

Amber Care (East Anglia) Ltd

Clann House Residential Home

Inspection report

Clann House
Clann Lane, Lanivet
Bodmin
Cornwall
PL30 5HD

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06 November 2020

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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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. There were 32 people living in the service on the day of our visit. 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

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service.

There were sufficient staff on duty to meet people's needs. However, there was a high use of agency staff. The registered manager informed us they were in the process of recruiting additional staff and had had some difficulties with recruitment during the early part of the pandemic.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

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. During the summer months some families had met people in the garden and new arrangements were in place for families to meet in a safe area of the home during the winter months.

People received their medicines safely and on time.

The service had suitable safeguarding systems in place, and staff knew how to recognise and what to do if they suspected abuse was occurring.

Care plans included risk assessments and guidance for staff on how to meet people's support needs. Risk assessment procedures were satisfactory so any risks to people were minimised.

The service was managed effectively. There were appropriate audit and quality assurance systems in place.

Why we inspected

We undertook this targeted inspection to check on specific concerns we had received about staffing levels, medicine management, safeguarding incidents not being reported or followed up and recruitment practices. There were also concerns over the management of the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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 coronavirus 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.

Follow up

We will continue to monitor information we receive about the service until we 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?

Inspected not rated.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

Inspected not rated.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Clann House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection

This was a targeted inspection to check on a specific concern we had received about staffing levels, medicine management, safeguarding incidents not being reported or followed up and recruitment practices. There were also concerns over the management of the service.

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 team consisted of 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke briefly with three people who used the service, three staff, the registered manager and senior carer. We observed staff providing care and support to people during the morning from a socially distanced position.

We reviewed a range of records. This included two people's care records and a sample of medicine records. A variety of records relating to the management of the service, including notification sent to CQC and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had received about staffing levels, medicine management, safeguarding incidents not being reported or followed up and recruitment practices. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance in place to help them support people to reduce the risk of avoidable harm.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency and how the service would support people if they had an outbreak of Covid-19.

Staffing and recruitment

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (Police), undertaken before new staff started work.
- There were enough staff on duty to meet people's needs and keep them safe. The management team regularly assessed people's needs and adjusted staffing levels accordingly. Staff all told us there were enough staff on duty to meet their needs. Staff had enough time to sit and talk to people and ensure their emotional and social needs were also being met.
- The service used a number of agency staff to cover shifts. This goes against recent government guidance during the Covid-19 Pandemic. However, this was due to some regular staff being unable to work during the pandemic and needing to self-isolate. The registered manager had four new members of staff ready to start once pre-employment checks were completed.

Using medicines safely

- Medicines were managed safely and records regularly audited. Any issues identified were addressed and resolved.

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 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.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had received about staffing levels, medicine management, safeguarding incidence not being reported or followed up and recruitment practices. There was also concerns over the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were motivated and fully focused on ensuring people's needs were met.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were very visible in the service and took an active role in the running of the service.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "The manager is very approachable and supportive."
- The service used a high number of agency staff to cover shifts. However, the registered manager had recently employment additional staff to cover vacant posts.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Audits showed all incidences and accidents where followed up and signed off by the registered manager.

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

- Staff told us the service was well managed and they felt valued. Staff told us the management team was very approachable and always available for advice and support.

Continuous learning and improving care

- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- Organisational audits were in place and used to develop the service by reflecting good practice.

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

- Responsibilities under the duty of candour were fully understood by the provider, the registered manager and staff team.