

Clarence Lodge (Great Yarmouth) Limited

Clarence Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 15 January 2015. The inspection was unannounced.

At the last inspection on 9 July 2014, we found that the service was not meeting three Regulations in respect of safeguarding people, the safety of the premises and the monitoring of the quality of the service provided. We asked the provider to take action to make improvements in these areas. During this inspection we found that sufficient improvements had been made and that therefore the provider was no longer in breach of these Regulations.

Clarence Lodge is a service that provides accommodation and care to older people and people living with dementia. It is registered to care for up to 28 people. At the time of our inspection, there were 25 people living at Clarence Lodge.

This service requires a registered manager to be in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

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. There is a registered manager in place at Clarence Lodge.

People told us that they felt safe and staff demonstrated that they knew how to reduce the risk of people experiencing abuse. Risks to people's safety had been assessed. However, some equipment people used was not well maintained and some areas of the service were unclean, both of which increased the risk of people being exposed to infections.

Lifting equipment that people used had been regularly serviced to make sure that it was safe and risks in relation to the safety of the premises had been conducted to make sure it was safe to live in. There was a secure outside space but this was not accessible to all of the people who lived at the service and was not currently a pleasant environment for people to spend time in. The interior of the premises was not suitably decorated to assist people who lived with dementia to find their way around the building easily. The provider had a plan in place to improve the environment for the people who lived at the service.

People received their medicines when they needed them and they saw outside healthcare professionals such as a GP when they became unwell.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the service was meeting the requirements of DoLS as they had recently requested authorisation from the Local Authority to deprive people of their liberty in

their best interests. The staff demonstrated that they understood the principles of the MCA. This protected the rights of people who lacked capacity to make their own decisions.

People received enough food and drink to meet their needs and were given choice about what they wanted to eat, drink and how they spent their time. Staff supported people to make decisions for themselves. However, people did not always have access to activities that were of interest to them. The provider was aware of this and was actively trying to improve the activities that were offered to people.

Staff were kind, compassionate and caring. They respected people and treated them as individuals. Staff had received enough training to give them the skills to support the people they cared for and they were supported by the management team to perform their role.

The provider monitored the quality of the care they provided by asking people's opinions, analysing incidents and accidents and conducting audits. People's opinions were acted on and the provider learnt from incidents and accidents occurred. However, the monitoring of the cleanliness of the service and equipment used by people needed improving.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We have made recommendations about: calculating staffing levels based on people's individual needs, adapting the environment for people living with dementia and supporting people effectively to pursue their interests and hobbies.

Summary of findings

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 consistently safe.

There were enough staff working at the service to keep people safe and staff understood how to keep people safe. People received their medicines when they needed them.

However, some areas of the service and equipment that people used were unclean which increased the risk of the spread of infection.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People received enough food and fluid to meet their needs and saw their GP or other healthcare professionals when they needed to.

Staff supported people to make decisions for themselves and asked for their consent. Staff had received enough training so they could provide safe and effective care.

However, the environment was not suitable for people who were living with dementia and there was not a pleasant and safe outside space that people could freely access when they wanted to.

Requires Improvement



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion. People and their relatives were involved in making decisions about their care. People's privacy and dignity were respected.

Good



Is the service responsive?

The service was not consistently responsive.

People's care needs had been fully assessed and were regularly reviewed to make sure that staff were aware of people's current care needs. People knew how to complain and the provider had a system in place to investigate and deal with complaints.

However, people were not always encouraged to participate in activities that were stimulating and of interest to them.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

Requires Improvement



Summary of findings

The staff were happy in their work and felt supported by the management team. The provider learnt from accidents and incidents. People were asked for their opinion on the quality of the service and any shortfalls identified were acted upon by the provider.

However, monitoring of some areas of the service such as the cleanliness of the premises and the equipment that people used needed to be improved.

Clarence Lodge

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.

This inspection took place on 15 January 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the 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 also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

On the day we visited the service, we spoke with ten people living at Clarence Lodge, three visiting relatives, six care staff, the cook, the deputy manager and the registered manager. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The records we looked at included five care plans, three staff recruitment and training records, records relating to the maintenance of the premises and equipment, nine people's medicine records and records relating to how the service monitored staffing levels and the quality of the service.

After the inspection, we requested further information regarding staff training, plans for the refurbishment of the premises and how the provider analysed incidents and accidents. This was received by the deadline given.

Is the service safe?

Our findings

During our last inspection in July 2014, we found that there had been a breach of Regulations 11 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to the provider not always reporting safeguarding issues to the appropriate authorities and some areas of the service being unsafe. During this visit, we found that improvements had been made and that the provider was no longer in breach of these Regulations.

During our visit, we found that some of the areas of the service and equipment that people used were unclean. This increased the risk of the spread of infection.

We saw that some of the communal toilets were unclean and contaminated with faeces. The toilets remained this way for the duration of the inspection. There was debris on the carpets within the communal areas and also within people's rooms. Commodes that people used had not been cleaned or emptied and they were contaminated with faeces. One commode was full of urine and remained this way for four hours. This not only increased the risk of the spread of infection but made the person's room smell of urine which was unpleasant.

A number of the commode lids were torn, as were some of the covers on the rails of people's beds and one person's mattress. This would make them difficult to clean effectively. The bases of some people's beds were also unclean. There were lime-scale deposits around some taps and plug holes within people's rooms and within the communal bathing facilities which increased the risk of harbouring germs. Within the laundry, we saw that both dirty and clean clothes were in contact with each other and that the floor was unclean. The floor of the food storage cupboard where food was stored was also unclean.

Although the registered manager had conducted regular audits of the cleanliness of the service, areas such as the torn commode lids and covers on the rails of people's beds had not been identified. Therefore the audit was not effective at identifying areas of the service that were unclean or that were potential infection control risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection, we referred our concerns regarding the cleanliness of the service and some equipment that people used to an infection control specialist.

The provider employed a member of domestic staff who worked five days per week. On the day of the inspection they were not working. The registered manager told us that care staff performed all cleaning duties when the domestic staff member was not working. They could not explain why the service had not been cleaned to an acceptable standard on the day of the inspection. The registered manager confirmed that they were in the process of recruiting a further domestic staff member to cover the remaining two days of the week.

We checked to make sure that people's medicines were managed safely. We found that people received their medicines when they needed them. Although the majority of medicines were stored securely and safely, topical creams were not. These were stored in unlocked cupboards within people's rooms which meant that they could be easily accessed by anyone in the service. We also found that there were a lack of records to show that these creams had been administered to people correctly. The registered manager told us that they were aware of this issue following the conduction of a recent audit and that they had issued warnings to some staff about this.

There was clear guidance available to staff about when to give people 'as and when required' (PRN) medicines. This helped reduce the risk of people being given some medicine inappropriately. Information about how people preferred to take their medicines was also documented.

We saw that fire exits were well signed posted and easily accessible. The staff we spoke with knew what to do in the event of a fire and told us that the fire alarm was regularly tested to make sure that it worked properly. However, we found that some waste, which included an old mattress, a wheelchair and some wooden fencing were being stored at the side of the building. This presented an increased risk in the event of a fire. The registered manager told us that this waste had not been at the side of the building very long and that arrangements had been made to have it removed the following week.

The majority of people told us that they felt there were enough staff to help them when they needed support with their care. One person told us, "Yes, there are always

Is the service safe?

enough staff around.” Two people’s relatives said they were happy with the staffing levels. All of the staff we spoke with agreed with this and we observed that there were enough staff to keep people safe and help them in a timely manner when they needed assistance.

The registered manager told us they calculated how many staff they needed based on a ratio of one staff member to five people living at the service rather than on people’s individual care needs. Where there were staff shortages due to holidays or sickness, this was covered by existing staff. We did not find any issues with staffing levels on the day of the inspection however, it is good practice to base the number of staff working each shift on people’s individual needs to make sure that they receive the amount of care that they require.

The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were suitable and of good character.

All of the people we spoke with told us they felt safe living at Clarence Lodge and that they would feel comfortable talking to staff if they felt concerned. One person told us, “Yes I feel very safe here.” Another person said, “It is definitely safe.”

There were systems in place to reduce the risks of people experiencing harm and potential abuse. Staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them.

The staff told us that some people at the service occasionally became distressed which meant that there was a risk they could harm themselves or others. Staff explained to us that they used distraction techniques to calm the person when this occurred. We observed one person become distressed within a communal area of the service. Staff dealt with this well by talking to the person calmly and offering them a cup of tea. We saw that clear guidance was in place within people’s care records for staff to follow on how to support people when they became distressed.

Risks to people’s safety had been assessed by the provider. These had been tailored to the individual person and covered areas such as assisting the person to move, malnutrition and falls. These had been reviewed regularly to make sure that they reflected the person’s current needs. The staff we spoke with had a good understanding of how to support people by managing these risks. We saw that, when necessary, action had been taken to protect people from harm. For example, one person who was at risk of falls had a sensor mat fitted to alert staff when they got out of bed.

The service used lifting equipment to support people with moving and had a lift to help people move between floors. We saw that this equipment had been regularly serviced to make sure that it was safe for people to use.

We recommend that the provider considers current guidance on calculating staffing levels based on people’s individual needs.

Is the service effective?

Our findings

Some of the people we spoke with said they would like to go outside more. Staff told us they were able to assist people to sit outside the front of the building on occasions where there were a small number of benches for them to sit on. There was a small outside space at the back of the building for people to use, however this was not easily accessible by people without assistance from staff.

It was also currently unpleasant and unsafe due to it being unclean and cluttered with cigarette butts, waste material and uneven surfaces. Therefore, not many people used it and we saw in the main, that only people who wanted to smoke used the outside space. The deputy manager told us that there were plans to improve this space and to change it into a garden area that people could access more easily and enjoy.

The service was decorated throughout in neutral colours and some areas had poor lighting. Therefore it had not been designed to aid people living with dementia to orientate themselves around the building. There was a lack of sensory items around the service to provide stimulation for people living with dementia. The registered manager told us that plans were in place to re-decorate the service, taking into account the needs of these people to help them orientate themselves easier around the service.

All of the staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. We observed staff using correct techniques when assisting people to move. We checked three staff's training records and saw they had received training in a number of subjects including the safeguarding of adults, infection control, health and safety, dementia and first aid to give them the skills they needed to provide people with effective care.

There was an induction period for new staff when they shadowed more experienced staff. The experienced staff we spoke with told us that new staff regularly shadowed them and that they had to report on the new staff member's progress to the registered and deputy managers. New staff were only able to provide care on their own when the management team were confident that they were competent to do so.

Staff told us they were happy with the supervision they received from their manager. They said they could raise any issues they had and discuss their performance and any training and development that they required.

We asked people if staff asked for their consent and they all confirmed that they did. One person said, "They [the staff] always ask for my consent before doing anything." Our observations confirmed this. For example, one staff member asked someone if they were happy to be moved with the hoist and another staff member asked someone if they wanted to wear some protective clothing whilst eating their meal.

The registered manager told us that there were some people who lived at the service who lacked capacity to consent to their care and treatment. This means that the provider has to comply with the principles of the Mental Capacity Act 2005 (MCA) which is an Act that has been passed to protect people's rights where they lack capacity to make their own decisions.

The provider had assessed people's capacity where there was doubt that they could make a decision for themselves. However, the person's ability to consent to their own decisions had not always been regularly re-assessed. For example, one person was recorded as not being able to make any decisions about their care but this had not been re-assessed since September 2013. Therefore there was a risk that the guidance provided to staff was out of date and that the person's rights may not be respected.

The staff we spoke to had a basic knowledge of the Mental Capacity Act 2005 and were aware that any decisions they made had to be in the best interests of the person. They also told us how they supported people to make day to day decisions about their care. For example, showing people different clothes so they could choose what to wear. The staff training records we looked at indicated that some but not all staff had received training in this subject. The registered manager confirmed that plans were in place for all staff to receive training in this subject so that they were aware of how this legislation affected their care practice.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager advised us that all of the people living at Clarence Lodge had been re-assessed in light of the recent Supreme Court judgement regarding the subject, to see whether or not they might be deprived of their liberty unlawfully.

Is the service effective?

Where it was felt they may be being deprived of their liberty, an application had been made to the Local Authority supervisory body for authorisation for the service to do this in the person's best interests. The service was currently waiting to hear from the Local Authority.

People told us that they enjoyed the food. One person said, "I get enough to eat and drink." Another person said, "The food is excellent." People were seen to be enjoying their lunchtime meal. We heard comments such as, 'This food smells lovely' and 'that was lovely'. People were seen to be relaxed and chatting to each other over their meal.

Staff were seen to assist people with their meals where needed. We saw one member of staff prompting a person to try more food where they had not eaten much. Other people were offered alternative meals when there was nothing on the menu that they liked. People had a choice of meal and were offered various types of drink to have throughout the day. This included having an alcoholic drink of their choice at lunchtime. Each person we spoke with had either a full jug of water or juice in their rooms or drink available to them within the communal area they were sitting.

People had been assessed by the provider to determine whether they were at risk of malnutrition. If they were, the service involved other healthcare professionals such as GPs or dieticians for advice on how to support people with their nutritional needs. People's food and fluid intake was monitored where there were concerns that they were not receiving sufficient to meet their individual needs.

People told us that they were able to see their GP when they needed to. All of them confirmed that they could. One person told us, "I see the GP when I need to." Records confirmed that the staff contacted the GP and other healthcare professionals such as dentists and opticians where necessary for their advice. This meant that staff supported people to maintain their health.

We recommend that the service considers current guidance on adapting their environment to assist people living with dementia.

Is the service caring?

Our findings

All of the people and relatives we spoke with told us that the staff were kind and caring and were complimentary about the care that was provided. One person told us, “The staff are very good.” Another person said, “I am very happy here. All of the girls (staff) are lovely.” A further person told us, “I get really well cared for here. All the staff are lovely.”

People told us that the staff knew them well. The staff we spoke with were able to demonstrate they knew the people they cared for. They understood people’s individual preferences such as what time they liked to get up in the morning, what they liked to eat and where they liked to spend their time within the service. Staff were able to demonstrate they understood that it was important to provide people with care based on their own individual needs.

People’s care records had comprehensive information within them about their life history. This included pictures of them when they were younger, of their family and significant events that had happened in their life. Staff told us that this information helped them to get to know the person and engage in conversation with them.

We observed that people looked happy and contented. Staff chatted regularly with people and checked to make sure they were comfortable. Staff were not in a rush and were able to spend time with people, chatting to them about recent events. Some staff were seen to sing to people, which they thoroughly enjoyed.

People and relatives were involved in making decisions about the care received. People told us they were consulted about their care and could make decisions about the type of care they received. Two people’s relatives also told us that they had been asked to contribute information about their family members care and said they felt involved in the process.

All of the people we spoke with told us they felt respected by staff. They said that staff assisted them as required and encouraged them to be as independent as possible. We observed that people’s privacy and dignity were respected. Staff always knocked on people’s doors before entering their rooms and people were asked discreetly whether they required assistance with personal care.

Is the service responsive?

Our findings

We received mixed views from people we spoke with about whether they were encouraged to take part in interests and hobbies that were important to them. One person told us, "I don't get fed up. You can always chat with people." Another person said, "I like spending time in the lounge with the others. I think there is enough to do. I chat or watch television." However, one person told us, "I do nothing and get very fed up." Another person told us that they often, 'Got bored'. One relative told us that their family member could rarely join in with some of the activities but that alternative stimulation had not been looked into by the provider.

The registered manager and the staff told us that they were aware that some people and relatives were concerned about the lack of stimulation and activities for people to participate in. They said however, that they often carried out activities with people such as chair exercises, games, bingo and cake making but found that people often did not wish to participate. They added that they had raised some money recently to buy more games and to carry out more activities that were of interest to people. One staff member said they had recently had a fish and chip day that people had requested and that an Elvis impersonator had visited the service to provide entertainment over Christmas.

People's care records noted what their hobbies or interests were but we did not see staff encouraging people with these interests on the day of our inspection. The people we observed spent most of their time sitting in the communal lounge area listening to music or watching the television. Therefore, we concluded that there was little stimulation provided based on people's own individual interests to keep them actively occupied during the day.

The care records that we checked demonstrated that the provider had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. This assessment took into account people's preferences such as the time they wanted to get up, go to bed, the food they liked and whether they wanted a bath or shower. Plans of care were in place to guide staff on how to support people with their needs such as personal care, moving and communication. These plans of care were comprehensive and staff confirmed that they gave them sufficient guidance to enable them to provide care to people that they needed. We saw that people's care needs were regularly reviewed so that staff could provide them with the care they needed.

People told us that friends and relatives were encouraged to visit regularly. One person who had limited family told us that the staff regularly visited them in their room and that this meant that they did not feel lonely or socially isolated. The staff we spoke with confirmed that they were aware of people who did not receive visitors and therefore made sure that they spoke to the people regularly throughout the day.

The people we spoke with told us that they did not have any complaints. They said they felt confident to raise any issues with the staff and that these would be dealt with. We saw that the provider had received three complaints in the last 12 months. We looked at one of these complaints and saw that it had been fully investigated and that a reply and apology had been sent to the person who had made the complaint. We were therefore satisfied that people's complaints were responded to appropriately.

We recommend that the provider seek advice about how to support older people to pursue their interests and hobbies to enhance their wellbeing.

Is the service well-led?

Our findings

During our last inspection in July 2014, we found that there had been a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to the provider not monitoring the quality of the service effectively. During this visit, we found that improvements had been made and that the provider was no longer in breach of this Regulation.

The provider performed a number of audits to monitor the quality of the service provided. This included auditing areas such as people's medicines, staff training and the environment. We saw that some issues had been identified from these audits, such as staff not recording when they applied topical creams and that actions were being taken to address this.

However, the monthly audit of infection control processes and the cleanliness of the service needed to be improved as the current audit had not identified that some equipment people used was not of an acceptable standard which encouraged the risk of the spread of infection. We also saw that where people had been identified as being at risk of malnutrition, they were not always being weighed as frequently as the provider said they should have been. For example, we saw that it had been recorded on 24 October 2014 that two people should have been weighed weekly as they had lost weight and were at risk of malnutrition. These people had not been weighed until 7 January 2015. Both people had put on weight within this time. However, the failure to monitor these people more closely meant that there was a risk that the service would not have taken timely action if they had lost more weight. Improvements are therefore required regarding the monitoring of these areas.

Records in relation to people's care were stored securely to make sure that the information was kept confidential. The majority of records we looked at were accurate and up to date. This included medicine records, food and fluid charts and re-positioning records. Staff demonstrated a good knowledge about the importance of keeping clear and up to date records relating to people's care.

All of the people we spoke with who lived at Clarence Lodge told us that they would recommend the service as a place to live. The staff told us that they would be happy for their relatives to live at Clarence Lodge. Two people's

relatives we spoke with said that the management team were approachable and visible most of the time. They said that if they needed to raise any issues or concerns then this could be done easily on a day to day basis. They felt that previous issues they had raised had been dealt with in a timely manner.

The staff told us that they all worked well as a team and described the service as 'homely' and 'one big happy family'. They said that that they were all treated equally by the managers and that they felt the leadership of the service was good. This they said, made them feel supported, happy in their job and able to raise any concerns they had about the care that was being provided with their manager without fear of being reprimanded. We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all demonstrated that they understood what whistleblowing meant and that they would feel confident to whistle blow if they felt that there was a need to.

We saw the registered and deputy manager regularly interacted with staff in a professional and friendly manner. They also interacted with people who lived at the service regularly to check how they were and enquire about their day.

Staff were clear their own individual roles and told us that they the provider supported and encouraged them to develop their knowledge and gain further qualifications within health and social care.

People were asked for their opinion on how the service could be improved. This was completed by people filling in a survey. We saw the survey from 2014. This asked people for their views on various issues such as the food, whether staff treated them with respect and whether the service was well run. In the majority of cases, the response from people were favourable. The only area that received negative feedback was the lack of stimulation and activities for people to participate in. The registered manager was aware of this and was working with relatives and people who used the service to improve access to activities that interested them.

Accidents and incidents were analysed regularly by the registered manager to look for patterns. Following this analysis, an action plan was put in place to try to reduce the risk of the accidents from occurring in the future. For

Is the service well-led?

example, the registered manager had determined that some people had fallen due to having water infections which increased the risk of them having balance problems.

In response to this, the provider had ensured that people who were prone to water infections had their urine sampled more frequently and they were encouraged to drink more fluids.

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 did not take formal enforcement action at this stage. 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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Some equipment that people used and areas of the service were unclean. The systems to identify issues with infection control were not effective. (Regulation 12, 1, a, b, c, and 2, a, c, i, ii).</p>