

K N Bhanji

Clair Francis Retirement 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

About the service

Clair Francis Retirement Home is a residential care home providing personal care for up to 28 older people some of whom are living with dementia. At the time of this inspection there were 19 people living at the service. Accommodation is provided in one adapted building, over two floors.

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

People were well cared for by staff who loved their jobs. People using were relaxed with staff and the way staff interacted with people had a positive effect on their well-being. People were treated with kindness, respect and compassion and their privacy, dignity and independence were promoted.

Systems and process were in place at the service which kept people safe in all areas of their care including the administration of medicines.

Care plans were in place which supported staff to deliver personalised care. People were supported to maintain their health and access healthcare support. Staff worked in partnership with other agencies to ensure people received the right support.

People's feedback was consistently positive about the care they received. People particularly liked the service because of the caring staff. One person told us, "It's all very nice, staff, surroundings, everything. I can get up when I like and go to bed when I like."

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

Enough staff were available on each shift to support people and robust recruitment checks were carried out before staff started working at the service. Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

People were supported to eat and drink enough to maintain a balanced diet.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care.

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 good (published 6 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Clair Francis Retirement Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clair Francis Retirement Home 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 registered with the Care Quality Commission. This means that they and 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection-

We saw how the staff interacted with people who lived at Clair Francis Retirement Home. We spoke with 7 people who lived there. We spoke with the registered manager, consultant area manager and four members of staff.

We looked at two people's care records as well as other records relating to the management of the service. These included medicine records and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Clair Francis Retirement Home. One person said, "I'm safe with the carers, they're nice and friendly." Another person told us, "The carers look after me very well." People's facial expressions and body language told us that they felt safe and comfortable with the staff.
- Systems remained in place to protect people from abuse and avoidable harm. Staff continued to understand what to look out for and who they should report any concerns to.

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended. One person said, "I get my tablets OK, never a delay." Another person said, "Oh yes, I receive my medication regularly."
- Staff kept accurate records of all medicines ordered, given and disposed of. Medicines storage was appropriate.
- Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
- Staff had undertaken training and had their competence checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Assessing risk, safety monitoring and management

- Risk assessments continued to give staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included those with poor mobility, choking and using bed rails.
- Equipment in use in the service was maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.

Staffing and recruitment

- People told us they thought there was enough staff most of the time to meet their needs. One person said, "There seems to be enough staff, I never see anyone left out. Staff will even do shopping for you if you run out of something. The carers always have time for a chat."
- The registered manager told us staffing levels met people's assessed level of need. On the day of inspection there were enough staff on duty for people to have all their support needs met. Staff said there were enough staff for the number of people currently living at the service.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the service.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as

far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager regularly met with the consultant area manager to discuss any accidents or incidents to look for any trends or patterns. This information would then inform any action needed to be taken to reduce the risk of recurrence.
- Staff meetings and handovers gave staff the opportunity to discuss any safety issues and to learn from them and to change their practice if needed.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person's needs continued to be fully assessed before they are offered a place at the service. This initial assessment formed the basis of the person's care plan. Needs were assessed in line with current good practice guidance.
- Care plans contained information about people's needs. Staff knew people extremely well and were able to explain their care needs in detail.
- Staff had worked closely with health and social care professionals to ensure support provided adapted and responded effectively when people's needs changed.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and shadowing another staff member until they were competent and confident to deliver care.
- A training programme continued to be in place. This ensured staff knowledge to deliver safe and effective care was developed. The registered manager was always looking out for additional training to ensure that staff were up to date with best practice.
- Staff told us they were supported by the registered manager. They continued to receive one to one sessions to discuss any work-related issues.

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

- People said they had enough food and drink and were always given choice about what they ate. One person said, "We do very well with the food." Another person told us, "There's always good choices, they come around and ask what you want. I love sandwiches for tea. I'm quite happy with all the food."
- A variety of drinks and snacks were available throughout the day.
- Advice was sought from appropriate health professionals in relation to nutrition and staff were aware of people's dietary needs.

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

- There was a good relationship between the service and healthcare professionals. One person told us, "Sometimes my [medical condition] needs attention and I need a GP. There's never any delay in getting that arranged."
- People were supported to attend routine medical, dental, eye checks and other important appointments where required.
- Appropriate information was shared in a timely way, if a hospital admission was required

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

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One person said, "We get asked if what we would like. We are able to change our minds if we want."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

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

- There was little signage with pictures to enable people to find their way around the service independently. There were no names on people's bedroom doors with their past and present photograph, to help people identify their own room. The registered manager told us that this was all part of the re-decoration plan.
- People were encouraged to take their own possessions when they moved into the service. This was reflected in rooms having a personal, homely feel, with family photographs and memorabilia.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them in a kind and caring way. One person said, "I'm so happy here, the carers look after me very well. I couldn't be better treated. Nothing is too much trouble." Another person told us, "The staff are brilliant including the night staff as well. Everyone is so loving and caring."
- Staff showed patience when supporting people and ensured people were comfortable when they had assisted them to move around.
- People told us they regularly met up with friends and family which was important to them.
- Staff understood the importance of treating every person with respect. One member of staff said, "You treat everyone as you would like to be treated."

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

- Staff continued to support people to make decisions about their care. Peoples decisions were recorded in the care plans such as when they wanted to get up and when they wished to go to bed. One person told us, "If I want to stay in my room, I do. I can get up late if I want. It's all my own choice."
- Staff signposted people and their relatives to sources of advice and support or advocacy support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. They were discreet and sensitive in the way they supported people, for example following an episode of incontinence, where they spoke quietly to the person and took them to their room to be attended to.
- Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us their needs were met in a personalised way.
- People told us staff were available when they needed them and responded promptly when they used call bells or requested assistance. Staff were not rushed and had time to spend with people.
- Care plans had been developed for each person with input from the person, their friends and family, and were reviewed regularly. They provided information as to how care should be provided to meet the person's needs. We found that each person had a food and fluid chart, snack chart etc. We discussed this with the registered manager who agreed to review the use of various recording sheets. This would ensure that forms were only completed where it was identified as required.

Meeting people's communication needs

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

- Staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.
- Care plans included information about people's individual communication needs and how these should be met, including the need for spectacles or hearing aids.

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

- People told us they felt they had enough to keep them occupied during the day. One person said, "I do some group activities like bingo and skittles, but I also like my colouring books and the carers bring in newspapers, so I can do the crosswords." Another person said, "We make good use of the garden in the nice weather." Another person told us, "We have a singer who is great, they come every month, I really enjoy that. We don't always have set activities, we can take each day as it comes and do what we like."
- The registered manager said they supported people to go into the community. One person said, "We're taken to the park and we had a trip to the cinema, we saw Mama Mia."

Improving care quality in response to complaints or concerns

- A complaints system and procedure is in place. The procedure was displayed.
- People and visitors said that they felt able to speak to the registered manager at any time. Staff were aware of how to resolve concerns at a lower level if possible. One person said, "If we have any concerns [name of

registered manager] sorts it out, she's amazing."

- The registered manager said that all complaints received would be taken seriously to improve the service. Two complaints had been received in the last year and had been dealt with in line with the providers policy.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. This included Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). Professionals were involved as appropriate. One member of staff told us, "We would always try to care for the residents here at their home if this was their wish."
- Staff understood people's needs, were aware of good practice and guidance in end of life 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt able to approach the registered manager and staff team. One person said, "[Name of registered manager] is lovely and very caring." Another person told us, 'I've found stability here. Name of registered manager] is helping me a great deal with my problems'.
- Staff were positive about the registered manager and the management team. One member of staff told us, "[Name of registered manager] would listen to us all. We can go and speak to them at any time."
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

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

- The registered manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence.

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

- The service was well-run. Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care. Working in partnership with others

- There was organisational oversight of the service.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements
- Audits were carried out to monitor the quality of the service provided and this included quality checks from the provider.
- The service worked in partnership with health and social care professionals who were involved in people's care. We received information from the quality improvement team who told us, "The registered manager is very engaging and always welcomes any feedback or advice. They are good at looking for new training for staff to improve of any specialist skills."