

Amber Care (East Anglia) Ltd

Clann House Residential Home

Inspection report

Clann House
Clann Lane, Lanivet
Bodmin
Cornwall
PL30 5HD

Tel: 01208831305
Website: www.ambercare.co.uk

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21 July 2020

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

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

Risk assessment procedures were satisfactory so any risks to people were minimised.

Staff were recruited appropriately. Overall, satisfactory recruitment procedures were followed in line with interim guidance issued by CQC during the Covid 19 Pandemic.

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

Assessment and care planning systems were satisfactory. Care plans outlined people's needs and were reviewed when people's needs changed.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

The team worked well together and had the shared goal of providing a good service to people who lived at the service.

The service was managed effectively. The service had appropriate audit and quality assurance systems. People, relatives and staff had confidence in the management of the service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 30 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

We undertook this targeted inspection to follow up on actions taken after enforcement action was taken,

subsequent to our report published on 22 October 2020. Our report published on 30 March 2020 found improvement in the operation of the service. This inspection wanted to check suitable action had been taken regarding outstanding regulatory breaches, and previously noted improvements had been sustained.

CQC have introduced targeted inspections to follow up enforcement action. They do not look at an entire key question, only the part of the key questions 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 the key question.

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?

There was no evidence the service was not safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

There was no evidence the service was not effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

There was no evidence the service was not caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

There was no evidence the service was not responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

There was no evidence the service was not well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Clann House Residential Home

Detailed findings

Background to this inspection

The inspection

We undertook this targeted inspection to check progress after enforcement action was taken subsequent to our report published on 22 October 2020. Our report published on 30 March 2020 found improvement in the operation of the service. This inspection wanted to check suitable action had been taken regarding outstanding regulatory breaches, and previously noted improvements had been sustained.

The inspection was completed 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.

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 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 had a manager who was registered with the Care Quality Commission. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection a week before we visited the service. We announced the inspection due to the current Covid 19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from relatives, staff, the local authority and professionals who worked with the service. We had not requested the provider to send us a provider information return. 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 had been receiving monthly reports from the provider that gave us information about progress they were making. A week before we visited, we had two planned lengthy conversations with the registered manager to discuss previous breaches in the regulations, and actions the provider had taken. The registered manager sent us relevant documentation before and after the inspection to assist us in making judgements.

During the inspection

Due to the Covid 19 pandemic we did not speak with people who used the service. However we contacted and received feedback from a range of other stakeholders. We received feedback from seven relatives, two external professionals and seven members of staff. We spoke with the owner of the service. At the inspection we spoke with the registered manager and the nominated individual.

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

After the inspection

The registered manager provided us with some additional information to assist us to make judgements about the service. For example, recruitment checks which had been completed about new staff.



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. At this inspection this rating has remained the same. We found improvement and no longer judged there was any breach in regulations. We only assessed the part of the key questions 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 the key question. We did not find evidence that people were not safe or at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had not made enough improvement to ensure safeguarding systems were satisfactory. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 13.

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. The majority of staff received safeguarding training, although some of the staff recruited during the Covid 19 pandemic had not. The registered manager said although some information was given to staff during the induction period, fuller training would be received as soon as this could be obtained. The registered manager said training was arranged soon. We also discussed the possibility of increasing the use of elearning, as a short term interim measure, if face to face training was not possible during the lockdown period.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern. Where necessary the service had made safeguarding referrals to ensure people were protected.
- Relatives of people said they thought people were safe. We were told people, or their representatives, would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem. A relative told us, "My relative has been here (many) years and I have not had any problems or concerns over (their) care."
- Systems to ensure people consented to their care and treatment, in line with the law and guidance, remained satisfactory. Relatives said they did not think people were unreasonably restricted and were provided with choice about how they lived their lives. Where this was not possible decisions were made in people's best interests, and in line with legal guidance.

Assessing risk, safety monitoring and management

At the last inspection the provider had not made enough improvement to ensure risk assessment systems were satisfactory. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Staff understood when people required support to reduce the risk of avoidable harm.
- We observed staff working with people in a safe manner, for example, when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. Risk assessments were regularly reviewed.
- People had suitable equipment to help ensure their health needs were met. For example, raised toilet seats and specialist mattresses.
- Systems to report, monitor, take suitable action, and minimise accidents and incidents were satisfactory. The registered manager had suitable systems to monitor accidents and incidents, take suitable action, and minimise future risks.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Preventing and controlling infection

At the last inspection the provider had not made enough improvement to ensure infection control systems were satisfactory. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The service was clean and risks of infection were minimised.
- Suitable policies and procedures had been implemented following the Covid 19 pandemic. The service had not had any cases of Covid 19 among the staff or client group.
- Suitable measures were taken to minimise the risk of infection. The building, carpets and furnishings were all clean. The service smelled fresh. Cleaning staff were employed and suitable routines were in place to ensure cleaning and infection control standards were maintained to a good standard. A staff member said, "Infection control has improved greatly."
- The majority of staff received suitable training about infection control and food hygiene. Some of the staff recruited during the Covid 19 pandemic had not. The registered manager said although some information was given to new staff during the induction period, fuller training would be received as soon as this could be obtained. The registered manager said training was arranged soon. We also discussed the possibility of increasing the use of elearning, as an interim measure, if face to face training was not possible during the lockdown period.
- Throughout the inspection we observed staff carrying out suitable infection control measures. For example, where necessary, wearing aprons and washing hands. All staff wore face masks due to the Covid 19 pandemic. The registered manager said the service had a good supply of personal protective equipment, and future supply lines were satisfactory.

Staffing and recruitment

- Overall staff were recruited safely to ensure they were suitable to work in the care sector. Some staff recruited during the Covid 19 pandemic had not received full checks before they commenced employment.

This was in part due to the need for staff to commence work due to staff shortages due to the pandemic. Overall CQC interim recruitment guidance was followed. Where necessary relevant information was obtained shortly after staff commenced employment.

- On the day of the inspection five care staff were on duty in the morning, six staff in the afternoon and five in the evening. Four staff were on waking night duty. Catering and cleaning staff were employed.
- Relatives and staff told us that they felt there was enough staff. For example, comments we received included, "Whenever I visit there seems enough staff, " and "Staffing levels have improved immensely although we have to use agency staff to cover staff who have been furloughed."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this rating has remained the same. We found improvement and no longer judged there was any breach in regulations. We only assessed the part of the key questions 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 the key question. We did not find evidence that people did not receive effective care, treatment and support.

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

At the last inspection the provider had not made enough improvement to ensure assessments considered people's holistic needs. This contributed to a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- Assessments of people's needs were detailed and expected outcomes were identified.
- The registered manager met the person to complete an assessment before the person agreed to move to the service. Discussions took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person. Staff commented that although the care home tried to obtain as much information as possible about people, information from hospitals was often, "not enough," which could make it "very difficult," to initially provide people with care.
- The person and their representatives had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs.
- Once people moved into the service assessments about people's needs (such as moving and handling and nutrition) were reviewed at least on a monthly basis and updated as necessary.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this rating has remained the same. We found improvement and no longer judged there was any breach in regulations. We only assessed the part of the key questions 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 the key question. We did not find evidence that people did not receive good care and support.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had not made enough improvement to ensure people were supported in line with their needs and preferences, and with respect and dignity. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People were treated with kindness. We observed staff spending time with people and talking with them. Staff worked with people in a sensitive manner and with patience. Relatives told us, "When I visit (my relative) is always happy and well presented in a clean and tidy environment of her choice" and "Yes, my mum and the other residents are well cared for." Staff told us, "The residents are cared for very well and we do our utmost to cater for their needs," and "The people we care for are very well looked after and it is a very warm family sort of environment."
- We observed positive interactions between staff and people who used the service. Staff, when they assisted people, always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner.
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records. If people were reluctant to maintain good personal care, staff had suitable written guidance to assist people if they needed encouragement to have a wash, bath or a shower. Satisfactory monitoring systems were in place to check people had a wash, bath or shower regularly.
- People had oral health care records. The registered manager ensured there was a system to monitor people had toothbrushes and toothpaste. The registered manager said the service had a supply of new toothbrushes and toiletries in case people needed urgent replacement items.
- People were treated respectfully and staff were committed to providing the best possible care for people.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this rating has remained the same. We found improvement and no longer judged there was any breach in regulations. We only assessed the part of the key questions 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 the key question. We did not find evidence that people did not receive responsive care to meet their needs.

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

At the last inspection the provider had not made enough improvement to ensure people received appropriate personalised care in line with their needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- Staff were knowledgeable about people and their needs. Staff appeared committed and caring.
- Each person had a care plan. Care plans provided good information to enable staff to provide a holistic picture of people's needs, and what assistance the person required. Care plans inspected were fully completed and regularly reviewed.
- Daily records were well maintained and outlined what support people had received. Narrative records only contained basic information such as what personal care people received and if they had eaten and had something to drink. There was limited information about how people spent their time. Records, where necessary, to monitor people's food and fluid intake, weight, and continence were regularly completed.
- Care plans included information about people's communication needs and what assistance people needed in this area.
- The service had a structured activity programme and employed dedicated staff to provide activities. The service had two minibuses to enable people to regularly go out. A staff member said, "Service users now have activities seven days a week so they are not bored."
- Where appropriate people's end of life care needs were discussed with them, and people had an 'End of Life' care plan outlining their needs and wishes. Some of the staff group had received training about approaches to palliative care.

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. At this inspection this rating has remained the same. We found improvement and no longer judged there was any breach in regulations. We only assessed the part of the key questions 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 the key question. We did not find evidence that people did not receive person centred and support from a service which was not effectively led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection the provider had not made enough improvement to ensure people received appropriate personalised care in line with their needs and preferences. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The manager was registered with the Care Quality Commission in April 2020. The nominated individual, and also the owner of the service, when possible, due to the Covid 19 pandemic, have regularly visited the service. The service has a team of five senior care staff, each of whom have designated responsibilities. The registered manager said there was always a senior on duty each day, from 7am until 9pm to supervise each shift. At night one of the care assistants would take the lead role for the shift.
- Staff and people's representatives were positive about the registered manager. We were told, "The manager is very supportive, kind and very approachable. We see the area manager very frequently now," and "The new manager is lovely. He has been sending out newsletters every month to keep us up to date with things in the home since the lockdown." Records showed some residents and relative meetings had occurred.
- The registered manager was aware of what matters were required to report to the commission and had a satisfactory working knowledge of regulatory requirements. The previous inspection report, showing the rating, was displayed.
- Staff had handovers between shifts. Good handovers helped ensure good communication between the team and consistency of care. These were recorded.
- Suitable audit and monitoring systems were in place for example in respect of care planning, medicines, infection control, health and safety and accidents and incidents. The registered manager completed a daily walkaround the home and completed a range of daily checks to monitor the service was being managed safely and effectively. The registered provider, at the time of this inspection, was required to submit a

monthly action plan, as a condition of registration, to CQC outlining how it was maintaining quality and safety standards. Submission and the standard of the reports was good.

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships. Staff said the team worked well together. We were told, "We have a friendly and hardworking team. It is a joy to work here and I enjoy every shift I work," and a relative said, "We have always had caring staff since (my relative) moved to Clann House."
- We received several comments from staff and relatives that the service had improved since the current manager had been in post such as, "I have worked here for five years and the home has improved a lot since Christmas. We have more time to care and residents now go out most days." All those who responded to our questions said they would recommend the service. Relatives commented, "Vast improvements have taken place under this new management structure," and, "I am very happy with the way my mum is cared for. During this time with Covid 19 the staff have gone out of their way to do their best and I cannot thank them enough. It is a good home and the hard working, caring staff deserve so much recognition for all they do."
- The GP surgery working with the service, and the local authority quality assurance team expressed no concerns about the operation of the service.
- The registered manager and the team regularly consulted with people and relatives on an informal basis. Surveys were completed on an annual basis and the registered manager informed us that a survey was currently being undertaken. The previous survey results were very positive.