

Derbyshire County Council

East Clune Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 9 June 2016. At our last inspection in December 2014 the fundamental standards and requirements of the Health and Social Care Act 2008 were being met at the service.

East Clune Care Home provides accommodation and personal care for up to 30 older people, including some who may be living with dementia. At the time of our visit, there were 24 people living at the service. There was a registered manager at this service. 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 were supported safely when they received care. Staff recruitment, training and deployment arrangements helped to ensure this. People felt safe and both they and staff were informed and confident to raise any concerns they may have in relation to people's care and safety.

People's medicines were safely managed and risks to people's safety associated with their health condition, environment or care equipment were assessed before they received care and regularly reviewed. People's care plans showed staff the care actions required to mitigate any related risks, which staff understood and followed. This helped to protect people from the risk of harm or abuse.

People were satisfied with their care. People enjoyed their meals and they were supported to maintain and improve their health and nutrition in consultation with external health professionals when required.

Staff were trained, informed and supported to provide people with the care they needed. Staff understood people's health, dietary and related care needs. People's care plans were well maintained and helped to inform this.

Staff understood the Mental Capacity Act 2005 and followed this to obtain people's consent to or provide care in their best interests when required. People's related care plan records mostly helped to ensure appropriate decision making in relation to their care, treatment or finances in their best interests. Action agreed and confirmed by the registered manager following our inspection helped to fully ensure this.

People and relatives found staff to be consistently kind, caring and respectful. People were supported to maintain their preferred contacts with family and friends, who were appropriately informed and involved in their care.

People received individualised, timely care, which took account of their rights, known daily living routines and lifestyle preferences. Staff understood people and knew how to communicate with them in a meaningful way.

A range of environmental aids, adaptations and equipment helped to promote people's independence, orientation and inclusion in home life. A successful funding award bid by the provider helped to ensure a more tailored and supportive environment designed for people living with dementia.

Peoples' views about their care were regularly sought and they were consulted and supported to engage in home life in a way that was meaningful to them. People and their relatives knew how to raise any concerns or complaints they may have about the service and were confident these would be listened to and acted on.

People, relatives and staff were confident about the management and running of the service. The management culture was open, visible and approachable with a strong ethos of 'teamwork.' Staff understood their roles and responsibilities for people's care and they were encouraged and supported to raise concerns or make improvements to this when required.

The provider had sent us written notifications when required, telling us about important events that occurred at the service, in accordance with their legal obligations to us.

Regular management checks of the quality and safety of people's care and arrangements to seek people's views about this; helped to identify, plan and ensure any improvements that may be needed. Improvements made and assured from this helped to ensure the quality and safety of people's 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?

Good ●

The service was safe.

People were safely supported and protected from the risk of harm and abuse at the service. This was because the registered provider and manager ensured safe systems were followed in relation to people's care, medicines and the environment, as well as for staff recruitment and deployment at the service.

Is the service effective?

Good ●

The service was effective.

People were happy with their care. Staff followed the law to obtain people's consent or to provide care in their best interests when required. Staff were trained and supported to understand and deliver people's care in a way that met with nationally recognised practice standards. People were supported to maintain and improve their health in consultation with external health professionals when required.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, caring and promoted their rights, choices, involvement and contacts with family and friends

Is the service responsive?

Good ●

The service was responsive.

People's care was personalised and accounted for their known wishes, daily living routines and lifestyle preferences. Staff understood and communicated with people in a way that was meaningful to them. People were supported, informed and confident to raise any concerns they may have about the care provided and their views were regularly sought and used to make improvements when needed. Environmental aids and adaptations, together with planned design adjustments helped to promote people's independence, orientation and recognition

at the service.

Is the service well-led?

Good ●

The service was well led.

The service was a well-managed open culture with strong teamwork and staff who understood their role and responsibilities for people's care. Management met their legal obligations with CQC and their systems to check the quality and safety of people's care helped to ensure that improvements were made when required.

East Clune 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 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.

We visited East Clune on 9 June 2016. Our visit was unannounced and conducted by one inspector. There were 24 people living at the service.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. For example, a notification of a person's death. We also spoke with local authority care commissioners and Healthwatch Derbyshire who are an independent organisation that represent people who use health and social care services.

During our inspection we spoke with seven people who received care and three relatives. We also spoke with the registered manager and seven care staff, including a relief deputy manager, two agency care staff, a cook and one of the provider's external senior managers. We looked at three people's care records and other records relating to how the service was managed. For example, medicines and staffing records, meeting minutes and the provider's checks of quality and safety.

Is the service safe?

Our findings

People told us there enough staff to assist them when needed. One person said, "I am very safe and happy here." Another person told us, "Yes, I think there are enough staff; if I ring my bell at night they come pretty much straight away." Throughout our inspection we observed that people received timely assistance from staff when needed.

Staffing levels were monitored and planned in a way that helped to ensure they were sufficient to meet people's needs. Information we received in the Provider's Information Return (PIR) told us they had conducted an extensive staffing review at the service. At our inspection we found that a revised staffing structure, together with related role specifications, job profiles and descriptions were being introduced following a period of staff consultation. A staffing tool had been developed to regularly inform staff planning and deployment arrangements. This took ongoing account of people's personal care and dependency needs. Staff rotas showed that relief and agency staff were regularly utilised when required to support the transition phase of the staff changes. Staff planning arrangements also took account of any staff absence, such as holidays or sickness. This helped to ensure sufficient staff to provide people's care.

People said they felt safe at the service and they knew how and were confident to raise any concerns if they felt unsafe there. Information was displayed to show people how to recognise and report witnessed or suspected abuse of any person receiving care at the service. Staff told us they received related training for this and knew the procedures they needed to follow in such an event. This included contact with relevant external authorities concerned with this as may be required.

Recognised recruitment procedures were followed to help check that staff, were fit to work at the service before they commenced their employment there. For example, relevant employment checks were obtained, such as obtaining at least two work and character references, including from the applicant's most recent employer. This helped to make to protect people from the risk of harm or abuse

We saw that staff supported people safely when required; such as supporting people to move, eat and drink or take their medicines. People's care plan records showed any risks to their safety from their health conditions, environment or in relation to any equipment used for their care. For example, risks from skin pressure damage or falls. Care plans also showed the care actions required to mitigate those risks, which staff understood. One person told us that staff supported them to walk because they could sometimes fall. We saw that staff did this in a way done in way that ensured the person's independence and safety.

People were provided with the equipment they needed to ensure their safe support. For example, special seat cushions or bed mattresses to help to prevent skin sores and mobility equipment to help people to mobilise safely. Records showed that hoist equipment used for people's care was regularly checked and serviced for safe use. This helped to make sure that people were safely supported.

Emergency contingency plans were in place for staff to follow, which they understood. For example, the procedure to follow in the event of a power failure. Clear information was also provided and displayed for

people about key safety procedures, such as in the event of a fire alarm. In April 2016 Derbyshire Fire and Rescue Service told us the provider had made the required fire safety improvements when they asked them to following their visit to the service in March 2016. This helped to ensure people's safety, including in the event of a foreseeable emergency

People's medicines were safely managed. People said they received their medicines when they needed them. We observed that staff gave people their medicines safely and in a way that met with recognised practice. Records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way.

Staff responsible for people's medicines told us they had received medicines training, which included an assessment of their individual competency. Staff training records we looked at supported this. The provider's medicines policy was subject to a periodic review and provided comprehensive guidance for staff to follow for the management and administration of medicines. This helped to make sure that people's medicines were safely managed.

Is the service effective?

Our findings

People were happy with their care and felt their health care needs were being met. One person said, "I'm happy here, the care is good." All of the people we spoke with said that staff supported them to see their own GP or other health professionals when they needed to. One person said, "I get my eyes and feet checked and seen to when needed; staff sort it for me, I don't have to worry."

People's care plan records showed the arrangements for people's routine and specialist health screening such as optical care or diabetic health screening. They also showed that staff followed relevant instructions from external health professionals when required. For example, in relation to people's mobility needs or dietary requirements. During our visit we saw two external health professionals who regularly visited people at the service, who said that staff referred to them and followed their instructions when required for people's care.

People's needs assessments and care plans, showed their health needs, conditions and related care requirements, which staff that we spoke with understood. One person told us, "Staff are brilliant; I feel so much better since I came here; they listen and help me to eat better and make healthier lifestyle choices." People's care plans were regularly reviewed together with their experience of their care. Recent results collated of people's views showed their overall satisfaction with the care they received. This showed that staff understood people's health and related care needs and supported them to maintain and improve their health.

People said they were provided with the support they needed to eat and drink. They also said they were regularly consulted about their meals, which they enjoyed. Two people said, "Meals very good" and "There's plenty to eat and drink and always a choice."

At lunchtime we saw that a few people chose to eat their lunch in their own rooms, with most in the main dining room. Tables were attractively set with the required cutlery, condiments and napkins and we found a cheerful, sociable and relaxed atmosphere. Daily menus showed a choice of hot and cold food at each mealtime and showed a varied and balanced diet. People were supported to sit at tables with their friendship groups as they wished. The main food such as meat was plated and served to people individually and a selection of vegetables and gravy was provided at each table for people to help themselves. Staff provided chatted with people and took time to ensure they were happy with their meal and portion size. People told us they were regularly consulted with and involved in meal choices. This showed that staff supported people to enjoy their meals and involved them in making decision about this.

Staff understood people's dietary needs and provided them with the support they needed to eat and drink. For example, they made sure that people were provided with adapted drinking cups, utensils and crockery or that meat was cut up for them when required to support their independence. Two people needed full support from staff to eat and drink and we saw this was provided in a discreet and sensitive manner, at people's own pace. Care and management records showed that people's weight and risks from poor

nutrition were regularly monitored and managed in consultation with external health professionals when required. We also observed that drinks and snacks were routinely offered during the morning and afternoon. Staff made sure that one person's drinks were provided in the correct thickened texture required to safely swallow. This helped to make sure that people received sufficient amounts of food and drink to protect them from any risk of poor nutrition.

Staff were received training in and followed the Mental Capacity Act 2005 to obtain consent or appropriate authorisation for people's care. The 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 Act 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Some people were not always able to consent to their care because of their health conditions. People's care plans showed how their consent was obtained and the care that needed to be provided in their best interests when required. This included consent to share important information about people's care and treatment with other providers when needed. For example, in the event of a person's hospital admission.

Staff told us about recent changes in one person's mental capacity to consent to their care and make important decisions about their care and treatment. Staff gave a consistent account of how they obtained the person's consent and supported them to make choices about their care and when this needed to be provided in their best interests. However, the person's care plan had not been revised to reflect the changes, which staff described. We discussed our findings with the registered manager, who agreed to take action to address this. Following our inspection visit, we received written confirmation from them that this had been completed. This helped to mitigate the risk of the person receiving inappropriate care or care that may not be in their best interests.

Some people's records showed they had made an important decision about their care and treatment in the event of their sudden collapse, which staff were aware of. Some people had designated others to make important decisions on their behalf, about their care, finances or both by way of legally appointed attorney powers. People's care plans identified where such arrangements had been made, which staff understood. This helped to ensure that appropriate decisions would be followed in relation to people's care, treatment or finances in their best interests.

Staff told us they received the training and support they needed, which training records showed. All staff said there was some disruption to their routine programme of staff meetings and individual supervisions during the provider's staff restructuring programme. However, all said that interim management arrangements helped to ensure their continuous supervision and support. This included the introduction of recorded daily staff meetings to reflect on and support staff care practise.

Two regular agency staff we spoke with confirmed they received core training for their role via the agency who supplied them to East Clune. Both said they were also provided with additional relevant training at East Clune, together with ongoing team supervision and support as described above by staff employed there. One of them said, "Training and support here is really well tailored for agency staff; it enabled me to understand the service and people's needs; for example, fire safety or nutrition." They also went onto say, "Staff and management are brilliant here; it's a really supportive team."

Staff were supported to achieve a recognised vocational care qualification. Plans were in place to introduce the Care Certificate for new staff. This identifies a set of care standards and introductory skills that non

regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care.

Is the service caring?

Our findings

We received many positive comments from people and their relatives, who all told us that staff were kind, caring and respectful. One person said, "Staff are absolutely brilliant, nothing is too much trouble." Another person told us that staff, "Always make sure that we are ok; check things with you and make sure you're comfy - that sort of thing; nothing gets missed; it's because they care." One person's relative said, "Always made welcome here; it's service with a smile."

Throughout our inspection we saw that staff were kind, caring and gentle in their approach. They took time to support people at their own pace. For example, one staff member told us about a person who could easily become anxious when it was busy or noisy around them because of their health condition. We saw when this occurred that staff supported the person in a quiet, friendly and inclusive manner, which helped to reassure and maintain the person's sense of calm and wellbeing. This meant that staff showed genuine concern for people in a caring and meaningful way.

We found that staff understood and promoted people's rights and dignity when they provided care. People felt their rights and choices were respected and that staff listened to their views about their care. One person said, "There's always a choice; staff know how to be with me; they don't push their views; they listen and make me feel I'm worth something."

Throughout our inspection we saw that staff treated people with respect and promoted their rights, such as choice, dignity and privacy when they provided care. For example, offering people choices about where and how to spend their time, what to eat and drink or making sure that people's clothing was adjusted properly for their dignity. Staff were able to tell us how they ensured people's rights and gave us lots of examples, such as making sure doors were closed before providing personal care; knocking on people's bedroom doors before being invited to enter and respecting people's views, choices and rights to say 'no.' One staff member said, "Attention to dignity, respect and choice - rights are key; it's a big deal here and means something."

People's care plans showed their agreement to their care and the involvement and contact information of family or friends who were important to them. A range of advisory literature such as health, safety, advocacy and other key service information was visible and accessible to people in a dedicated area of the home. This helped to provide people and their relatives with the information they needed about people's care.

Throughout our inspection there was a relaxed and sociable atmosphere. We observed that staff; people receiving care and their visitors were all at ease and friendly with each other. People's relatives told us they were able to visit the home at any time to suit the person receiving care and they were invited to join social events and seasonal celebrations.

Is the service responsive?

Our findings

People received care that was individualised, timely and took account of their daily living choices and lifestyle preferences. One person said, "Staff offer care when I need it; they're prompt but not rigid; it's pretty flexible to suit how you feel; that suits me." Another person told us how staff supported them to continue their established weekly social visit to the local pub, following changes in their mobility, which they were particularly pleased about. They said, "I thought that would be the end of it; but they sorted it; I look forward to seeing people there; they all know me."

People said they were regularly supported to engage in social, recreational and spiritual activities of their choice. Meeting minutes showed they were regularly involved and consulted about this, together with other daily living and service arrangements at East Clune such as food menu and home décor planning. We also found from this that people had recently decided on changes they wanted to the décor in communal areas to brighter colours. They were supported by staff to plan, choose and agree this.

One person told us about a fund raising project at the service, which staff supported to help develop the garden area and other social and recreational activities from peoples' expressed views about this. They told us, "It's brilliant; staff work hard to help; some come in on their own time; one is doing another coast to coast cycle ride soon to raise funds and we have the summer fayre coming up; it all helps." At our visit we saw staff staff supported a few people who chose to engage with planting and painting in the garden area. Staff told us this was particularly therapeutic for one person there living with dementia, who had always enjoyed gardening because it helped them to relax. This showed that people were supported to engage and participate in home life and the extended community in a way that was meaningful to them

Staff told us about some people living at the service who were not able to communicate by way of speech because of their health conditions. We saw that staff understood and followed people's care plans to help them communicate in a meaningful way. One person's relative said, "Staff are brilliant; they've worked a way of communicating with (the person); (they) are much calmer and happier as a result." This told us that staff understood and communicated with people in a way that was responsive, enabling and helpful to them.

We saw that a range of environmental aids, adaptations and equipment was provided which helped to promote people's independence, orientation and inclusion. For example, adapted eating and drinking utensils, pictorial or large print environmental signage and a hearing loop system. People were also provided with other equipment when required, such as walking frames, adapted dining chairs and large faced or talking clocks. The registered manager told us about service plans to develop and improve the home environment in this way, following their successful assessment and funding award from the Kings Fund's Enhancing the Healing Environment (EHE). This aimed to develop more supportive environmental design for people living with dementia who often experience related problems, which can effect their perceptions of the environment. The registered manager said, "It's important that we get this right for people living with dementia at the service now and for in the future, which is likely to increase."

People were supported to voice any concerns or complaints they may have about the service and their

views about their care were regularly sought and acted on. People and relatives said they were confident to raise any concerns they may have in relation to care provision at the service if they needed to. One person said, "They ask what you think and things get sorted when you say, so there's no real need to make a complaint." Records showed that people's views about the service were regularly sought and improvements made from this when required. For example, through one to one discussions, care reviews and group meetings, along with periodic questionnaire surveys. Recent improvements and changes that were either planned or in progress included revised food menus, changes to social and recreational activities arrangements and environmental décor upgrading.

Is the service well-led?

Our findings

People, relatives and staff were confident about the management and running of the service and said the registered manager was visible and approachable. We received many positive comments about this, which included, "The manager and staff team are brilliant; nothing is too much trouble," "The manager is very supportive; she cares for everyone." People and their relatives knew the registered manager and staff and we saw that a staff photo board was displayed, which showed the names and roles of each staff member at the service.

There were clear arrangements in place for the management and day to day running of the home and external management support was also provided. The provider's area management lead was present for part of our inspection and records showed that they regularly visited the home to check the quality and safety of people's care. Staff said the registered manager was approachable and accessible and they were confident in the management and leadership of the home. One staff member said, "It's an open culture here; we can discuss any concerns openly and if changes or improvements are needed the manager tells us what and why." Another person said, "It's like a family; there's good team work."

The registered manager told us that they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. Records showed this and also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. This helped to identify and plan any improvements needed. For example, improvements to the environment, food menus and the arrangements for people to engage in social and recreational activities of their choice.

Other service improvements were being progressed through the provision of additional equipment, environmental adaptations and staff training to enhance the care experiences of people living with dementia. Further improvements were assured in relation to staff supervision arrangements. However, we found that some of the provider's external management checks were either delayed or not consistently undertaken. We discussed this with the provider's external manager who advised these were planned to further ensure the quality and safety of people's care.

Checks of accidents, incidents and complaints were also monitored and analysed to identify trends or patterns to help inform any changes or improvements needed to people's care. A management incident review had been undertaken following the provider's recent fire safety improvements at the service, which were not made until the local fire authority requested this. This demonstrated lessons learned and preventative measures in consultation with the local fire authority, which helped ensure people's ongoing safety at the service.

Staff we spoke with understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally

known as making a disclosure in the public interest. This supported staff and informed them about their rights and how to raise serious concerns about people's care if they needed to.

The provider had sent us written notifications telling us about important events that had occurred at the service when required to help meet their legal obligations with us. For example, a notification of serious injury to a person following a fall.