Mr & Mrs C G Thrower

St Clare Rest Home

Inspection report

14 Park Lane
Southwick
Brighton
East Sussex
BN42 4DL

Tel: 01273591695

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

St Clare rest 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. It provides personal care for up to 18 older people with physical health needs. There were some people living with dementia. The home also provides respite services for people who want to stay at the home on a short term basis. The home is a detached property set within a garden. On the day of our visit there were 13 people living at St Clare Rest Home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good in Safe, Effective, Caring and Responsive however the provider was not displaying their rating in line with the guidance on their website. The provider is in breach of their legal requirements and as such cannot be rated as good overall.

People told us that they felt safe. There were processes in place for reporting and responding to allegations of abuse. Staff had a good understanding of their roles and responsibilities and knew how to access policies and procedures regarding protecting people from abuse. Risks were assessed, monitored and updated as and when necessary. Action was taken to reduce the risk of incidents and information about risks to people were documented in their care records so that staff were aware. Staffing levels were assessed and amended if people's needs changed. There were arrangements in place for covering if staff were unable to come to work at short notice. The building was well maintained and there were systems in place for ensuring that regular checks of the environment and equipment were carried out. Medicines were managed safely and staff administered them in line with recommended guidance. The service followed advice from pharmacists and had policies and procedures in place for staff to follow.

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

People told us that they were enabled to make choices about their care. People were supported to maintain balanced diets and have input into menu's and meal choices. People told us that they liked the food. People had specialist equipment to assist with maintaining independence when eating.
Staff were trained and supported.to obtain qualifications to enable them to assist people safely. Staff received regular supervision and were supported to develop in their roles.

Staff spoke to people respectfully and encouraged people to remain independent with staff assisting when people needed them to. People told us they were involved in their care planning and reviews. People and their relatives were invited to discuss their care needs together with staff. People said they were kept informed about what was happening in the home on a daily basis and were able to choose what they wanted to do.

People were supported to maintain their religious beliefs and participate in activities that they enjoyed. The

service did not always include all information about people in their care plans although staff were aware of people's needs and preferences as they knew them well.

There was an accessible complaints process in place which people knew how to use if they needed to however they hadn't needed to. The provider respected people's wishes when they reached the end of their life. The registered manager worked with other services such as GPs and hospices to ensure that people were as pain free as possible.

Staff thought highly of the provider and registered manager. The vision and values of the organisation were visible within the home and staff were proud to work at the service. People told us that the provider and registered manager were visible and approachable. People and staff were asked for their opinion about the service and implemented suggestions that were put forward. The provider worked with other healthcare providers to ensure that people received care that met their needs. There were not formal processes in place for assessing and monitoring the quality of the service provided. We have made a recommendation about implementing processes for quality assurance.

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 remained Safe.

Good

Is the service effective?

The service remained Effective.

Good

Is the service caring?

The service remained Good.

Good

Is the service responsive?

The service has deteriorated to Requires Improvement.

Good

Is the service well-led?

The service remained Well-Led.

Requires Improvement

St Clare Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 15 February 2018 and was unannounced. The inspection was carried out by one inspector over two days.

As part of our planning for this inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also considered statutory notifications received by the provider and previous inspection reports.

We looked at four people's care records which included risk assessments and other associated records, four staff files, records relating to the management of the service and policies and procedures.

We spoke to five people who use the service, one relative, four care staff, the kitchen manager, maintenance staff, the deputy manager and the registered manager. We spoke with three healthcare professionals for their feedback about the service which included a GP, pharmacist and a chiropodist. We also made observations of the environment and staff interacting with people by spending time in communal areas.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said "They look after me well here, they really look out for me". Another person said "They keep an eye on me". People told us the home was always clean and t there were enough staff. One person said "There is always someone around if you need anything".

The registered manager was aware of their responsibility for safeguarding and had appropriate policies and procedures in place, which staff were aware of. There was a copy of the local authority safeguarding protocols which were easily accessible. There had been no recent safeguarding alerts raised and the registered manager said that she spoke with the local authority for advice if she thought a safeguarding alert may need to be raised. Staff spoken with had a good understanding of how they and where they would report any concerns and said that they received regular refresher training in how to protect people from abuse.

The registered manager and deputy manager completed risk assessments to assess any risks to people's health and well being. People had a personal risk assessment document which gave an overview of the outcome of all the other risk assessments such as "Wears glasses" and "Partially deaf – hearing aids in both ears". Risk assessments were reviewed monthly and updated when needed. Staff were able to talk about people's individual needs and gave us examples of how they managed risks for people such as making sure that people had any mobility aids such as walking frames that they needed before moving around the home.

There were individual room assessments carried out which checked areas such as basin taps working, call system working and the door closer was effective. If any action needed to be taken, it was reported to the maintenance person who arranged for it to be repaired. The room risk assessments were individual to each person's room for example, one had an additional section for checking the person's air mattress.

The maintenance person was responsible for ensuring that all safety checks were carried out and that the building was maintained to an acceptable standard. Records were kept of safety checks that had been carried out such as electrical wiring, gas safety and lift servicing. Regular checks of the internal and external of the building were carried out to ensure that it was in good repair. This also included checks of emergency equipment and lighting. Following a gas safety check in August 2017 it was identified that there was an issue with the gas fire in the lounge. The provider had immediately replaced the central heating and removed the gas fire so that it was no longer an issue.

Staffing levels were assessed to ensure that there were enough staff available to meet people's needs. The registered manager reviewed the needs of people every two weeks and amended staffing levels if people's needs had increased. There were three staff on shift in the mornings, two in the afternoon and one during the night. There were also maintenance staff, kitchen staff and domestic staff. Healthcare professionals told us that staff turnover was low which meant that staff knew people well.

People told us that they thought there were enough staff. There were some staffing vacancies and the

service used an agency to cover any shortfalls. The registered manager told us that they always used the same agency staff so people were familiar with them. People were kept informed of any changes to staffing by the notice board in the lounge. One person said "We like to know what's going on".

Staff were recruited safely. Four recruitment files were reviewed and all four contained an application form which had details of staff's previous employment and it was recorded where there were gaps in employment history. Records of interviews had been kept and recorded the questions and responses from the interview and how the decision to appoint was reached. All of the files contained appropriate checks such as criminal record checks, and obtaining references including from the most recent employer where they had worked with either adults or children. Proof of people's identity including their right to work in the UK had been gathered and copies were kept in their staff files.

We observed staff administering medicines to people. Staff explained to people what medicines they were giving them and made sure that people had a drink to take their medicines with. Staff locked the medicines trolley whenever it was left unattended. There was no one at the service who received their medicines covertly or administered their own medications. There were policies and protocols in place for ordering, storing, administering and disposing of medicines which were easily accessible by staff. People who needed 'when required' (PRN) medicines had PRN protocols in place which gave information about when they should be given. Staff had received training in medicines management and received support from the local pharmacist when required. The pharmacist told us that the management always acted on their advice and had recently changed the packaging material for their medicines as a result of their advice. We saw that this was in place. There had been a medicines audit carried out in October 2017 which checked areas such as whether medicines had been disposed of safely and whether fridge temperatures had been recorded daily. There were no issues found.

The home was clean and people were protected from the spread of infection. There were cleaning schedules in place for the home as including separate ones for the kitchen. These were monitored and if anything had not been completed, it was followed up and written in the communication book and signed by staff when completed.

The provider investigated any incidents or accidents that occurred and made improvements to prevent them from happening again. For example, following an incident, a new call bell system was introduced to ensure that staff were aware exactly which location the alarm had been raised. The registered manager analysed when people had falls to see whether there were any patterns to incidents happening and if there were any preventative steps that could be taken or people needed referring to falls services.

Good

Is the service effective?

Our findings

People said that they were able to make their own choices on a daily basis and staff consulted with them before they arranged any treatment for them. For example, one person said "They always ask me if I want to see the GP if I say that I don't feel too well". People told us that the food was good and they were able to choose their meals each day. People said "She is a really good cook". People said they found the design of the premises suitable to meet their needs and said things like "I'm able to get around" and "My room is very comfortable".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. No one at the home required a DoLS however the manager and staff were aware of when they would need to apply for one and carried out capacity assessments with people if they felt they were needed.

People's needs were assessed when they moved to the service which included asking people if they had any religious, cultural or individual needs. Some people had expressed that they would like to maintain their religious services and the provider supported them to do this by arranging for services to be held in the home. People were asked if they would prefer to go to church however they had chosen not to.

The registered manager had introduced a new electronic call bell system which also allowed her to monitor how often people were checked on when they were in their bedrooms, how quickly call bells were answered and if there were any issues with any call bells. The registered manager said that this was working well and she was reassured that people were monitored in line with their assessed needs such as if people needed to be turned frequently or observed at regular intervals. People told us that staff came quickly if they needed them.

People were involved in choosing what they had to eat each day. There was a six week rolling menu in place which had been put together by asking people what they would like. There were a number of alternatives available if people didn't want to eat what was on the menu. People said "I can always ask if I don't fancy what's on offer". The kitchen manager kept records of what people liked and didn't like and if someone had asked for an alternative. She said that there was no specific alternative menu as people could ask for whatever they wanted and they would provide it. Staff knew people's preferences and we heard a member

of staff say to a person "I know you don't like chicken soup so would you like cheese on toast instead?". The person replied "Oh yes please, I'd love that".

There was no one who currently needed a special diet however the kitchen manager explained how they had previously catered for people with different diets such as people who had an intolerance to gluten When new people moved to the home, the kitchen manager talked to people to find out what people liked to eat and recorded it in the communication book so that all staff were aware. This also contained information about any allergies that people had. People who needed to had specialist equipment such as plate guards to help them to remain as independent as possible and eat without assistance. Healthcare professionals told us that they always observed staff encouraging people to drink fluids.

We observed people over lunch and people were asked whether they still wanted what they had chosen for lunch before it was given to them. People were able to ask for more if they wanted to. One person said "I really liked the pancakes for pancake day today". People were chatting with staff and each other over lunch and there was a friendly atmosphere. Another person said "I enjoyed that, excellent, well done".

People were able to move freely around the home and we saw that there were handrails in place for people to use if they needed them. The provider was replacing all the beds within the home to profiling beds which were easier for people to get into as they could be lowered or raised to the appropriate height for people. The home was redecorating a bedroom during the inspection which included updating the room with new washing facilities and using materials which were easily cleaned. The home was also going through a programme of renovation and had recently had a new carpet laid in the lounge. People had been asked for their views about the décor and had helped to choose the carpet. People's rooms were individually decorated and contained personal items such as photos, ornaments and furniture that people had brought in from home.

When staff started at the service they were given an induction. The induction consisted of reading through important information such as policies and care plans, training and shadowing other staff. Staff said that they were talked through the expectations of the role and able to ask any questions which meant they were prepared before working on their own. New staff were also enrolled in the care certificate and we saw that some new staff were currently working through it.

Training was given to staff in subjects such as safeguarding, the Mental Capacity Act, health and safety and food hygiene. Staff told us that they were able to ask for additional training and one member of staff said "I've just done some dementia training and it was really good so now everyone is going to do it". The staff member said that although only some people at the home had dementia it had been good to learn about how to communicate more effectively with them and understand how things may seem from their perspective. Staff said that they received regular supervision and appraisals however said that they were always able to speak to managers or the provider when they needed to. Records showed that staff were receiving regular supervision, every three months plus appraisals annually. Staff were able to talk about their performance and set goals such as gaining further qualifications which would benefit the people they supported as they would have more knowledge in specialist areas.

Staff were supported to gain qualifications such as national vocational qualifications (NVQ) in addition to the training they had deemed mandatory for all staff. One member of staff had recently passed a qualification in end of life care and spoke passionately about what they had learned such as carrying out mouthcare more regularly than previously and ensuring that the person was as hydrated as possible. Staff were also supported to develop in their roles and one member of staff told us how they had recently been promoted to senior carer and were being supported by the deputy manager to learn the new requirements

of the role.

People accessed healthcare services such as GPs, dentists and opticians and records of any advice given was kept in people's care files. Care plans were also updated with the information such as when people began palliative care. The service worked with district nurses to provide joint care for people when they were at the end of their life as all medicines for the person were managed by the district nurses however the rest of the care was provided by staff at the home as the person had requested that they were kept at the home. Healthcare professionals spoken with told us staff were "Willing to go the extra mile to keep people well" and "They request visits appropriately".

Good

Is the service caring?

Our findings

People told us that they thought staff were caring. One person said "They are so kind and always make the effort to have a chat with us". Another person said "Oh they're just a lovely bunch".

We observed staff interacting with people and saw that staff respected people's privacy and dignity and their independence. One staff member said to a person "You've had a lovely bath and hairwash and I'll come back and do your hair in a minute when you've got dressed". People's care plans contained information about what people were able to do for themselves and said things such as ask people what they are able to do before assisting them Staff treated people with dignity and we observed staff being discreet when they took them to the toilet.

People were involved in planning and reviewing their care needs. Staff held reviews of people's care monthly where they sat with people and talked through their needs. People said "We have regular chats with the staff and talk about how we are". Care records showed that people were encouraged to sign a consent form to confirm that they had been involved however it was also documented when people were unable to sign. A relative told us "I'm kept very well informed".

People were kept informed about what was going on in the home and about important information such as fire evacuation procedures by a notice board in the lounge. Information was updated daily and included activities, the menu and which staff were working that day. People said they liked that they knew what was going on in the home.

Staff had a good rapport with people and laughed and joked with people throughout the day. People told us "We are like one big family". People told us their friends and relatives were always welcome to visit. A member of staff said "You're not just caring for them, you're their friend". Healthcare professionals told us that they were always welcomed into the home and said that they thought staff were caring. They made comments such as "They are always friendly".

There were leaflets available for people about other services that they may need such as , end of life care and financial advice. Staff said that if people wanted to know anything or access a service then they would find out for them. A person told us "If I need help or advice with anything, I know I can just ask".

People's views were sought by the provider who held monthly meetings with people and also sent them questionnaires to get their views. People told us that they were asked for their opinions. One person said "Whenever the provider comes in he asks us how we are and what we think about things". Another person said "We get asked about everything really, including what we like when they are decorating".

Staff were respectful when people were unwell or nearing the end of their life. We observed staff visiting people people who were unwell more frequently to ensure that they had drinks and ask if there was anything they needed. Staff asked people whether they would like their bedroom doors open or closed and kept other professionals involved in their care such as GPs and hospice services informed of any changes to

people's health.

Good

Is the service responsive?

Our findings

People were involved in choosing what they did each day and if they wanted to participate in any activities. There were monthly meetings held where people discussed what activities they would like and evaluated the activities which they had done over the previous month. Information about what people liked to do was included in their care plans and whether people would join in with group activities for example "Likes to spend time on their own and will let you know if wants to join in".

People's preferences were reflected in their care plans, for example, one person preferred to be called by a name that wasn't their given name. This was clearly recorded in their file and we heard staff calling them by their preferred name. The service recorded information about people when they moved to the home such as their ethnicity and religion so that they were aware of any cultural needs they may have. However not all information about people was recorded in their care plans, for example, staff had told us about a person who liked to eat lots of sweet things and sometimes took other people's chocolates and sweets, we also observed the person asking for chocolate and heard a member of staff say "I'd better take the sugar bowl so that X doesn't get it", however none of this information was recorded in the person's care plan therefore any temporary staff may not know to monitor that the person to ensure they were not taking any sweets or chocolates that were not theirs.

The service maintained links with the local community. The home was visited by someone from the local church who carried out Holy Communion with those who wanted to attend. The home also held twice yearly coffee mornings to raise money for local charities which were chosen by the people who lived at the home.

There was a library area which had a selection of books which people could sit in and read if they wanted some quiet time or to listen to some music. There were also large print books in the library for people with a visual impairment. We observed people joining in with a singer who had visited the home in the afternoon and were able to request and sing along to their favourite songs. People said that they had enjoyed the singer. People were also given the opportunity to remain active around the home and in one person's care plan it said "Likes to have small jobs to do in the morning. He likes to be in charge of the fruit bowl and newspapers".

People had access to call bells so that they could alert staff if they needed them. There were also call bells in communal rooms such as bathrooms and toilets. People told us that staff always responded quickly when they called them.

The registered manager kept a record of compliments received. These included thank you cards and letters from people's relatives and healthcare professionals. Comments included "Just a note to let you know that X is very happy at St Clares" and "With all our deep appreciation for all the love and care you gave to mum".

The complaints procedure was kept on the notice board in the entrance area which was accessible by people and their families. People said they felt comfortable raising any concerns they had with staff or the registered manager but that they had not needed to. There had been no complaints made since 2016. The

complaints policy clearly set out the process which would be followed if a complaint was made and gave people information about where they could refer their complaint to if they were not happy with the outcome.

There were two people at the service who had been identified as being at the end of their life. The staff had worked with GP's, district nurses and hospice services to support people and ensure that the appropriate plans were in place for each stage of the process. We saw that staff were monitoring people and doing what they could to keep people comfortable. One person's care plan said "Give her anything she would like to eat or drink". Staff had received training in end of life care and there was an end of life lead at the service.

People were asked whether they had any wishes for the end of their life however although the details about any funeral arrangements were recorded in their care plan. There was clear guidance in care records which detailed who should be involved at each stage.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager spent three days per week at the service and was available on call at all other times. The manager also filled in on shifts if staff called in sick.

The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They spoke knowledgeably about the duty of candour and how they had been open and honest with people when anything went wrong. The manager had implemented changes in line with the new requirements of the Data Protection Act such as by putting unique identifiers in place. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had displayed the previous rating in the entrance of the home however the provider was not displaying their rating in line with the guidance on their website. The provider is in breach of their legal requirements and as such cannot be rated as good overall. We are considering what action to take outside of the inspection process.

The provider visited the service every day and staff and people spoke very highly of them. People said things such as "He is a lovely man" and "We see him all the time". Staff said "I feel like I could go to him with anything". Staff were aware of the vision and values of the provider which were displayed around the home and were to deliver the best care possible in a homely environment. Staff said they felt proud to work for the provider. One member of staff said "I am proud to be part of the team, I love my job and I love working here".

Staff told us they felt supported by the registered manager and the deputy manager and would not hesitate to go to them with any concerns. One member of staff said "I'm able to talk to them if I need to", another member of staff said "If there are any issues, they are ironed out then and there and it is never carried on". Staff told us they were listened to and able to put forward suggestions for improvement. One member of staff gave us an example of a suggestion they had made regarding ensuring that people had fresh drinks in their bedrooms when they were taken to bed in case they were thirsty during the night. They said that this had been implemented and became part of the night time routine.

There were monthly residents meetings held where people were able to discuss what was happening in the home. Minutes showed that people were made aware of any maintenance work happening in the home and asked for their opinions about how things should be decorated, activities, staffing and any items which needed following up from the previous month. People said "We get to have our say" and "They ask us what we think about things which is nice". People had also been visited by a pharmacist during one of their meetings to give them a talk on medicines.

A residents and family questionnaire was sent out in November and December 2017. Seven responses had been received. People were asked for their opinions on areas such as the welcome they received, the friendliness of staff, cleanliness and whether people's rights were respected. All responses had been positive and relatives had added comments such as "All staff are friendly", "I believe any concerns I have are listened to though I would rarely have a concern" and "I thank my lucky stars every day, this is a lovely home".

A staff questionnaire was sent out in November 2017 which asked similar questions to those of the residents and relatives. So far only two had been returned however both were positive about all areas. The registered manager was waiting for more responses before analysing.

There were processes in place for management oversight of the service. Some audits had been carried out such as cleaning audits and medicines audits however there was no formal process for auditing the quality of the service or having oversight of areas such as supervision and appraisals or any audits of care files or staff files. Although there were records of all of the processes being followed, there was no overarching monitoring systems such as matrices to get the information at a glance. The registered manager had recently introduced a system for monitoring how often people were checked overnight and how long people were calling for assistance for. They also said that they were planning on putting more formal processes in place.

The provider worked with other healthcare services to ensure they provided joined up care. Healthcare professionals spoken with told us that they were good at communicating and they found the management professional and friendly. One healthcare professional said "I think they are excellent" and another said "There is always a lovely atmosphere".