair House

## Inspection report

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### 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 

### Overall summary

We carried out this unannounced inspection of St Clair House on 7 October 2015. St Clair House is a care home that provides residential care for up to 25 people. On the day of the inspection there were 23 people using the service. The service was last inspected in July 2013 when the requirements of regulation were met.

The service had 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.

We inspected the home over one day. The service comprised of a main house with an extension wing comprising of individual rooms leading onto the enclosed garden area. There was a choice of spacious areas where people could spend their time. The main house was an older property but well maintained with plans for future refurbishment in place.

The service had safe arrangements for the management, storage and administration of medicines. It was clear from the medicine records that people received their medicines as prescribed. Regular medicines audits were taking place to identify if any errors occurred.

There was a calm and relaxed atmosphere in the service and staff interacted with people in a kind and sensitive

# Summary of findings

manner. Staff had time to support people and call bells were answered promptly. People told us, “They are good at answering the intercom. They will tell me if I have to wait” and “I like to do crosswords and they [staff] often take the time to pop in and help me”.

Staff working at the service understood the needs of people they supported, so they could respond to them effectively. We observed care being provided and spoke with people who lived at the service. All spoke positively about the staff and the registered manager and felt they were meeting people’s needs. Comments included, “The staff are all kind and patient, I wouldn’t want to live anywhere else” and “Staff are very good and they are all very cheerful”.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit. One person said, “I enjoy my meals very much and there is a choice”.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

The service had an effective recruitment process in place to ensure new staff were safe to work with people requiring care and support. Pre-employment checks had been completed to help ensure people’s safety.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. These included a satisfaction surveys for people using the service and their relatives as well as the staff team. Overall satisfaction with the service was seen to be positive and results of the most recent survey were available for people to view at various entry points to the service.

# 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. People told us they felt safe living at the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Good



### Is the service effective?

The service was effective. People were positive about the staff's ability to meet their needs.

People had access to healthcare professionals including doctor's, chiropodists and opticians.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Good



### Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and staff told us they felt their views about the care and support they received were listened to and acted upon.

People told us they felt the staff were very caring and respectful towards them and their relatives.

Good



### Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

Activities encouraged people to go out in to the community all the year round.

Information about how to complain was readily available. People told us they would be happy to speak with the management team if they had any concerns.

Good



### Is the service well-led?

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Good



# St Clair 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 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 unannounced inspection took place on 7 October 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the registered provider and registered manager, five care staff and a member of the ancillary staff team. We spoke with seven people who lived at the service. Prior to and following the inspection visit we spoke with and received information from a commissioner of services and social care professional.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files, medicine records and records used in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at St Clair House and with the staff who supported them. One person said, “I feel very safe here, my patio door is locked. They do answer my call bell quickly, the light over the door will go green to red if it not answered quickly”. The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in the lounges and dining areas, so that people could call upon them if required.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, there was clear guidance that directed staff to know what specific action was required where a person was at risk moving around the service on their own. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one person's health needs had changed. Staff had sought advice from health professionals to ensure their medical needs were being managed.

Staff encouraged and supported people to maintain their independence. The balance between people's safety and their freedom was well managed. All entry and exit points in the service except the sun lounge had a key pad lock in place. The registered manager told us this was for security purposes. The front entrance led directly onto a busy road and the rear of the service had an open aspect but was secluded. People we spoke with did not have a wish to go out alone other than the garden area. One person said, “I can go out as I choose to. I like to go in the garden in the good weather but I can sit in here and enjoy it as well”. Staff were around to support people should they need it and we saw staff discreetly checked if people were safe while respecting their wishes to make their own decisions about risk.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with senior staff and management. Staff also knew they could

raise any concerns with the local authority or the Care Quality Commission if necessary. The safeguarding policy contained information about the various types of abuse, the process for raising concerns and whistleblowing policies. Staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training as part of their initial induction. More training updates were identified on individual staff training plans.

Medicines were stored and administered safely. We saw medicines being given to people at lunchtime. Staff were competent and confident in giving people their medicines. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and the initials of the member of staff who had given them.

Training records showed staff who administered medicines had received suitable training. The manager showed us the auditing process which included accounting for all medicines coming into the service and those returned. This meant any medicines that had not been given or recorded appropriately would be noticed and this issue would be taken up with the staff member on duty at the time it took place. Some people were prescribed creams. Body maps were in place for people who required prescribed creams to be applied and staff said they were ‘very useful’ especially for new members of staff.

The service had arrangements in place for the recording of medicines that required stricter controls. These medicines require additional secure storage and recording systems. The service had additional storage facilities for these medicines. We checked the balances of these medicines held by the service against the records kept. The stock balanced against medicines being used.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references.

## Is the service safe?

Accidents and incidents that took place in the service were recorded by staff in people's records. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

The environment was clean and well maintained. Work was continuing to improve the environment by making changes

to a vacant room. The opportunity to redecorate was taken as rooms became vacant. Regular repairs and maintenance work was carried out as required. All these areas were well signposted to warn people of work being undertaken. We found there were appropriate maintenance certificates for the premises and equipment in place.

# Is the service effective?

## Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. One person chose to get up later in the morning and staff supported this by not disturbing them. People told us, “I can get up and go to bed when I want. They bring me breakfast to my room at 8:30am which is what I choose” and “I usually get up at 7am and get help with my dressing. I can have breakfast in my room if I choose but I like going to the dining room when I can”.

People were cared for by staff with the appropriate knowledge and skills to support them effectively. One person told us, “The girls [staff] are very good, they know just how I like my bath and they let me take all the time I need”.

Care plans contained guidance for staff. For example, detailed guidance on specific conditions and treatments related to people living at the service. This meant staff had easy access to relevant information that supported best practice in meeting people’s needs. The service had a computerised care recording system as well as a written plan for each person. Staff were familiar with using both recording systems, which they told us ‘was a good way reporting things that had happened’. For example a doctor’s visit or district nurse advice. Staff told us the system was effective in making sure staff understood about the condition and how to support people. Following a doctor’s visit staff had immediately recorded the outcome and action required. Staff arriving for duty, were alerted to this information so they were aware of current issues. Care records showed people had access to a range of health care professionals to meet their specific needs. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

Staff asked people for their consent before delivering care and they respected people’s choice to refuse. For example, we observed one person was asked discreetly if they wanted assistance back to their room as they appeared to be struggling to cope with their walking frame. The person refused and staff respected their decision, but reassured them that they were close by if they changed their mind.

Staff completed an induction programme when they commenced employment. The service had begun to

introduce a new induction and training programme in line with the Care Certificate framework. This system replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction programme which included training identified as necessary for the service and familiarisation with the service’s policies and procedures. Included in the induction programme was a period of working alongside more experienced staff until the new staff member received a satisfactory competency level. A staff member told us, “I was really supported by other more senior staff when I came to work here. It really helped”.

Staff told us there were good opportunities for obtaining additional qualifications. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One staff member said, “It’s a good place to work for training. The manager is going through everything to see what we need”.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

The service was aware of the legislation regarding the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific 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. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed. There were no applications authorised when the service was inspected as people currently living at St Clair House had capacity. However staff had not attended training in Mental Capacity Act 2005 and Deprivation Of Liberty Safeguards (DoLS). This training would enable staff to understand the implications of restrictive practice and the legal framework to assess people’s capacity to make specific decisions. Some staff we spoke with were aware of this legislation and deprivation of liberty safeguards because they had received this training in previous care roles. The registered manager was currently sourcing a suitable trainer to supply this training.

Most people ate lunch in the main dining room. Tables were laid with serviettes, seasoning pots, pickles and menus for the day. There was a choice of water or juices.

## Is the service effective?

There were enough staff to ensure those who required some support received it. Some people chose to eat in their own rooms and there were enough staff on duty to accommodate this. The meal was a sociable occasion with people chatting happily to each other and with the staff who were serving lunch. There was a choice of meals. One person asked for an alternative meat and this was accommodated by staff. People told us, "If the food is not

wait we like we can ask for something different, we do get a choice" and "Food is good but we do have too much tinned fruit and ice cream". Two people commented on having a lot of tinned fruit, but they also said there was fresh fruit available. We saw fresh fruit was included on the afternoon tea trolley. Staff had clear instructions for people who required specialist diets. For example one person required a high calorific diet. Foods were available to support this.



# Is the service caring?

## Our findings

People told us they were happy living at St Clair House. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. They told us, "Staff are very good and they are all very cheerful. They do treat me with respect", "They do listen to me and I've heard them [staff] listen to others, patiently. I can't complain about anything" and, "I don't find any fault at all with any of the carers, they have always treated me with respect and they have a lot of patience".

People were cared for by attentive and respectful staff. We saw staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were sensitive and caring. During the day people moved freely around the service without restriction. Staff protected people's privacy and dignity. For example staff spoke with people in a low voice to ask if they required assistance with personal care. People's bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were well dressed in coordinating outfits, some wearing jewellery. People's hair was styled. Many had manicured and in some instances painted nails decorated in different patterns.

Interactions between staff and people using the service were caring, with conversations being held in a gentle and

understanding way. Staff always interacted with people at their eye level, for example kneeling next to them if they were sitting down. Staff knew the backgrounds of the people they cared for and we noted the staff used this information when they were with them in relevant conversations. For example speaking with somebody about their family's recent visit. The response was positive and showed it had stimulated their memory of the happy event.

Some people had limited mobility but staff encouraged them to move around with the use of hand rails and personalised walking aids. This showed people's independence was supported. Some people used the lounges and dining room and other's chose to spend time in their own rooms. One person told us, "My room seems a long way from the lounge but I have my walking aid, which helps me and keeps me going".

Where possible people's life histories were documented in their care plans. Staff told us it helped them gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past life events. This supported equality and diversity and helped ensure individualised care was provided. Staff spoke about people respectfully and fondly. Comments included, "It's really important to get to know residents because it gives a good talking point sometimes" and "I just love getting to know more about residents because there are some surprises sometimes."

# Is the service responsive?

## Our findings

People told us they felt their needs were being well met at St Clair House. People told us, "There is something on every day but I usually go out if it's fine. I have my own land line phone to contact friends and I have friend who take me out regularly", "I have let my feelings be known and they have acted upon what I have said. We do have residents meetings and discuss any issues we have" and "I have a land line phone that I pay for to keep in touch with my family and friends. I have a touch light next to my bed which is easy for me as I have arthritic hands. I only have to touch it and the light comes on".

There was a very active programme of events taking place at St Clair House. Activities were recorded for the six day programme. The range of activities suited people at all levels. For example, flower arranging. This had taken place the day before and there were flower displays throughout the entrance and lounge areas. There were regular trips in a mini bus funded by the provider. People told us they had been for fish and chip suppers. There were annual trips to the pantomime and trips to the Eden Project. In addition the service had a caring policy in supporting charities. A recent garden tea party had raised a significant amount of money. People told us they liked the variety of activities but if they did not which to contribute this was respected. Comments included, "They are starting a knitting club tomorrow, one of the carers is organising it. We do various floor games, including some floor games and this helps out movement". In addition to activities there were regular entertainers visiting the service.

Staff members were familiar with people's interests. Most people could vocalise their likes and dislikes and wanted to share their life experiences with staff. Staff said they found that when people shared their interests and backgrounds it helped them to have relevant and meaningful conversations with people. People were supported to maintain contact with friends and family.

People received care and support that was responsive to their needs because staff had a good knowledge of the

people who lived at St Clair House. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example one person's care plan described how they liked to move around the service independently but needed monitoring to maintain the person's safety. During the inspection we saw this person moved around the service as they chose. Staff on duty knew how to discreetly ensure the person was safe. This showed the service was responsive to peoples' needs.

Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. The care planning and reporting system was held on a computer system. Staff were familiar with the system and how information was communicated. For example each member of staff received e-mails to their log in account, to alert them to any specific issues on their shift. This was backed up by shift handover meetings and daily notes made by staff. The deputy manager carried out regular audits to ensure people's needs were being responded to. Some people were self-caring, but staff still checked to ensure there was nothing the person needed and recorded this along with how they spent their time. This meant a daily record was kept for each person on how the service met their individual health and social needs.

People's needs were being reviewed monthly or earlier if any changes were required. Some people were not aware of whether they had been involved in their care planning and review but others told us the manager or staff often asked them about their care. Care plans and review forms were signed by people or their representatives to show the level of involvement in people's care planning and review.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were made available to people when they went to live at the service. People told us they would speak to the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the service.

# Is the service well-led?

## Our findings

People who lived at the service spoke positively about the provider and registered manager and the staff and felt they could approach them with any issues and that they would be heard. People told us, “Yes, the manager is very approachable, jobs are done quickly. I think they know me, I’ve been here long enough” and “Yes, I can talk to anyone”.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service on a day to day basis. They were responsible for the review and management of the operational systems including, care planning, review, staff management and training. The registered manager was provided with the necessary resources to ensure the service operated effectively.

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team with an emphasis on making people’s daily lives as comfortable as possible. Staff were motivated and told us they were happy working at the service. One member of staff told us, “I really enjoy working here. I look forward to coming to work because every day is different”.

The registered manager worked alongside staff to monitor the quality of the care provided by staff members. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people. The registered manager carried out audits of falls, medicines, and care plans.

There were systems in place for the registered person to monitor the quality of the service provided to people. This included surveys for both staff, people who used the service and their families. The most recent undertaken during 2015 showed people were very satisfied living at the service. They made comments on all aspects of living at St Clair House. They included, “Care staff are very good, they look after me very well” and, “Well fed and watered and its comfortable”. In addition to asking what was good quality, people were also asked for ideas to improve the service. A number of suggestions were included, for example more variety in food options and new window frames. The outcome had been analysed by the registered provider and manager and comments responded to. The results were available for people who accessed the service in the entrances around the home.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. Regular meetings gave an opportunity for staff to voice their opinions or concerns regarding any changes. Everybody we spoke with told us that the registered manager promoted an open dialogue. Staff said they shared information every day and between shifts.

The maintenance of the building was being kept under review. General decoration and upgrading of the service was a current topic and plans were in place for upgrading the main house and adding an additional extension. This would improve the current environment in terms of upgrading facilities. Any defects were reported and addressed where required by individual contractors. There were regular checks of equipment used at the service including wheelchairs, hoists, door guards and fire doors.