

Care for your life - St Clare's Limited

St Clare's Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

St Clare's Care Home is a residential care home providing personal and nursing care to 39 people at the time of the inspection. The care home can accommodate 40 people in one adapted building.

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

People were not always supported by adequate numbers of staff to meet their needs. The risks to people's safety were assessed and measures in place to mitigate them.

People's medicines were managed safely and the environment they lived in was clean. The provider had measures in place to protect people from possible abuse and responded positively to safeguarding issues.

People's care was assessed in a person-centred way and staff had the guidance to provide this. However, the inconsistent staffing levels had sometimes impacted on the delivery of personalised care.

The registered manager undertook a range of quality audits to monitor the care people received. Relatives told us they were involved in their family member's care, and staff worked with health professionals to support the people in their 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 Requires Improvement (published 8 August 2019). The provider was in breach of two of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement been sustained, and the provider was no longer in breach of those regulations.

Why we inspected

We undertook this focused inspection to follow up on concerns we had received and to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings related to the key questions safe, responsive and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to provide sufficient numbers of staff to meet people's needs. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Clare's Care 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

The inspection was carried out by one inspector on site and an assistant inspector.

Service and service type

St Clare's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the provider 48 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider had completed a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people and the relatives of three people who used the service about their experience of

the care provided. We spoke with 15 members of staff including the directors of the company, the area manager, the registered manager, senior care workers and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe as established staffing levels were not always met.

Staffing and recruitment

- People were not always supported with adequate numbers of staff and their needs weren't met in a timely way. People, relatives and staff all told us due to a lack of staff, care was sometimes rushed or delayed for people. One person told us they could sometimes wait up to an hour for staff to support them to go to the toilet. Another person told us when there was a shortage of staff at night people did not get a hot drink in the evening.
- The majority of staff told us they were constantly rushed and did not always manage to provide personal care for people in the morning. One member of staff said, "I get to lunchtime and there are still people I haven't managed to support." Another member of staff said, "Staff are upset because they are not doing what they should be doing." Some staff we spoke with felt their concerns over the staffing levels were not taken seriously when they raised this with the registered manager.
- Our review of the staffing rotas showed the provider had not been meeting their own established staffing levels to provide safe care for people. Over a fifteen week period 151 shifts had one or more members of staff less than the established number and 87 of these shifts were night duty shifts.
- We spoke with the registered manager and area manager about the above concerns. They both felt there had been a number of factors contributing to the staff shortages. Covid-19 had an impact on staffing. There had been staff sickness, staff shielding, they had staff recently leave the service and some temporary increase in people's dependency levels. This had led to staff shortages and staff feeling under pressure in recent weeks.
- During the pandemic the provider had problems recruiting and retaining staff. However, they had continued to try to recruit and as a result they had three new member of staff starting work imminently. The area manager told us they continued to work to support staff in their roles in areas such as time management and staff working to support one another.

The impact of the staff shortages mean the provider is in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

When we last visited the service the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and Treatment. People were not always protected from risks associated with their care and support. There was an inconsistent approach to risk management. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risks to people's safety were regularly assessed, with appropriate measures in place to reduce the risks to people's safety. Known risks were managed effectively including if people were at risk of weight loss

due to difficulties with swallowing, poor appetite or they required a specialist diet. When people required support to maintain skin integrity there was clear up to date information for staff to manage their needs safely. Recognised assessment tools were used to ensure people were assessed consistently.

- During our visit we saw the measures highlighted as a requirement for their safety were in place. Such as electric wheelchairs and pressure relieving mattresses.

We recommend the provider continues to regularly review their staffing needs and work to recruit sufficient numbers of staff to meet their established needs.

Using medicines safely

- During the last inspection we found medicines were not always managed safely, there was some inconsistencies in recording when topical creams were applied. At this inspection we found there had been improvements in the way medicines were managed. There was good oversight of the staff competence, administration, recording and safe storage of medicines. This was managed through comprehensive quality monitoring processes.
- Our observations of medicines administration on the day of the visit showed people received their medicines in a safe and timely way.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe at the service. They had confidence in staff to protect people from potential abuse. Staff we spoke with showed good knowledge of their roles in managing any potential safeguarding issues. All the staff we spoke with told us they had confidence in the registered manager to address any safeguarding concerns raised to them.
- The staff had received up to date training in safeguarding practices and there was information on posters around the service to show what agencies people and staff could contact if it was necessary.
- The service had processes in place to learn from events or incidents at the service. The registered manager had responded in an open manner when dealing with a recent safeguarding issue and had worked collaboratively with external agencies to address issues. The registered manager and the senior management team had reviewed practices and worked with staff to reduce the possibility of reoccurrence.

Preventing and controlling infection

- People were protected from the risks of infection as the provider had clear processes in place to minimise the risks of the spread of infection. A relative told us the service was clean and their family member's room was, "Very clean and well maintained."
- Staff had received training on using personal protective equipment (PPE) in line with current government guidance, during our visit we saw staff following this guidance. The registered manager had ensured she had a good supply of PPE and there were robust cleaning schedules in place, that we saw were being followed.

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 key question has now improved to Good. 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; 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

When we last visited the service the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people did not receive person centred care. People were at risk of receiving inconsistent support. The quality of care plans was variable, some care plans lacked detailed information about people's support and health needs. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At this inspection there had been improvements made to the information in people's care plans to guide staff to provide person centred care.
- Relatives told us staff knew their family member well and worked to support people in the way they wanted.
- Staff we spoke with were knowledgeable about people's needs and were aware of where to find information to support person centred care. However, as reported in the safe section of this report the inconsistent staffing levels affected staff's ability to always provide care in a person centred in line with people's choices.
- During the Covid-19 pandemic the registered manager worked to keep people in touch with their relatives via video links or the service's social media page. They arranged socially distanced visits following the Covid-19 safety guidelines.
- The service employed activities coordinators who worked every day. One of the co-ordinators told us they undertook planned activities morning and afternoon every day during the week, and people really enjoyed them. They told us they had completed chair exercises and balloon table tennis the day before, and people had told them how much they enjoyed the day.
- The activities co-ordinator also undertook one to one activities with people if they chose to stay in their rooms. They walked round the service every day to ask people what they wanted to do. They were aware of which activities individuals enjoyed and planned activities throughout the week to suit everyone's taste. They told us they recognised the importance of this due to people not seeing their relatives as often as they wished during the Covid-19 pandemic.

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.

- The provider worked to ensure people were treated equally, taking into account the protected characteristics of the Equality Act. This included providing staff with guidance on how to support people living with disabilities such as sight impairments or hearing loss. For example, staff ensured people had their glasses or hearing aids with them and there was easy read signage around the service to support them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place, and this was displayed in the entrance of the service. People knew who to go to if they had any concerns. One relative said, "I would talk to [registered manager]. I have never had to raise any concerns."
- The registered manager followed the provider's complaints policy and was aware of their responsibilities to managing people's complaints. We saw evidence of how management team had dealt with a complaint appropriately.

End of life care and support

- People received end of life care in line with their wishes.
- There was information in people's care plans to show these conversations with people and their relatives had taken place. Care plans and respect forms detailed people's individual choices on where they wished to be and who they wanted with them at this sensitive time.
- Staff worked with external health professionals to ensure people's care was in line with their choices and needs.

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 now 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The feedback we received from staff and relatives about the communication from the management team was mixed. The majority of relatives were happy with communication at the service. They felt able to talk to the registered manager and felt they had kept them informed and included in their family member's care during the Covid-19 pandemic. However, one relative felt the communication was not consistent and messages did not get passed on to their family member.
- Some staff we spoke with felt the management team was open, supportive and responsive. However, other staff members felt their concerns were not always listened to. A number of staff had raised concerns about the staffing levels. This had affected the morale of some of the staff group.
- We discussed this with the senior management team. They told us they recognised the last few months had been difficult with a number of contributing factors. However, they had been working with staff on both the staffing levels, and different shift patterns to support the best way of working. They told us they would continue to do this and involve staff in their decisions.
- The registered manager worked with external health professionals to try to achieve good outcomes for people. They told us this had been quite challenging during the Covid-19 pandemic, but we saw evidence of how the registered manager had worked consistently to ensure one person at the service received the support they needed

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Since our last inspection the registered manager, area manager and nominated individual had been working to promote a positive person-centred culture at the service. The information in people's care plans was detailed and person centred.
- The management team was responsive to new ways of working to provide person centred care for people. They were very responsive to our concerns at both our last inspection and our feedback at this inspection. They openly discussed ways they could work to continue to improve people's care.
- The registered manager was aware of her responsibilities to inform us of significant events at the service as they are required by law to report to us. We receive regular communication and notifications from the registered manager on events at the service.

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

- At our last inspection we identified the service's quality assurance systems were not fully effective. The audits undertaken had not identified or addressed some of the issues found during that inspection.
- Since the last inspection improvements had been made to the quality monitoring processes. We saw audits undertaken had identified issues and had action plans in place to show how the issues would be dealt with and by whom.
- The registered manager told us they had been supported by the area manager who spent time at the service, and they had a regular monthly review meeting to go through actions. The area manager also undertook their own quality monitoring processes to feed back to the provider and registered manager to ensure there was good oversight of different aspects of care at the service.
- We saw the management team had recently responded to a safeguarding incident and reviewed not only the staff practices but the way the practices were monitored to reduce the risk of reoccurrence. Both the registered manager and area manager were proactive and open in their approach to learning and improving from this event.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to provide sufficient numbers of staff to meet people's needs.