

Rosemere Care Home Ltd

# St Claire's Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected the service on 30 and 31 May 2018. The inspection was unannounced. St Claire's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Claire's Care Home is registered to provide accommodation and personal care for 39 older people and people who live with dementia. There were 20 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. The company was formed of two directors both of whom were present during our inspection visit. There was 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. In this report when we speak about both the company's directors and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 30 August 2017 the overall rating of the service was, 'Inadequate' as a result of which the service was placed into 'special measures'. We found that there were six breaches of the regulations. This was because there were shortfalls in the arrangements that had been made to provide people with safe care and treatment. This included instances when accidents and near misses had not been managed in the right way so that lessons could be learned to help prevent a recurrence. People had not been fully safeguarded from the risk of abuse and sufficient numbers of suitably qualified care staff had not been deployed. There were also shortfalls in the way that people were provided with person-centred care including providing them with sufficient opportunities to pursue their hobbies and interests. Another oversight related to defects in the accommodation. A further shortfall was in the arrangements used to monitor and improve the service including consulting with people to obtain feedback about suggested improvements.

We told the registered persons to send us an action plan stating what improvements they intended to make to address our concerns. After the inspection the registered persons told us that they had made the necessary improvements.

At the present inspection we found that sufficient progress had been achieved to meet all of the breaches of regulations. Suitable provision had been made to provide safe care and treatment and people were safeguarded from situations in which they may be at risk of experiencing abuse. Enough suitably qualified care staff had been deployed. Although people received practical assistance that met their expectations, further progress was needed to ensure that all of care provided was person-centred. A significant number of improvements had been made to the standard of the accommodation although more still needed to be done to address defects in the fabric of the building. The systems and processes used to assess and monitor

the operation of the service had been strengthened, although further improvements were needed to ensure that progress in the service was sustained.

Our other findings were as follows. Some pre-employment background checks on new care staff had not been completed in the right way. Although most medicines were managed safely an improvement needed to be made to the way in which one category of medicines was administered. Suitable provision had been made to promote good standards of hygiene in order to prevent and control the risk of infection.

Appropriate arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. This included providing people with the reassurance they needed if they became distressed. Care staff knew how to care for people in the right way and had received training and guidance. People were helped to eat and drink enough to maintain a balanced diet. Suitable provision had been made to help people receive coordinated care when they moved between different services. People had been supported to access all of the healthcare services they needed. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People were given emotional support when it was needed and they had been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

There were systems and processes for managing complaints and suitable steps had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had promoted an open and inclusive culture in the service. Suitable arrangements had been made to ensure that regulatory requirements were met. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Medicines were not consistently managed in line with national guidelines.

Background checks had not always been completed in the right way before new care staff were appointed.

People received safe care and treatment and lessons had been learned when things had gone wrong.

People were safeguarded from the risk of abuse.

There were suitable and sufficient care staff to promptly give people all of the care they needed.

People were protected by the prevention and control of infection.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The accommodation was not designed, adapted and decorated to fully meet people's needs and wishes.

Care was delivered in line with national guidance and care staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

### Is the service caring?

**Good** ●

The service was caring.

People received person-centred care and were treated with kindness and respect.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were promoted.

Confidential information was kept private.

### **Is the service responsive?**

The service was not consistently responsive.

People were not fully supported to pursue their hobbies and interests.

People had not been fully supported to meet their spiritual needs.

People received practical assistance that met their needs and wishes.

There were arrangements to listen and respond to people's concerns and complaints in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Systems and processes used to assess and monitor the service needed to be strengthened further to ensure that progress was sustained.

There was a registered manager who ensured that care staff understood their responsibilities so that risks and regulatory requirements were met.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

**Requires Improvement** ●

# St Claire's Care 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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 30 and 31 May 2018 and the inspection was unannounced. The inspection team consisted of two inspectors.

During the inspection visit we spoke with 10 people who lived in the service and with five relatives. We also spoke with four care staff, the chef, a housekeeper, the registered manager and both of the company's directors. We observed care that was provided in communal areas and looked at the care records for five people. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 could not speak with us.

# Is the service safe?

## Our findings

At our last inspection on 30 August 2017 we found that there was a breach of regulations. This was because suitable arrangements had not consistently been made to provide people with safe care and treatment. In particular, there were shortfalls in the fire safety equipment that had reduced the level of fire safety protection provided in the service. Suitable provision had also not been made to analyse accidents and near misses so that lessons could be learned to help prevent the same things from happening again. We also found that people were not always being supported in the right way if they became distressed to minimise the risk of them injuring themselves and others. A further problem was shortfalls in the arrangements made to promote good standards of hygiene in order to prevent and control infection.

After the inspection the registered persons wrote to tell us that they had made all of the improvements that were necessary to put right each of the shortfalls.

At the present inspection we found that action had been taken to address our concerns. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Documents shown to us by the registered manager showed that the shortfalls previously identified by the local authority's fire and rescue service had been put right. Records also showed that on-going checks had been completed in the right way to confirm that the service's fire safety equipment remained in good working order.

We also found that the registered manager had strengthened the systems and processes used to analyse accidents and near misses so that lessons could be learned to help keep people safe. This had been done so that they could more robustly establish why they had occurred and what needed to be done to help prevent a recurrence. An example of this was people who were at risk of falling being referred to specialist health care professionals so that care staff could be advised about how best to keep the people concerned safe. Other examples included hot water being temperature controlled and radiators being fitted with guards to reduce the risk of scalds and burns. Another example was windows being fitted with latches so that they could be used safely when opened. We also noted that personal care was provided in the right way. As part of this people who were at risk of developing sore skin were being helped to keep their skin healthy and people being supported in the right way to promote their continence.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that the accommodation had a fresh atmosphere and that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and wore disposable gloves when assisting people with close personal care.

Care staff were able to promote positive outcomes for people if they became distressed and were at risk of harm. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could

not recall when a particular member of their family was next due to visit them. A member of care staff noticed that the person was becoming loud in their manner and that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person about the day of the week when their relative usually called to the service. This information reassured the person who was then pleased to accept a cup of tea.

The registered persons had made suitable provision to provide people with safe care and treatment and this had resulted in the breach of regulations being met.

At our last inspection we found that there was a breach of regulations because the registered persons had not deployed sufficient care staff to ensure that people promptly received all of the care they needed. The registered persons had not carefully established how many care staff needed to be on duty given the care that each person needed to receive. This shortfall had resulted in occasions when people did not receive all of the care they needed or when its delivery was delayed.

After the inspection the registered persons wrote to tell us that they had made the necessary improvements to ensure that sufficient care staff were available to care for people.

At the present inspection the registered manager told us and records confirmed that they had accurately established how many care staff needed to be on duty. This involved taking into account the number of people living in the service, the care each person needed to receive and the layout of the building. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered manager. We also noted that on both days of our inspection visit there were enough care staff on duty. This was because people promptly received all of the care they needed and wanted to receive.

The registered persons had made suitable arrangements to deploy sufficient numbers of care staff and this had resulted in the breach of regulations being met.

At our last inspection on 30 August 2017 we found that there was a breach of regulations because suitable arrangements had not been made to safeguard people from situations in which they may have been at risk of experiencing abuse. Some members of staff had not been given all of the training they needed and were not confident about the steps they needed to take if they were concerned about a person's wellbeing. We also found that the registered persons had not always carefully considered whether they needed to notify the local safeguarding authority when people sustained minor injuries that may have resulted from abuse.

After the inspection the registered persons wrote to tell us that they had made the necessary improvements to ensure that there were robust arrangements to safeguard people from the risk of abuse.

At the present inspection we found that people were suitably safeguarded from situations in which they may experience abuse. Records showed that staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. The registered manager said and records confirmed that they had carefully considered each occasion when a person had sustained a minor injury such as a bruise. This was so that the causes of each injury could quickly be established and if necessary action taken to keep the person safe. In addition to this, the registered persons had established suitable systems to assist the people to manage their personal spending money. This included the administrator keeping an accurate record of any money spent on behalf of people so that an accurate bill could be sent to their relatives. This arrangement contributed to protecting people



from the risk of financial mistreatment.

People told us they felt safe living in the service. One of them said, "Yes, I'm very settled here now and see it as being home. The care staff are lovely and they're kind to me". A person who lived with dementia and who had special communication needs smiled and waved in the direction of a passing member of staff when we used sign assisted language to ask them about their experience of living in the service. Relatives were also complimentary about the service. One of them remarked, "I think that St Claire's Care Home is very good indeed. It's not posh to look at but it's the quality of the care that counts."

The registered persons had made robust arrangements to safeguard people from the risk of abuse and this had resulted in the breach of regulations being met.

Most of the necessary arrangements had been made to safely manage medicines in line with national guidelines. These included there being a sufficient supply of medicines that were stored securely. The senior care staff who administered medicines had received training and we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times. However, we noted that the system used when administering medicines by means of patches on people's skin was not robust. It is important that when patches are used in this way they are placed on different areas of skin. This is necessary to reduce the risk of people's skin becoming sore. The records that care staff were keeping of the locations used were not sufficiently detailed increasing the risk that mistakes would be made resulting in patches being repeatedly applied to the same location. We raised this matter with the registered manager who by the second day of our inspection visit had introduced a more detailed record that we saw being used in the correct way.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. The registered persons had completed most of the necessary checks including obtaining a disclosure from the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. The records also showed that references had been obtained from people who knew the applicants. However, in relation to each person the registered persons had not obtained a suitably detailed employment history. This oversight had reduced their ability to identify all of the persons' previous employers who may have had information about their previous good conduct. However, the registered manager assured us that no concerns had been raised about the performance of the members of staff in question since their appointment. Once we told the registered manager about the shortfall they said that the service's recruitment procedure would be strengthened to address our concern. However, we were not in a position to be fully reassured that this development would be embedded within the service's recruitment procedure.

## Is the service effective?

### Our findings

At our inspection on 30 August 2017 we found that there was a breach of regulations because suitable provision had not been made to give care staff all of the training and guidance they needed. In particular, we were concerned to find that some care staff had not received training in how best to care for people who lived with medical conditions such as epilepsy and diabetes.

After the inspection the registered persons wrote to tell us that they had provided care staff with additional training as a result of which they had all of the knowledge and skills they needed to provide people with the right care.

At the present inspection we found that new care staff had been provided with introductory training before they started to provide care for people. Records also showed that new care staff had been offered the opportunity to complete the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way. We also found that care staff had received additional ongoing training in key subjects including supporting people who experienced various medical conditions. Furthermore, the registered manager told us and records confirmed that they had regularly observed care staff when providing care so that they could give them advice and guidance about their professional practice. We also observed care staff when they were assisting people and we asked them questions to assess key parts of their knowledge. We found that care staff had the knowledge and skills they needed to care for the people who were living in the service at the time of our inspection visit.

People told us they were confident that care staff knew what they were doing and had had their best interests at heart. One of them said, "The staff are absolutely fine with me and they help me manage my legs which get a bit swollen and sore from time to time." Relatives were also confident that the service was run in an effective way. One of them told us, "Whenever I call to see my family member I find them to be neat and clean and well cared for. I don't have any concerns about the care staff at all because they know what they're doing."

The registered persons had made suitable arrangements to ensure that care staff had the competencies they needed and this had resulted in the breach of regulations being met.

At our inspection on 30 August 2017 we found that the accommodation was not designed, adapted and decorated to meet people's needs and preferences. In more detail, there were a number of areas where decorative finishes were damaged and there was no clear plan to address the shortfalls.

After the inspection the registered persons wrote to tell us that they had already completed a significant number of repairs. They also said that a new maintenance plan had been developed to ensure that further repairs were promptly completed when necessary.

At the present inspection we found that most parts of the accommodation were presented to a normal domestic standard and records showed that nearly all of the specific defects noted at our last inspection

had been put right. We also noted that the registered persons had prepared a more detailed maintenance plan that specified a clear timescale within which the remaining defects would be addressed.

The repairs completed by the registered persons and the development of the maintenance plan meant that sufficient progress had been made to meet the breach of regulations. Nevertheless, more progress still needed to be made to address some remaining defects. These related both to the internal decoration of the accommodation and to the upkeep of the fabric of the building.

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they had moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.

People told us that they enjoyed their meals. One of them remarked, "The meals here are very good and really we get too much food." Another person remarked, "It's all fresh food that the cook prepares every day. I enjoy my meals." We found that people were being supported to eat and drink enough to maintain a balanced diet. The menu showed that there was a choice of dish served at each meal time. The meals that we saw served at lunchtime were attractively presented and the portions were a reasonable size.

Records showed that people had been offered the opportunity to have their body weight measured. This was so that any significant changes could be noted and referred to a healthcare professional. As a result of this some people had been prescribed a food supplement that was designed to help them increase and/or maintain their weight. The registered manager had also liaised with healthcare professionals when people needed extra assistance because they were at risk of choking. This included the people concerned being offered the opportunity to have their food and drinks modified so that they were easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included care staff preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the registered persons offering to arrange for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving ongoing healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

There were suitable systems and processes in place to ensure that national guidelines were followed to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in

care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by applying to obtain authorisations to deprive a person of their liberty when necessary. Also, we checked whether the registered persons had ensured that any conditions on authorisations were met.

We found that people had been consulted about the care they received and had consented to its provision. We also noted that the registered persons had correctly established when a person lacked the necessary mental capacity to make decisions about important things that affected them. Furthermore, when this had occurred they had involved key people in a person's life to help to ensure that decisions were taken in their best interests.

Records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

# Is the service caring?

## Our findings

At our inspection on 30 August 2017 we found that there was a breach of regulations because suitable provision had not been made to ensure that people consistently received a caring service that was person-centred. In particular, we were concerned to observe occasions on which people were not supported to eat their meals in a dignified manner including an incident when a person was left with food and saliva on their face.

After the inspection the registered persons wrote to tell us that they had provided care staff with more guidance about how best to provide people with person-centred care that promoted their dignity.

At the present inspection we found that care staff had been given the support they needed to treat people with kindness and compassion. At lunchtime, we noted that when necessary people received individual assistance to eat their meals in a relaxed way. Some people were offered the opportunity to use napkins or pinafores if they wanted extra help to keep their clothes clean. When a person did accidentally spill some of their drink care staff quickly and tactfully responded so that the person could continue to enjoy their meal without embarrassment.

People were positive about the care they received. One of them said, "The staff here are very caring and I genuinely like them. There's not a bad one among them." Another person remarked, "It's more than just paid work for the staff as they really do care about us all and it shows in their friendly manner." Relatives impressed upon us their positive assessment of the service. One of them remarked, "It's the staff who make the place. Yes, the building looks run down and needs to be improved but the staff are lovely and caring."

We saw that people were treated with consideration and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom. They both looked out of the window at the street below and chatted about how Folkestone had changed over the years. This led the person to enjoy reflecting on their childhood and their memories of growing up in the town.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. Furthermore, we saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

Care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that care staff had asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night and whether they wanted to have their bedroom door closed

or left ajar.

The registered persons had suitably enabled care staff to provide person-centred care that promoted people's dignity and this had resulted in the breach of regulations being met.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. We also noted that the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People told us that they could speak with relatives and meet with health and social care professionals in private if this was their wish. Records also showed that care staff had assisted people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

## Is the service responsive?

### Our findings

At our inspection on 30 August 2017 we found that there was a breach of regulations because people were not always provided with responsive care that was person-centred. In particular, people had not been consulted about the personal routines they wanted to follow such as when they wished to be assisted to have a shower or take a bath. Another shortfall entailed people not being offered sufficient opportunities to pursue their hobbies and interests. Furthermore, people had not been consulted about how they wished to be supported to meet their spiritual needs.

After the inspection the registered persons wrote to tell us that sufficient provision had been made to ensure that people's preferences were fully reflected in the care they received. They also informed us enhanced arrangements were in place to enable people to pursue their hobbies and interests. Furthermore, they told us that new arrangements had been made when necessary to support people to meet their spiritual needs.

At the present inspection we found that some progress had been made in the provision of responsive and person-centred care to meet people's needs and preferences. People told us that care staff consistently provided them with all of the assistance they needed. One of them remarked, "The staff help me a lot morning, noon and night. I don't mind asking for care because the staff are so willing. Also, they don't rush me because they know I like to do as much as possible for myself." Relatives were also positive about the amount of assistance their family members received. One of them commented, "I'd know straight away if the care wasn't right because I've pretty much seen my family member every day for past 60 years. I know that they're given all of the help they need here."

Since our last inspection the registered manager had prepared new and significantly more detailed care plans for each person. Relatives said that when doing this the registered manager had closely liaised with both themselves and their family member to ensure that the information they recorded was correct and reflected the persons' wishes. Records showed and our observations confirmed that people were reliably being given the assistance that they had agreed to receive in line with their care plan. This included assistance with washing and dressing, getting about safely, promoting their continence and managing healthcare conditions. Furthermore, we noted examples of care staff gently speaking with people about the care they received. This was done so that people understood and were satisfied with the arrangements that had been made on their behalf.

The registered manager told us that it was important to offer people a wide range of opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. We were told that this involved both inviting people to attend regular small-group activities and offering them one to one support. During the course of our inspection visit we saw a small number of people enjoying singing along to their favourite tunes. However, other people were not engaged in activities. We saw them spending long periods of time sitting in a passive manner without anything to engage their interests. In addition to this shortfall, the registered persons had not developed a suitable range of opportunities for people to be supported to visit places of interest in the local community.

Although care staff understood the importance of promoting equality and diversity some of the necessary arrangements had not been made to fully support people to meet their spiritual needs through religious observance. This was because the registered manager had not consulted with everyone about this matter. As a result they could not be sure that they had offered everyone the support they wanted to receive. However, documents showed that the registered persons did recognise the importance of appropriately supporting people who adopted gay, lesbian, bisexual, transgender intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

The registered persons had made sufficient progress in providing people with responsive care that was person-centred to enable the breach of regulations to be met. However, more still needed to be done to provide people with all of the support they needed to pursue their hobbies and interests and to fulfil their spiritual wishes.

Suitable arrangements were in place to listen and respond to people's concerns and complaints. People told us that they felt free to raise any concerns they had so that they could be used to develop the service. Also, the registered persons had established systems and processes to ensure that complaints were thoroughly investigated. This was so that complainants' issues could be addressed and any necessary improvements made. Records showed that the registered persons had not received any complaints since our last inspection visit.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted examples of care staff having kindly supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.



## Is the service well-led?

### Our findings

At our inspection on 30 August 2017 we found that there was a breach of regulations because suitable provision had not been made to assess, monitor and improve the quality and safety of the service. In more detail, we found that quality checks had not always been sufficiently robust to ensure that problems in the running of the service were quickly put right. Furthermore, the registered persons had not actively consulted with people to obtain feedback about how best to develop the service in the future.

After the inspection the registered persons wrote to tell us that new and more detailed quality checks had been introduced. They also told us that new arrangements had been made to consult with people and their relatives so that they could suggest improvements to the service.

At the present inspection we found that the systems and processes used to monitor and evaluate the operation of the service had been strengthened. The directors told us that they had reduced a number of their other business interests so that they could devote more time to personally overseeing the operation of the service. Care staff confirmed that the directors had a much more visible presence in the service than before and that they were actively involved in its management. In addition to this, the registered manager had introduced a number of additional quality checks including a detailed audit that was designed to ensure that people reliably received all of the care that they needed and had agreed to receive. Records showed that they had also further developed existing quality checks so that they were more comprehensive and contained specific information about the timescales within which improvements would be made. An example of this was the new development plan that had been prepared to ensure that remaining defects relating to the accommodation were promptly addressed. However, the shortfalls we have described earlier in this report relating to the management of medicines and the completion of pre-employment checks had not been identified for action.

A number of arrangements had been made to support people who lived in the service and their relatives to suggest improvements to their home. These included being invited to attend regular residents' meetings at which people were offered the opportunity to give feedback about their experience of living in St Claire's Care Home. We also noted that the registered manager had regularly met with people and their relatives on an individual basis to discuss their experience of living in and using the service. There were a number of examples of suggested improvements being put into effect. One of these involved changes that had been made to the menu so that it provided more choice and variety.

The improvements made by the registered persons in monitoring and resolving problems in the running of the service had resulted in sufficient progress being made to result in the breach of regulations being met. Nevertheless, more progress still needed to be made to ensure that the consistent development of the service could be assured and sustained.

Everyone with whom we spoke considered the service to be well run. Summarising this view a person said, "I've been very impressed with the organisation of this place. It runs smoothly on most days. When there's the odd hiccup with staff sickness they just bring someone else in to cover and nothing seems to get

missed." Relatives were also consistently complimentary about the management of the service. One of them remarked, "I have complete confidence in the manager and the senior staff to run the service how it should be run. They're professional but at the same time they're friendly. They've got the balance right."

There was a registered manager who had been appointed shortly after our last inspection. The registered persons told us that they had specifically appointed the new registered manager to problem-solve and to effectively address the concerns we had raised. As part of this care staff said that they had met with the new registered manager who had emphasised to them the importance of developing an open culture in the service to promote its ability to learn and innovate so that people received safe and responsive care.

We found that the registered persons understood and managed risks and complied with regulatory requirements. This included operating systems and processes to ensure that we are quickly told about any significant events that related to the operation of the service. This is necessary so that we can be assured that people are being kept safe. Furthermore, the registered persons had suitably displayed in the service the quality rating we gave to the service at our last inspection. This is important so that people know what we have said about how well the service is meeting people's needs and expectations.

There were a number of systems and processes to help care staff to be clear about their responsibilities. This included there being a senior person on duty who was in charge of each shift. Also, care staff could contact the registered manager or the deputy manager during out of office hours if they needed advice or assistance. These measures all contributed to care staff being suitably supported to care for people in the right way.

The registered manager and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this care staff told us that they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered manager liaising with the local authority to advise them about their capacity to offer a service to new people who needed to receive care in a residential setting. This helped to ensure that people could leave hospital as soon as they were well enough to do so.