

Orchard Care Homes.Com (2) Limited

Clipstone Hall and Lodge

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

Clipstone Hall and Lodge is a residential care home providing personal care to 60 people aged 65 and over at the time of the inspection. The service can support up to 90 people. The care home accommodates up to 90 people across 5 units. Each unit is purpose-built and specialises in providing care to people living with dementia.

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

People and their relatives felt the service was safe. Staff understood how to recognise and report concerns or abuse. People were protected from risks associated with their assessed health needs. Risks associated with the service environment were assessed and mitigated. There were enough staff to keep people safe. People received their prescribed medicines safely and were protected from the risk of infections.

People and relatives felt staff got the right training to meet their needs. People were supported and encouraged to have a varied diet that gave them enough to eat and drink. A health professional said staff were good at highlighting concerns about people's health needs and getting them the support they needed. People were supported by staff to access healthcare services when required. The provider had taken steps to ensure the environment was suitable for people's needs.

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.

People spoke positively about the staff who supported them. People also commented on how well staff knew them and supported them in the ways they preferred. People were involved in making decisions about their care, and relatives felt they were kept informed about their family member's care. People said staff always treated them with respect. Staff had a good understanding of dignity in care and had training in this. Staff respected people's right to confidentiality.

People were regularly asked for their views about their care. Relatives were also involved in reviewing family members' care with them. Records showed people's views were documented and where possible, care was tailored to suit their wishes. Staff were proactive in responding to people's individual needs and encouraged them to do things which were meaningful to them and made them happy. People were supported to maintain contact with their local community, and to continue with activities they had previously enjoyed at home.

The provider had a system in place to respond to complaints and concerns. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives.

People and relatives felt the service was well-led. Staff felt supported in their work, and there was a positive

team attitude. The management team kept a close eye on how the quality of care was, and any issues were identified quickly and resolved. The registered manager, deputy manager and provider clearly understood their roles and responsibilities in relation to managing a registered care home. The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed.

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

Rating at last inspection and update

At the last inspection the service was rated Requires Improvement (report published 25 April 2018). There was a breach of Regulation 12, where people's medicines were not always managed safely, and the assessment of risks was not well managed. 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 regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

Clipstone Hall and Lodge

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.

The inspection visit took place on 13 and 19 June 2019.

Inspection team

The inspection visit was carried out by an inspector, two assistant inspectors, a specialist advisor and a medicines inspector. Our specialist advisor was a nurse with experience in dementia care. The second day of our inspection was carried out by one inspector.

Service and service type

Clipstone Hall and Lodge 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

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or

by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services.

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, and we used this to plan our inspection.

During the inspection

During the inspection visit we spoke with seven people who used the service. We spoke with nine relatives and nine care staff. We spoke with the registered manager, deputy manager and the provider's regional director. We also spoke with a health and social care professional. We looked at a range of records related to how the service was managed. These included ten people's care records and how medicines were managed for eight people. We also looked at four staff recruitment and training files, and the provider's quality auditing system. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

Not all of the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person said, "I feel really safe here. There's always someone around."
- Staff understood how to recognise and report concerns or abuse. One staff member said, "It's about knowing your residents. A person-centred approach allows you to know what is normal for that person and recognise uncharacteristic behaviours." Staff received training in safeguarding and felt confident to raise concerns. Another staff member said, "[The provider] has an open-door policy. I would feel comfortable going to the manager with any concerns."
- The registered manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with health conditions documented. These were reviewed regularly with people and relatives and updated when required. For example, staff carried out daily checks on people who were at risk of skin breakdown. This was to both check people's pressure areas and to ensure their pressure relieving mattresses were in good condition and at the correct setting. This meant people were protected from risks associated with poor pressure care.
- Risks associated with the service environment were assessed and mitigated. Staff had a clear system in place for regular checks on all aspects of the environment. This included legionella checks and checks on equipment such as pressure relieving equipment, hoists and slings.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs. This information was also discreetly indicated using symbols on people's bedroom doors. This meant staff and visiting emergency professionals had quick access to information about people's needs. Staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives felt there were generally enough staff to meet their needs. Staff said there were enough of them to assist people in each unit. One staff member said the provider had "floating" staff on each shift. These staff could go wherever they were needed in the building, and the registered manager confirmed this was the case. This ensured there were enough staff to support people throughout the day.

- The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- We identified that staff were not consistently recording where medicines patches were applied on people. It is best practice to ensure medicine patches are applied to a different skin area when they are replaced. We spoke with the registered manager, who accepted this. They took immediate steps to address the issue. We saw the recording for medicine patches was now clear, and staff had been given guidance on how to apply new patches correctly.
- We found staff were not always resetting the medicines fridges thermometers correctly. This meant it was possible for the fridge to go above or below the recommended temperatures for the safe storage of medicines. We spoke with the registered manager about this, and they took action immediately to address this with staff.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean, which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures, and we saw they followed these, using personal protective equipment when required. Staff carried out a range of regular tasks to ensure the service was clean.
- The registered manager ensured checks were done in relation to cleanliness and infection prevention and control. This ensured the cleaning work done by staff was effective. The risks associated with infections were minimised, and the premises were clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff. For example, we saw records of a training and reflective session in relation to medicines errors. This was used with staff to promote a culture of acknowledging errors and learning from them to improve care.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers or at risk of malnutrition. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives felt staff got the right training to meet their needs. Staff we spoke with demonstrated good knowledge of people's needs, and said they had enough time to read people's care plans.
- Staff described the induction they had, and said it was detailed and thorough. One staff member said their induction and training was good, and they "I learned a lot in my first weeks and was well supported." Induction included shadowing more experienced staff and being introduced to people before providing care and support. Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.
- The provider ensured there was regular daily communication between staff and management so key information about people's needs and the running of the service was shared. For example, management and staff had a daily "flash meeting." This involved key staff from different areas of the home sharing information about how the previous day had gone and covered key issues for the day. Each daily meeting was recorded, so staff and the provider could see what was discussed, and what action needed to be taken.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met. For example, people who preferred to eat in their own rooms were supported to do this.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks.
- People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals.

Staff working with other agencies to provide consistent, effective, timely care

- The service used the NHS "red bag" scheme. When a person becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the person's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items. This meant key information about people's needs was shared with health professionals when people went into hospital.
- People said they had the option to visit their GP, or to use the GP who came to the service regularly. The service had a dedicated treatment room for visiting health professionals. This was designed to look like a traditional GP surgery, complete with waiting area. Care records showed staff regularly contacted health professionals for advice if they were concerned about people's well-being. A health professional said staff were good at highlighting concerns about people's health needs and getting them the support they needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this. Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and said what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This was done on an electronic records system which enable people's records to be updated quickly and for all staff to access relevant information about people's needs. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

- The provider had taken steps to ensure the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. The service had clear signs around the building to help people orientate themselves. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.
- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.

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.

- People and relatives said staff gained permission before offering personal care. Staff understood the principles of the MCA, including how to support people to make their own decisions.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly.

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 spoke positively about the staff who supported them. People also commented on how well staff knew them and supported them in the ways they preferred. One person said, "Staff are always friendly and helpful. They always have time for us and we have a laugh together." Another person said, "Staff are always polite and respectful to me."
- Throughout our inspection, we saw staff took time to spend with people. Whether this was chatting or doing an activity, there was laughter and good-humoured conversations between people and staff.

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

- People said they felt involved in making decisions about their care. Relatives felt they were kept informed about their family member's care. Staff encouraged people to express themselves, and where possible, involved people in reviews of their personal care. One staff member said, "I always involve people, giving them choices. We use pictures with people or show them items of clothing, for example. Anything that promotes their right to choose." This meant people's different communication needs were recognised and supported by staff.
- Information about advocacy services was displayed in the service and we saw advocates had been involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights and have their views heard.

Respecting and promoting people's privacy, dignity and independence

- People said staff always treated them with respect. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of dignity in care and had training in this.
- Relatives told us they were encouraged to visit, and there were no restrictions on visiting times. Staff understood how to support people to have private time either with their relatives, or on their own. Where couples moved to the service, the registered manager told us they supported people to continue to maintain their relationships the way they wanted.
- Staff respected people's right to confidentiality. They ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care, and records relating to people's care were stored securely.

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

- People were regularly asked for their views about their care. Relatives were also involved in reviewing family members' care with them. Records showed people's views were documented and where possible, care was tailored to suit their wishes.
- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. Staff we spoke with demonstrated good knowledge of the different ways people like to be supported.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture. This was documented in care records, and we saw evidence that people were supported with these needs.

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 and relatives were positive about the support they had to take part in activities. We saw that people were encouraged to participate in activities to suit their mood throughout our inspection. The service ensured there was a range of individual and group activities throughout the week, and people were encouraged to take part if they wished. For example, a local community farm visited regularly with a range of animals, and people also enjoyed the regular visits from therapy dogs.
- Staff were proactive in responding to people's individual needs and encouraged them to do things which were meaningful to them and made them happy. For example, one person enjoyed knitting, but had given up this activity at home. On moving to the service, staff supported them to take up knitting again. The person had enjoyed knitting items for a local hospital, and staff supported them to visit the hospital to see how their items would be used.
- People were supported to maintain contact with their local community, and to continue with activities they had previously enjoyed at home. For example, the service had a bar area. This was decorated like a traditional working men's club like the one in Clipstone village. The bar was used for different events and occasions, such as celebrating the World Cup, a regular "men's club" (which was open to everyone at the service) and a traditional Sunday carvery twice a month for people and relatives.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. The provider was meeting the Accessible Information Standard.
- There were posters informing people and relatives about accessible communication. The registered manager said they asked people and relatives about their communication needs and could provide information in various ways. For example, in easy-read or larger print formats.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. People and relatives were confident concerns or complaints would be dealt with. One person said, "I can speak for myself and I do. They always listen and change things if they can." A relative said, "Minor niggles get sorted." Another relative said, "I feel able to ask staff or management about anything or to raise concerns." There was a complaints policy in place.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- Staff said they tried to attend people's funerals, and we saw relatives had chosen to hold a wake at the service for a person who had recently died. The registered manager confirmed this, saying this was the person's home, so relatives and friends should have the opportunity to hold the wake at Clipstone Hall and Lodge.

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.

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

- People and relatives felt the service was well-led. They knew who the registered manager was and said they were extremely approachable. A health professional also commented on the quality of the management, stating they were aware of everything that was going on in the service and had robust arrangements in place to check and improve the quality of care.
- Staff felt supported in their work, and there was a positive team attitude. One staff member said, "The manager is fantastic. I feel totally comfortable to talk to them about anything. They listen, and action ideas staff have." Another staff member said, "I feel very proud to work here. I have built up a relationship with the people I support, and they trust me." Staff we spoke with were motivated and proud to work for the service.
- The registered manager said they or the deputy manager did a walk round the service each morning to greet people and staff, and to check there were no issues that needed resolving. We saw how this was recorded, and how the information from the walk round fed into the daily meetings with key staff. This meant the management team kept a close eye on how the quality of care was, and any issues were identified quickly and resolved.
- There was a business continuity plan in place which included information about how to ensure provision of people's care during extreme circumstances. For example, if there was a fire or flood. Staff confirmed they knew what their responsibilities were.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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, deputy manager and provider clearly understood their roles and responsibilities in relation to managing a registered care home. The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment. There was a plan arising from audits to show what action was required and who was going to do it. This meant any issues with the quality of care were identified quickly and resolved.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from health and social care professionals included positive comments on the strong management team who worked to deliver good quality care.
- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had a monthly newsletter for people, relatives, staff and visitors. This celebrated events and occasions at the service and in the local community. The newsletter also let everyone know what was happening each month and told them how they could get involved.
- People said they felt involved in the home and what went on there. People's individual life choices and preferences were consistently met. People, relatives and staff were involved in planning care and support and the registered manager regularly spoke to people and involved them in decisions about the service. This included regular meetings for people and relatives, and also for staff. These meetings were used to provide information and seek feedback on different aspects of the quality of care. This all helped the provider drive improvements in the service to ensure they met people's needs.

Working in partnership with others

- Staff had developed links to other resources in the community to support people's needs and preferences.