

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Clair Francis Retirement Home is a two storey adapted building and provides accommodation and personal care for up to 28 older people, some of whom are living with dementia. At the time of the inspection, 19 people were living in the home.

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

Risks to people including those for falls, infection prevention and control, choking, skin integrity, fire safety and malnutrition had been identified. Systems and processes in place helped ensure risks were mitigated or removed.

Staff had training on how to recognise and report abuse and had the skills to protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People were supported to make decisions that meant risks could be taken, managed in a safe way and were in people's best interests; the policies and systems in the service supported this practice.

Medicines were administered and managed safely. Incidents and accidents were reviewed, and learning was shared across the staff team. Staff had enough personal protective equipment, used this effectively and disposed of it safely. Visitors were supported to visit the service safely.

Oversight, governance and the provider's monitoring systems were effective in identifying and driving improvements. There was an open and honest staff team culture. The reporting of incidents meant changes made helped reduce the risk of recurrences. The registered manager supported staff in a positive manner, was approachable and had an open door policy where staff were listened to and actions taken were effective.

People, relatives, staff and others involved in people's care had a say in how the service was run, and compliments were used to help identify what the service did well. The registered manager and staff team worked well with outside agencies to ensure people received the care and support they needed. Staff felt supported in their roles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires improvement (report published 25 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

This focused inspection of the safe and well-led key questions was carried out to follow up on action we told the provider to take at the last inspection. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clair Francis Retirement Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Clair Francis Retirement Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Clair Francis Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## 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 commissioners of the service and the local authority safeguarding team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

## During the inspection-

We spoke with six people who live at Clair Francis Retirement Home. We also spoke with two relatives. We spoke with the registered manager, one senior care staff, two care staff and a member of the domestic team.

We reviewed a range of records. This included three people's care records, risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including incident records, compliments, quality assurance processes and various policies and procedures.

## After the inspection

We continued to seek assurances about people's medicines administration records.

# 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 Inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure that where possible risks to people were mitigated, which put people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made in this area and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Since the last inspection, improvements have been made in all the areas previously found lacking.
- These improvements were for more effective, and more frequent, checks and actions for standards of infection prevention and control, people's food and fluid intake and pressure sore prevention and management.
- Other areas improved upon, and changes to processes, were for medicines administration and staff's competence in this area, window restrictor checks, fire safety systems and processes, including the home's fire risk assessment, safeguarding processes and actions to prevent a recurrence, and what incidents needed to be reported to local safeguarding authority.
- The provider had implemented an electronic care planning and records system. This enabled the analysis of accidents and incidents, risks to people, such as falls, skin integrity and malnutrition.
- Staff safeguarding training was effective and they understood how to identify and act on any potential concerns. One staff member said, "I look out for any unexplained marks or bruises, a change in emotions or being withdrawn or quieter than usual. I report any incidents to the [registered] manager. If I ever had concerns about them, I would go straight to the CQC or safeguarding teams."
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required, and this helped keep people safe. All people and relatives we spoke with felt people were safe. Our observations showed staff knew how to identify signs of harm or abuse. One person said, "[Staff] know how to keep me ever so safe. They make sure I keep my legs raised."
- Although some care plans lacked detail about the use of equipment, risks assessments were detailed and staff we spoke with knew how to identify and manage risks to people's safety, such as choking, malnutrition or moving and handling. One staff member explained how people were repositioned, the equipment involved and guidance from health professionals. When agency, or new, staff were used an experienced staff member would lead on people's repositioning. The registered manager told us they were aware of this and would add greater detail to care plans.
- Staff with appropriate training understood how to provide care and support to people to reduce the potential of risks. This included guidance from health professionals, such as how to administer medicines.
- Staff worked safely and minimised risks, such as adhering to speech and language therapist's (SALT's)

advice for people's consistency of food and thickeners required for drinks to support safe swallowing.

### Staffing and recruitment

- A robust process was in place to help ensure there were enough staff who were suitable and safely recruited. Relatives and people were satisfied with the effectiveness of staff's skills and how they knew how and when to support people. One person said, "[Staff] are amazing. They come when you ask them to help, and if they are busy, they tell you how long it will be." People's requests for care were responded to swiftly.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured that all staff recruitment was safe, including checks for staff who had moved to the UK from abroad with Home Office authorisation for indefinite permission to stay. All staff we spoke with told us there was always enough staff with skills matched to people's needs.

### Using medicines safely

- Staff managed, recorded and administered people's medicines as prescribed, whilst enabling people to take their own medicines wherever practicable and safe.
- Staff were trained and supported to help ensure they were competent to safely administer medicines, including medicines that required additional checks. One staff member told us, "Some medicines are in liquid format. We have guidance to covertly administer these in people's best interest without them knowing. A GP approved this method and a pharmacist provided us with information how to do this."
- Audits were effective in identifying issues, such as staff not always signing for the administration of topical skin creams. People told us and we saw they had their medicines as prescribed.
- Medicines were recorded, audited, stored and disposed of safely in line with the provider's medicines administration policy. Records for each person's prescribed medicines were kept up-to-date and were accurate.

### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although in two areas, non-pedal type bins were in use, the registered manager confirmed the purchase of, and timescales to replace, these.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider's policies around visiting ensured they supported visiting in line with the latest guidance. Relatives we spoke with confirmed that visiting was promoted wherever this was safe to do so. Essential care givers were enabled to visit as much as practicable, such as for end of life care.

### Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, if people had a fall, were at risk of choking or developing a pressure sore. Referrals were made to appropriate healthcare



professionals, falls team, occupational therapist or a SALT. Staff adhered to guidance and lessons learned prevented incidents recurring.

- Staff were reminded of their responsibilities including the recording of topical skin creams. Actions taken included additional training and supervisions for staff.
- The registered manager used a positive approach to improving staff performance. Learning was shared in a variety of ways, such as staff meetings and individual supervisions. One person's risk of pressure sores had been mitigated with changes to equipment and best interest decisions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive people of their liberty. Any conditions related to DoLS authorisations were being met. For example, a fluid restricted diet.
- People were supported to take risks in a positive way. The registered manager had engaged with the local safeguarding authority where people made unwise decisions, such as staying in bed.
- Staff understood the key principles of the MCA and applied these to give people maximum choice and control. One person said, "I can't have [type of food]. Staff ensure I don't ever have it."

# 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 key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that there was an effective system to assess, monitor and improve the quality of service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider acted promptly when improvements were needed. The registered manager and provider had effectively implemented and completed ongoing action plans since our previous inspection.
- Improvements made since our inspection in January and February 2022 had been sustained. This was due to the diligence of the registered manager, an external consultant and the whole staff team.
- A range of effective systems were in place to help monitor and improve the service. These included audits of care plans, medicines, staff care practises and analysis of incidents for any themes and trends. The registered manager had identified shortfalls in records and was in the process of updating them.
- The registered manager told us, "Since our previous inspection, the staff team have sustained improvement by hard work and pulled everything back together. I have had to retrain staff and ensure they report incidents so I can make referrals for falls or choking. I empower staff to deploy their skills and knowledge effectively." A staff member told us, "The [registered] manager always listens to me and takes action when needed. Their door is always open unless they need privacy."
- The registered manager told us they had increased checks, and their effectiveness, such as for standards of infection prevention and control, window restrictors, and ensured risk assessments were reviewed and regularly updated. Records were accurate, such as for people's food and fluid intake and fire safety. The provider's electronic care records and planning system helped staff in monitoring and updating risks. This helped prevent things from going wrong.
- Areas and subjects monitored included feedback from people, complaints and reviews of various records. People, relatives and staff found the management team approachable and open to suggestions to improve the quality of service provision. One staff member said, "The [registered] manager tells us to ask for help if we are ever unsure. It is better to be safe than sorry." They continued to focus on improvements and ensuring all staff maintained high standards of care.
- Staff were supported in their roles with ongoing training based on best practise, supervision, coaching and

being mentored by experienced staff. One staff member said, "Any incidents are shared, and we have learning, such as for new equipment and pressure areas. The new (care records) system prompts us to help ensure people are repositioned as needed. All staff are made aware at handovers for days and night shifts to access the latest information about people's care and support needs."

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 provided effective oversight of the service and was supported by the provider and a consultant. Effective reviews of records were completed including safeguarding incidents and falls. The provider's oversight and analysis of audits and records enabled them to make improvements which reduced the risk of incidents happening again.
- The registered manager understood and implemented their responsibilities under the Duty of Candour. One staff member told us a person who had no previous risk of choking had begun to choke, this was acted on immediately with support from a GP, SALT, changes to the person's diet and regular reviews to ensure the person was safe. The staff member said, "The [registered] manager is on issues straight away."
- Concerns, incidents and accidents were reviewed, and the provider was open and transparent with people, relatives and professionals when things went wrong.

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

- A range of procedures and systems were in place for people, relatives and staff to feedback and influence how the service was run. These systems included speaking with people, complaints, compliments, observing staff's quality of care and support, and also formal meetings. One person said, "I did fill in a survey. I also get asked regularly if there is anything I want changing or improving." This direct approach also helped identify minor concerns before a complaint might be needed.
- Information and any learning was shared with staff through handover meetings and support from the management team. One compliment praised all the staff team for making a person feel so safe and well cared for. The person's relative stated, "[Family member] couldn't be in a better environment."
- Other compliments had thanked staff for their quality of care and how well they looked after people with end of life care. All the staff and management team shared the same passion to care for people well. One person told us, "I would thoroughly recommend the service I would give it five stars if I could. Staff are friendly and happy. They always make sure I have my walking frame. When I go for [hospital appointment] staff use a wheelchair for safety."
- Staff told us the management team encouraged and supported them to always put people first and foremost and provide the best possible care. One relative told us, "[Staff] always make sure my [family member] can hear them. It is important to know what they are saying or asking."

Working in partnership with others

- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being. A proactive approach helped ensure better outcomes which focused on people.
- The provider worked with the local safeguarding authority and where incidents occurred, learning had been had for better openness. They had worked with the medicines optimisation team, ensuring people's as and when (PRN) medicine protocols were in place and accurate.
- The local authority contracts' team told us the registered manager had worked well with the local authority's care support team and medicines optimisation team. This had helped all staff learn and further develop skills around cooperating and working with others to provide people with joined up care.