

Pretty 1098 Ltd

Clann House

Inspection report

Clann House
Clann Lane,
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Cornwall
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Tel: 01208831305

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28 April 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clann House is a residential care home providing personal care and accommodation for up to 34 predominantly older people. At the time of this inspection there were 28 people living in the service. Accommodation is spread over two floors. Clann House is an older style property on the outskirts of Lanivet village, which is near Bodmin.

People's experience of using this service and what we found

The inspection was prompted following concerns about the management of the service. At the time of the inspection, the manager was not registered with the Care Quality Commission (CQC). The manager had submitted their application with the CQC but later withdrew this. The provider put in place further interim management arrangements to oversee the service and an action plan following the inspection.

Feedback from staff, and from the review of records and care documentation evidenced there was poor oversight of the service which was affecting aspects of the operations of the service. Audits to oversee the service were not always fully effective in identifying areas for improvement. Confidential information was not always stored securely.

Some people could find it difficult to express themselves or manage their emotions. This could lead to distressed behaviour which could put them, or others at risk. People's care plans did not always inform, direct or guide staff in the actions to take when people were becoming anxious and how to support them. The manager told us that people in the service did not have a behavioural support plan. As staff had no guidance when a person became anxious, this meant that there was no consistent understanding or approach in how to support people.

Medicines were administered safely. However, records were not always accurate. There was no evidence of how managers responded to medication incidents with staff and if additional training, supervision and competency checks were being made. Some people were prescribed medicines to be taken when required. Staff did not record the reason for giving a when required medicine or whether it was effective.

People using the service and their relatives told us they felt they were cared for by skilled staff who were caring and respectful. We observed many kind and caring interactions between staff and people. Staff spent time chatting with people and knew the people they supported well.

There were some staff vacancies at the time of this inspection. Regular agency staff were being used to cover these absences whilst a recruitment campaign was on going. Duty rotas confirmed that there was always a mix of permanent and agency staff on duty so that people were supported by familiar staff. People told us that staff respond in a timely manner when they called for assistance.

All necessary recruitments checks had been completed. New staff completed an induction and staff training

was monitored to ensure that it was updated.

The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The food provided by the service was enjoyed by people.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately

Staff were motivated and fully focused on ensuring people's needs were met.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was re-registered with us on 16 June 2021 and this is the first inspection.

The last rating for the service under the previous provider, Amber Care (East Anglia) Ltd, was requires improvement published on 7 August 2020 with a further targeted inspection in December 2020. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of the key question. These inspections found improvement in the operation of the service had been sustained and regulatory breaches had been complied with.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clann House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to continue to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Requires Improvement 

Is the service effective?

The service was effective.

Good 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

the service was responsive.

Good 

Is the service well-led?

The service was not always well-led.

Requires Improvement 

Clann House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Clann House 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a professional who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used information gathered as part of monitoring activity that took place on 22 March 2022 to help plan the inspection and inform our judgements.

During the inspection-

Some people using the service had limited verbal communication. We spent time observing their interactions between themselves and with supporting staff. We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff. This included the newly appointed manager, deputy manager, care staff and auxiliary staff.

We reviewed a range of records. This included four people's care records, and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection visit, we spoke with the area manager and to three relatives. We received six emails from staff regarding their experience of working at Clann house.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some people could find it difficult to express themselves or manage their emotions. This could lead to distressed behaviour which could put them, or others at risk. People's care plans did not always inform, direct or guide staff in the actions to take when people were becoming distressed and how to support them. This meant staff did not have the relevant information to enable them to support people when they were distressed.
- The manager told us that people in the service did not have a behavioural support plan, and from care records we inspected we found this to be the case. As staff had no guidance when a person became anxious, they asked other staff for advice on how to support people. This meant that there was no consistent understanding or approach in how to support people.
- The manager had put in place new behavioural monitoring charts for staff to complete when a person became anxious however staff were not completing them. This meant that people's care needs were not monitored or reviewed to learn how to improve the quality of life for the person.
- People's risk in areas such as falls had been assessed. However, the risk assessment did not always inform, direct or guide staff in how to minimise these risks. This meant that there was no consistent understanding or approach in how to support people.

The provider had failed in that risks were either not assessed or ways to mitigate these risks were not in place. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The environment was well maintained. Risks associated with the environment were monitored.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

- Medicines administration records (MARs) were not always accurate. There were some gaps on MARs when medicines had not been administered with no explanation. There was no evidence of how managers responded to medication incidents with staff and if additional training, supervision and competency checks were being made.
- Some people were prescribed medicines to be taken when required. People with dementia might not have been able to ask for a when required medicine. There was some guidance to help staff make consistent decisions about whether to give a when required medicine. But this guidance was not in place for all when

required medicines. Staff did not record the reason for giving a when required medicine or whether it was effective.

- Some medicines needed to be stored in the fridge, the temperature of the fridge was not in line with guidance for safe storage. This was rectified immediately.

The provider had not ensured the proper and safe use of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were ordered and disposed of safely and securely. Staff recorded medicines following administration.
- External creams and lotions, to maintain people's skin integrity, were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Systems and processes to safeguard people from the risk of abuse;

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- People were encouraged to report any concerns they may have about their welfare to the manager or senior staff.
- Relatives said they were confident their family members were well cared for and were safe.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- There was a robust system to ensure that people's monies were accounted for.

Staffing and recruitment

- The inspection was prompted following concerns about staffing levels.
- Staff told us they felt they were "quite often short staffed and need to rely on agency for help".
- The manager had identified that there were insufficient numbers of permanent staff to cover all shifts. Therefore, they had arranged to block book specific agency staff members to cover the vacant shifts. This ensured shifts were covered by consistent staff.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- People and relatives told us they felt that there were sufficient staff on duty at all times. People told us that staff respond in a timely manner when they called for assistance.
- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. Including testing and use of PPE.

Learning lessons when things go wrong

- There was no evidence the service reflected and learnt from issues and incidents when things went wrong. There was limited use of systems to record and report concerns. When things went wrong reviews and investigations were not sufficiently thorough.
- The service worked closely with other health and social care professionals in order to adapt and change the way people were supported if issues arose.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the home.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff told us they had access to a range of training to support them in their roles.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff told us "I did agency here and loved it so work here permanently now. It's a lovely home to work in".

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- People were complimentary about the food and drinks available. Comments included, "The food is really good"
- Some people had specific guidelines in place to support them in this area. The cook was aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- People were given choices of what to eat and drink. The food provided was well presented and kept warm. When a person declined their meal, staff were heard to offer other food options to encourage the person to eat. Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health conditions were well managed, and staff engaged with external healthcare professionals including GP's, district nurses, community psychiatric nurses and dementia liaison nurse.
- People told us that staff contacted relevant health professionals if they felt unwell.
- Relatives felt that the provider was usually quick to identify any health issues and act appropriately.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration.
- People were given information and support to encourage them to adopt a healthy lifestyle. Staff supported people to continue to mobilise independently.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

Adapting service, design, decoration to meet people's needs

- People's rooms were decorated with some personal belongings to ensure they felt comfortable with familiar items around them.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was a pleasant garden which people could access and use safely.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift.
- The home had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect: and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed atmosphere at the service and people approached staff for reassurance, encouragement and support without hesitation. We observed when people interacted with staff, their behaviour and body language showed they felt comfortable in their presence. Staff responded to people in a way that was comforting and reassuring to them.
- Relatives spoke positively about staff, commenting, "[person's name] likes the staff" and "[person's name] has been there a long time and so staff know [person] and us well."
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff ensured people's privacy and dignity was valued and respected. Staff knew people's needs and preferences.
- Staff were motivated to provide as good a service as possible for the people they supported. Comments included "I believe our shared values are good communication, honesty, empathy, respect, fairness and teamwork".

Respecting and promoting people's independence

- People were supported to maintain and develop relationships with those close to them. Relatives were updated about their family members wellbeing and progress via phone calls.
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care as independently as possible. Representatives where needed were involved in decisions about the care of people they supported.
- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with.
- Staff listened to people's views and ensured these were respected. Staff described people's communication needs and what support individuals required to understand and communicate effectively.
- Information from relatives had been sought which contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans included information about their needs, routines and preferences. We discussed with the manager that the care plans were a good foundation in describing people's care needs. The care plans would benefit from providing additional information, direction and guidance to staff in how to meet a person's specific needs. For example, provide direction for staff in how to support a person when anxious. This was discussed with the manager who agreed to action this. This meant staff who did not know people well would not understand how to meet people's emotional needs.
- Care plans were reviewed and updated regularly with the involvement of the person and their relative. This meant staff had information which reflected people's current needs.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. The service recorded daily logs to summarise the persons day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities co-ordinator working in the service. We observed activities taking place which people were engaged with.
- Planned activities were on display for people to attend if they wished. These included a weekly church service at the home, baking, quizzes, puzzles, singers, chair exercises, foot spa, manicures and hairdresser.
- People were supported to maintain relationships which were important to them, with friends and relatives particularly during the ongoing COVID-19 situation.
- Due to the health needs of some people they spent their time in their room or in bed. Staff checked on people's welfare and held conversations with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure available. There were no ongoing complaints at the time of the

inspection.

- Relatives told us they would be confident to speak to the management or a member of staff if they were unhappy.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people were receiving end of life treatment an advanced care plan was developed to ensure that the persons preferences and wishes would be respected
- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The inspection was prompted following concerns about the management of the service. The manager at the time of the inspection had submitted their manager registration application with the CQC but later withdraw this. The provider had put in place interim management arrangements to oversee the service.
- Feedback from staff, and from the review of records and care documentation evidenced there was poor oversight of the service which was affecting aspects of the operations of the service. For example, staff did not consistently record where people displayed behaviours that challenge. When they did, these were not always reviewed as an accident or incident. Therefore, we were not assured management were reviewing all incidents and identifying themes or learning to mitigate the risk of them happening again.
- Systems and processes were not effectively implemented or embedded. The managers weekly report identified the same issues each week with no action plan in how this would be addressed. For example, the redecoration of a person's bedroom had been highlighted for seven weeks with no action plan in place to address this.
- Audits were not always fully effective in identifying areas for improvement. For example, when medicine errors had been identified these were not addressed.
- Confidential information must be stored securely. We found people's care records in public areas and accessible to all.

The provider's governance systems were either not in place or robust enough to identify issues and make improvements to the service people received. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident concerns would be

listened to and acted on.

- The provider took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested. They also produced an action plan following the inspection in how they would address the issues raised from this inspection visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and relatives were asked for their views of the service through, questionnaires and informal conversations with the manager and staff. Relatives told us that communication with the service was "good".
- A formal quality assurance and gaining the views of stakeholders was in progress.
- Staff team meetings were held and provided opportunities for staff and the management team to discuss any issues or proposed changes within the service.
- Managers and staff understood equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by the provider.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed in that risks were either not assessed or ways to mitigate these risks were not in place. The provider had not ensured the proper and safe use of medicines. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems were either not in place or robust enough to identify issues and make improvements to the service people received.</p>