

Knightingale Care Limited

Clarence House Care Home

Inspection report

Albert Street
Brigg
South Humberside
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13 April 2018

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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 ●

Summary of findings

Overall summary

This inspection took place on 11 and 13 April 2018. It was unannounced on day one of the inspection.

Clarence House provides accommodation for up to 33 people who require personal care, some of whom may be living with dementia. It is situated in Brigg with access to local amenities and shops. At the time of the inspection 18 people lived at the service.

Clarence House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who was also the registered provider. 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.

People told us they felt safe living at the service. Staff understood how to report safeguarding concerns. Safeguarding issues raised were investigated and action was taken to address any shortfalls. Safeguarding recommendations made by the local authority were implemented to help staff monitor people's health and wellbeing.

Risks to people's wellbeing were monitored. General maintenance was undertaken. Accidents and incidents were monitored and emergency plans were in place to help to protect people's health and safety. Environments risks were monitored and emergency planning was in place.

Minor issues with infection control found on day one of the inspection were quickly addressed. Medicines management was safe.

Staffing levels were determined by and monitored in line with people's dependencies. People's needs were met in a timely way by staff. Staff undertook training in a variety of subjects, they had regular supervision and a yearly appraisal to maintain and develop their skills. Further training had been undertaken following the recommendations gained from safeguarding issues that were investigated, to enhance the staff's skills. Staff recruitment procedures were robust.

People told us staff who looked after them were caring and kind.

Staff treated people with dignity and respect. People's preferences for their care and support were recorded and were known by staff. Staff encouraged people to maintain their independence, even if there were risks present. People's health was monitored by relevant health care professionals to help to maintain their

wellbeing. People's nutritional needs were met.

Care and support was provided in line with the Mental Capacity Act 2005. Staff encouraged people to make choices about how they wished to live their life, where this was possible. Care and support was provided in people's best interests where people lacked the capacity to make decisions for themselves.

There was a complaints policy in place and issues raised were investigated and resolved. Local advocates were available to people to help raise their views.

Activities were provided that people could join in with, if they wished. Visiting was unrestricted and visitors were made welcome.

Meetings, spot checks and audits took place to help the management team monitor the quality of service provided. Issues found were acted upon to maintain or improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff reported safeguarding issues. Issues were investigated and action was taken to implement recommendations to help to protect people from abuse and harm.

Minor infection control issues found during the inspection were acted upon straight away. Medicines management at the service had improved and staff dealt with people's medicines in a safe way.

People's needs were met by staff. Recruitment procedures were robust.

Audits and maintenance checks were undertaken to help protect people's health and safety.

Is the service effective?

Good ●

The service was effective.

People's dietary needs were monitored and reviewed. Action was taken if staff had concerns about people's dietary needs.

People's rights were respected and care was provided with consent or in people's best interests. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Staff were provided with on-going training in a variety of subjects, they had regular supervisions and a yearly appraisal. This helped to maintain and develop their skills.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring.

People's diversity was respected and their privacy and dignity was respected by the staff.

Is the service responsive?

Good ●

The service was responsive.

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

A programme of activities were provided, people chose to take part if they wished.

Information was provided to people about how to make a complaint. Issues raised were acted upon to help to make sure people remained satisfied with the service they received.

Is the service well-led?

Good ●

The service was well-led.

The provider and registered manager had worked to improve the service following safeguarding recommendations received from the Local Authority.

Checks and audits encompassed the learning gained from this external feedback, which helped to improve the service.

People's views were asked for and were acted upon.

Clarence House 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was partly prompted by safeguarding issues raised with the Care Quality Commission. The issues raised were investigated by the local authority and some were investigated by the police. We looked at the potential concerns about the management of risk in the service. The safeguarding issues raised were concluded prior to our inspection along with the police investigation and recommendations made to the provider were implemented immediately to help to maintain people's health and wellbeing. At the last inspection this service was rated good.

This inspection took place on 11 and 13 April 2018. Day one of the inspection was unannounced and we told the provider we would finish the inspection on 13 April 2018. The inspection was carried out by one adult social care inspector.

We looked at information we held about the service, this included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We gained information from North Lincolnshire County Council safeguarding and commissioning teams. We also asked Healthwatch (a consumer healthcare champion) if they had any information to share with us about this service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers 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. The information we gathered was used to plan the inspection.

During the inspection we spoke with the registered manager, area manager, cook and four staff. We undertook a tour of the service and we were introduced to all the people living there. We spoke with three people living at the service and two visitors to the service. We also gained the views of one visiting health care professional. We observed the care and support provided to people in the communal areas of the service. We watched lunch being served in the dining room on the first day of our visit. We found most

people could communicate with us, but some people could not due to their needs.

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

We looked at six people's care records and a selection of documentation related to the management and running of the service. This included quality assurance information, policies and procedures, complaints information, results of audits and spot checks undertaken, action plans completed following investigations into safeguarding concerns, meeting minutes, medicine audits and records of maintenance carried out at the service. We also looked at recruitment information for three members of staff, staff training and supervision and appraisal records.

Is the service safe?

Our findings

People told us they felt safe living at the service supported by staff. One person said, "There is a nice atmosphere here. I am safe here. Another person said, "I am looked after, staff ensure I am safe."

During our visit to this service we undertook a full tour of the building. We found some issues with infection prevention and control practices; shower chairs had rusty steel above the wheels and some commode pots and urinals required cleaning or replacing. We spoke with the registered manager about this and new shower chairs, commode pots and urinals were ordered. We also found boxes of gloves in some communal bathrooms. We spoke with the registered manager about the potential risk to people living with dementia from swallowing gloves. The gloves were immediately removed and staff were informed not to keep gloves unsecured at the service.

The registered manager and provider monitored people's dependency levels, to determine the levels of staff provided. We observed people received timely care and support which met their needs and protected their health and wellbeing. People told us they felt there were enough staff on duty to meet their needs. We did receive one comment from one person that they had to wait for breakfast because this was a busy time of day for the staff. However, they told us they had not raised this with the registered manager of the service but would and they were sure this minor issue would be addressed.

Staff were trained about safeguarding people from potential abuse or harm. Policies and procedures informed staff about how to report any concerns. Safeguarding issues raised were reported to the local authority and were investigated. We discussed recent safeguarding alerts that had been made to us about the service with the registered manager and area manager. We saw evidence that the management team had worked with the safeguarding team to make improvements in response to the outcomes of safeguarding investigations undertaken about the service. For example, more training was provided for staff about monitoring people's nutritional needs, food and fluid intake and output. We found people's care records had been reviewed further to make sure risks to people's wellbeing were clear. We found the provider and staff had learnt from the safeguarding issues raised and had acted to ensure people's wellbeing was maintained.

We found the registered manager and area manager monitored accidents and incidents that occurred. They looked for any patterns and contacted health care professionals for help and advice to try and prevent any further re-occurrence.

People had detailed risk assessments in place. Some had been updated by the registered manager. We found people were encouraged to maintain their independence even if there were risks attached to this. For example people who were unsteady on their feet were observed from a distance by staff and support was offered if they appeared unsteady. This helped to maintain people's independence.

We found the registered manager had recently introduced more robust systems to monitor people's health and wellbeing. New nutritional monitoring audits that were colour coded to highlight people who may be at

risk from weight loss were in place. We found action was taken to gain professional help and advice, which helped to maintain people's wellbeing

Regular health and safety checks were carried out. These environmental checks helped to ensure the safety of people who used the service. Service contracts were evident and there was a business continuity plan in place to inform the staff about how the service should be maintained in the event of an incident such as a power cut or flood. People had Personal Emergency Evacuation Plans (PEEPs) in place. A PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. These were updated and reviewed as required.

We found the arrangements for managing people's medicines were safe. Medicines were audited on a regular basis by the registered manager and provider. An external audit of the medicine systems had been conducted recently due to safeguarding issues being raised. We found the registered manager and provider had undertaken the recommendations suggested by the safeguarding team. For example, a new storage area for medicines had been created and new thermometers were in place to monitor the temperature of the medicines fridge and medicines storage areas. We saw people's medicines were kept under review and medicines were administered by staff who had undertaken training about how to do so safely. We saw staff stayed with people until they had taken their medicine and allergies were recorded on people's medicine administration charts to help to protect people's wellbeing.

We looked at the recruitment processes in operation within the service. We found they were robust. Potential staff had to provide references and have a Disclosure and Barring Service check (DBS). (DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands, as well as informing potential employers if prospective employees have been entered onto a barred list that prevents them from working with vulnerable children and adults). DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

People told us staff were effective at meeting their needs. We received the following comments, "Staff are always to hand. I receive the care I need" and "I am cared for and have no issues at all." We observed positive interactions occurred between people and staff, and saw friendly banter taking place.

Staff used the information gained at the pre admission assessment to create person centred care plans and risk assessments for people, which informed the staff about people's needs. People had their needs assessed by staff before they were offered a place at the service, which gave them or their relatives the opportunity to ask questions about the help that could be provided for them. People were encouraged to visit and look round to see if the home and service delivered was suitable for them.

Staff undertook training about equality and diversity and they respected people's individual needs and choices. People's likes, dislikes and preferences in relation to their care were recorded. Their family history, working life, hobbies and interests were recorded, which helped staff engage with people in a meaningful way. Whilst in the communal areas of the service we saw people were treated as individuals by staff.

We observed staff had the appropriate skills and knowledge to care for people effectively. The provider had a programme of staff training in place. This included new staff commencing the Care Certificate. (The care certificate is a nationally recognised training course which helps to provide staff a standardised induction in health and social care roles, inline with national standard).

Staff had access to a range of training deemed by the provider as being 'essential', for example, safeguarding and fire safety training, as well as subjects specific to meet people's needs. Where staff required refresher training this was booked by the registered manager and there was a training planner in place to make sure this was completed in a timely way. This helped to maintain and develop the staff's skills. Staff we spoke with said, "There's lots of training provided" and "We complete training booklets, online training and have training provided in-house."

More training was being provided to staff about maintaining people's nutritional needs including an external health care professional delivering training about the MUST tool (A recognised nutritional monitoring tool). Training for staff about what action to take if a person fell and hit their head, or if they needed to record people's food and fluid intake and fluid output, had also been provided to staff.

The registered manager supported staff by providing regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Minutes of supervision meetings were inspected. We found if there was an issue with a member of staff's performance this was acted upon and further training was provided to support the staff. Staff received an annual appraisal, this allowed discussion to be held about their performance and future goals or achievements they wished to work towards.

People's nutritional needs were assessed and were known by staff. The registered manager and provider

had introduced more robust monitoring systems in regard to people's dietary needs following recent safeguarding issues being raised. If staff were concerned about people's weight or dietary intake they contacted relevant health care professionals for help and advice. Detailed audits of people's nutritional needs were in place so the management team could ensure people's needs were met.

We found the cook and staff were aware of people's special dietary needs and fortified foods and special diets were catered for. At mealtimes we saw different sized portions of food were offered and second helpings. People were encouraged and prompted to eat by patient, attentive staff. Pictorial menus were in place to help people living with dementia choose what they may like to eat. The cook spoke with people to ask if they were satisfied with the food provided. People said, "The food is great. The cherry pie and pudding are to die for" and "The food is great there is lots of choice. I enjoy it."

People received person centred care and had access to health care professionals to meet their health needs, this included district nurses, GP's, hospital consultants, dentists, occupational therapists and opticians. Information about people's individual health conditions or medicines was contained in their care records. The registered manager told us they were re-writing everyone's care records to ensure they had the same level of detail included. The new care records were in a new format which helped staff find the information they contained more easily. We found half of the people's care records had already been re-written to a high standard.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found 10 people had a DoLS application submitted to the local authority and one was granted. These were kept under review by the registered manager.

Mental capacity assessments and best interest decisions were recorded in people's care records. We saw staff giving people choices and they acted upon what people said. People said, "I make my own choices" and "I do what I like." Staff said, "They [people] choose how they live" and "People are treated as individuals."

The environment at the service had been enhanced for people living with dementia, this including bedroom doors being painted in different colours to make it easier for people to identify them. Memory boxes were used by some people, these were located by their bedroom with items and pictures to aid reminiscence and to help people find their room. People's bedrooms were personalised to make them feel more homely. Pictorial signage was in place and the registered manager told us more signage was to be provided throughout the service. The registered manager told us they were looking at other improvements they could make to the dementia care unit to make it even more homely for people.

There were different areas of the service where people could sit quietly and other areas for socialising. Gardens were provided for people to be able to sit outside in nice weather. We found during our visit the service had a welcoming atmosphere.

Is the service caring?

Our findings

People told us the staff were caring and kind. We received the following comments, "Staff are good", "Staff are polite and all wonderful and smiley. They are happy in what they are doing" and "The staff are all nice, they are so chatty. I feel cared for." We observed people appeared relaxed in the company of staff during our visit.

A health care professional told us, "There are no bad staff attitudes here. Staff are caring and they care for people appropriately. They are friendly and know people's needs."

Compliment cards had been received at the service, comments received included, 'Thank you for all you did to make [Name] happy and comfortable', 'Thank you for looking after me so well' and 'Thank you for all the care you gave dad we could not have asked for him to be looked after any better.'

During our visit we saw staff assisting people in the communal areas of the service with patience, dignity and respect. People were addressed by their preferred name and friendly banter occurred. Care and support was provided in people's bedrooms or in bathrooms to maintain people's privacy.

Staff told us how they provided emotional and physical support to people. For example, when someone became unwell staff sat with them to help reassure them whilst informing the registered manager the person was not well. The registered manager visited them on their day off to speak with them and ensured the person was getting the care they required.

Staff we spoke with told us they loved working at the service and they confirmed they treated people as individuals and respected their diversity. We saw this was the case during our visit. One member of staff said, "We treat people as the individual's they are." Another said, "The residents are friendly and their families are lovely. I love it here."

The registered manager and area manager reviewed people's dependency levels regularly, which helped the provider manage the staffing levels provided at the service. During our visit we found there were enough staff to provide emotional support and comfort to people.

The provider had a policy in place for promoting people's equality and diversity. The discussion we held with staff confirmed they understood how this related to their work at the service. People we spoke with confirmed they were treated as equals. We found relevant information about equality and diversity, for example gender, race, religion and nationality was recorded in people's care files.

People said they were given information from staff about their care and support. One person said, "I sometimes look at my care records with staff. I make my own choices regarding my care." We saw people made decisions about their care and support in line with their capabilities. Information about the service was provided to people in a format suitable for them, this included the last inspection report, statement of purpose (information about the home, staffing and services available) and the providers 'Philosophy of care'

information.

People were able to gain support from a local advocacy service to help them make decisions about their care and support if needed, which helped to uphold their rights.

Is the service responsive?

Our findings

People told us staff responded to their needs. We received the following comments. "Staff are here when I want them. They act and get the GP if I am not well. I would be able to complain to the manager about any issue", "Staff are there when needed", "I choose what activities I get involved in. I have choices here and get what I want. I make choices about getting up and going to bed", and "There are enough staff who are always there. I have had the care I need."

During our inspection a visiting health care professional told us, "Staff know the service users' needs and they act on them. I recently undertook a review of the care plans, new care plans in place were correct. I have never had any family members raise concerns."

We saw that people had a pre-admission assessment undertaken by staff before they were offered a place at the service. People and their relatives were able to ask questions and share information with staff to make sure their care needs were known and could be met.

We found people's care records were completed appropriately to help monitor their health and wellbeing. Prior to our inspection safeguarding issues raised had been investigated by the local authority. The safeguarding investigation had concluded with the following recommendation being made; 'People who required fluid intake and output charts should have the amount of fluid taken and urine output recorded'. We found this recommendation had been implemented by the management team who continued to monitor this documentation. If issues with this documentation were found staff were provided with further supervision to make sure this documentation remained accurate.

We saw the registered manager had commenced reviewing and rewriting people's care files to make them more person centred and detailed. Nine people's files had been re-written with a further nine scheduled to be completed. The information in the care records was placed in a more logical order to make it easier for staff and visiting health care professionals to find the information they required. People had a summary of their care on a 'grab sheet', which contained vital information about people's needs, which helped inform new staff or visiting professionals.

People had care plans and risk assessments in place which were re-assessed on a regular basis and updated as people's needs changed. Relatives confirmed they were told about changes in their relation's wellbeing when they occurred, which kept them informed.

Where people wished to maintain their independence with their care, this was risk assessed and their wishes were respected by staff. For example, people who wished to mobilise unaided but were unsteady on their feet were encouraged by staff and observed, if necessary in case they required assistance.

We found staff were knowledgeable about people who used the service and they understood their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. Specialist equipment such as profiling beds and pressure relieving mattresses were in

place to help maintain people's comfort and skin integrity. Hoists were supplied and were kept in good working order to help to transfer people who were immobile.

We found people care files contained detailed information about each person's past life and current interests, which helped staff engage with people. A range of activities were provided at the service. This included bingo, quizzes, chair exercises, reminiscence and pampering sessions. Local school children visited the service twice a year to provide a carol concert at Christmas and to interact with people. Outings into Brigg and to local attractions, for example Brigg Garden Centre, were undertaken. People's religious needs were recorded and were provided for. Local clergy visited and held a regular service to make sure people's religious needs were met. A hairdresser attended for people's convenience, which was appreciated by people living at the service.

People were encouraged and supported to maintain their relationships with their family and friends. Visiting was permitted at any time and visitors were made welcome. The service had a newsletter that was provided to people and their relatives to inform them about activities and events.

There was a complaints policy in place. We looked at all the complaints the service had received since the last inspection. We found issues raised were investigated and the outcome was recorded. This information was shared with the higher management team who used it to maintain or improve the quality of the service provided. People we spoke with said they knew who to talk with if they wanted to complain and said issues raised would be acted upon. One person said, "I would complain if I needed to." Another person told us they had raised a small issue and there had been some changes made to rectify it.

Is the service well-led?

Our findings

People told us the service was well-led. We received the following comments, "The manager is brilliant and the service is good", "I have no issues at all with how the service is run" and "It is really nice here. Staff look after us, the customers well, it comes across."

There was a registered manager in post who was supported by the area manager and senior staff within the service, both had a good rapport with people who used the service.

During the inspection we found the provider, area manager and registered manager were committed to improving the service. For example, findings from a recent external medicine audit were acted upon. Recommendations from recent safeguarding concerns to improve people's care records and provide staff with more training regarding monitoring people's nutritional needs, fluid intake and output and regarding catheter care were in place.

Prior to this inspection safeguarding issues had been raised about some aspects of people's care and support, record keeping relating to fluid balance charts and people's nutritional needs, gaining advice in a timely way from health care professionals and end of life care. The registered manager and provider worked with North Lincolnshire County Council in relation to the issues raised and produced an action plan to address the issues that had been found during the investigation. We found the management team were monitoring the staff's progress and knowledge in regard to people's dietary needs and recording of fluid balance charts. This report is lengthy in some areas to enable us to share our findings following the conclusion of the safeguarding investigations.

We found there was a wide range of audits and spot checks taking place. The registered manager monitored the delivery of the service and undertook unannounced visits at any time out of normal office hours to observe the care provided. Audits being undertaken included reviewing people's care records, medicine administration charts, nutritional needs and fluid intake and output charts. We saw issues found were acted upon straight away to maintain the quality of service provided to people.

The registered manager had an 'open door' policy in place and an on call system was provided so people, their relatives or staff could gain help and advice at any time. A member of staff said, "I feel supported by the manager."

People's views were gained and were acted upon. Resident and relatives meetings were held, regular questionnaires and quality assurance surveys were sent to people, their relatives and staff to gain their views. Feedback received was acted upon. People were provided with information about the service in a format that met their needs, regular newsletters were produced. This kept people informed.

Meetings were held with staff and they told us they felt the service was well-led. Staff informed us they had embraced the recommendations and action plan that was implemented following the safeguarding investigation. We observed the management team and staff discuss ideas about how the service could be

maintained or be improved. Good practice guidance was evident in the service, for example nutritional monitoring and dependency tools were used to help maintain people's nutritional needs.

We found records and documents were easily accessible for us to inspect and were stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service, so that we can check that appropriate action has been taken.

The area manager and registered manager told us the service was there to accommodate the needs of local people and they worked to ensure people felt at home and were well cared for.