

365 Care Homes Limited

Clitheroe Care Home

Inspection report

Eshton Terrace
Clitheroe
Lancashire
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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

Clitheroe Care Home is a residential home which provides accommodation and personal care for up to 28 older people, people with a physical disability, sensory impairment and people living with dementia. Accommodation is provided over three floors, with a passenger lift and stair lift providing access to all floors. At the time of the inspection, 27 people were living at the home.

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

People felt safe at the home and most people and relatives were happy with staffing levels. The provider recruited staff safely and staff understood how to protect people from the risk of abuse. People received their medicines as and when they should. Staff followed appropriate infection control procedures and people told us the home was always clean. Risks to people's health and wellbeing were managed well and the safety of the home environment was checked regularly.

Staff supported people to achieve good outcomes. Staff were well trained and able to meet 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. Staff supported people with their dietary and healthcare needs and referred them for specialist support when they needed it. The environment had been adapted to enable people to remain as independent as possible.

People liked the staff who supported them and told us staff were kind, caring and respectful. Staff encouraged people to be independent and make decisions about their care when they could. Staff respected people's right to privacy and dignity. They were aware of people's diverse needs and what was important to them.

Staff provided people with care that reflected their needs, risks, abilities and preferences. Staff knew people well and encouraged them to make choices when they could. Staff reviewed people's care needs regularly and updated documentation when people's needs changed. Concerns and complaints were managed appropriately. People were very happy with the wide range of activities and entertainment provided at the home.

Management and staff understood their responsibilities and provided people with care which resulted in good outcomes. They worked in partnership with community agencies to ensure people received the support they needed. People's views were sought about the service and acted upon. People, relatives and staff felt the service was managed well. Management completed regular checks to ensure people received high quality, safe care.

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

Rating at last inspection

The last rating for the service was good (published 6 December 2017). Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the service's date of registration.

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.

Clitheroe 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspection manager was also present during the first day of the inspection.

Service and service type

The service 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send to us to give us 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 seven people who lived at the home and two visiting relatives, to gain their feedback about the service. We also spoke with the registered manager, the regional manager, the nominated individual, three care staff and a visiting community professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including two people's care records and a selection of medicines records. We looked at two staff recruitment files and staff supervision and appraisal records. We also reviewed a variety of records related to the management of the service, including policies and audits.

After the inspection

We contacted two community health and social care professionals for their feedback about the support provided at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely. Arrangements for the ordering of medicines needed to be changed to comply with national guidance and the registered manager addressed this immediately.
- Staff had completed the necessary training and been assessed as competent to administer medicines safely. People and relatives were happy with how medicines were managed.

Staffing and recruitment

- The provider recruited staff safely, to ensure they were suitable to support people living at the home.
- Most people and relatives were happy with staffing levels at the home. One person commented, "The staff are wonderful, and I feel there are enough to look after everyone." Nobody experienced long delays in receiving support. However, two people felt there were not always enough staff available in the evenings to help people get ready for bed and one visitor felt there were not always enough staff to support people at mealtimes. The registered manager told us she would review the deployment of staff in the evenings and at mealtimes to ensure staff were available to support people when they needed it.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse and avoidable harm. Staff had completed safeguarding training and understood how to protect people from the risk of abuse. People and relatives told us staff provided safe care. Their comments included, "I feel safe here as the staff are very good, especially the senior staff" and "I feel very safe and comfortable. The staff keep an eye on me and check I don't fall."

Assessing risk, safety monitoring and management

- The provider had processes to support people to manage risks to their health and wellbeing. Risk assessments guided staff on how to support people and were updated regularly. Staff updated relatives about any changes to people's risks and needs.
- The provider had systems to manage accidents and incidents appropriately. Staff took appropriate action when accidents or incidents took place and completed the necessary documentation. Records were reviewed by the registered manager to ensure appropriate action had been taken.
- The registered manager and senior staff completed regular safety checks of equipment and the home environment, including lifting equipment, fire safety and water checks..

Preventing and controlling infection

- The provider ensured people were protected from the risk of cross infection. Staff completed infection control training and used personal protective equipment, such as disposable gloves and aprons, when

providing care.

- We found the home clean throughout our inspection, and people and relatives told us levels of hygiene at the home were good. Their comments included, "The environment is very clean and well looked after" and "The home is kept spotless. The carers always wear aprons and gloves for some jobs."

Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and safeguarding concerns and make improvements where needed. The registered manager shared lessons learned with staff through handovers, staff meetings and supervisions. The electronic care planning system used by the home enabled the registered manager to monitor staff record keeping, so she could address any improvements needed with staff.

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 requires improvement. At this inspection this key question has improved to good. 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

- The registered manager and staff provided people with care and support which met their needs. The registered manager completed an initial assessment, which included information about people's needs and risks, what they were able to do for themselves and how staff should support them to achieve good outcomes.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to support people effectively. Staff were happy with the induction and training provided at the service.
- People and relatives felt staff had the knowledge and skills to provide good support. Their comments included, "The staff are very well trained, I can't fault any of them" and "The carers all do a good job."

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

- Staff supported people to eat and drink enough. People's care plans included information about their dietary needs, risks and preferences and staff were aware of these. People were referred for specialist support when concerns were identified.
- The home had a healthy snack bar, where people could help themselves to fruit and fruit juice. This encouraged people to stay hydrated and eat healthily. People were happy with the meals and drinks provided. Their comments included, "The meals are very good. We get snacks and drinks and now we also have the healthy snack bar which I use a lot because I like the fruit" and "The food is good. We get plenty of choice and they will always make an alternative if you ask."
- One community professional told us there was not always a member of staff in the dining room during mealtimes to supervise, support and encourage people with their meals. The registered manager told us she would ensure a staff member was present in future during every meal.

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

- People were supported to meet their healthcare needs. Staff supported people to attend healthcare appointments and referred people to community healthcare professionals to ensure they received any additional support they needed. These included GPs, community nurses, podiatrists, dietitians and speech and language therapists.

- People's care documentation included information about their healthcare needs, medical history, medicines and any allergies. The service used a 'hospital pack' to share information about people's needs and risks with paramedics and hospital staff when people were taken to hospital.

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

- The home had been adapted to meet people's needs and enable them to maintain their independence. A passenger lift, stair lift and lifting equipment were available to support people with moving or transferring, and adapted bathroom facilities were available. Specialist equipment was used to support people at risk of falling and to prevent pressure damage to their skin.
- People were happy with the home environment. Their comments included, "Our rooms are big enough, personalised and clean" and "My room is very comfortable." People had personalised their rooms to reflect their tastes and make them more homely.
- Much of the home had been redecorated and refurbished since the provider had taken over the service, making it brighter, more modern and more comfortable. We noted some bedroom tables needed replacing and the registered manager told us this was planned and would be prioritised.

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 with appropriate legal authority. 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.

- The service was working within the principles of the MCA. People's care plans included information about their capacity to make decisions about their care. Where they lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives. Where people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this. No DoLS authorisations had yet been received.
- The service gained people's consent before care was provided. People had signed consent forms, and staff asked people for their consent before supporting them.

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 were treated well and supported with kindness. People and relatives liked the staff at the home very much. They told us staff were kind and caring. Their comments included, "The staff are very kind, and nothing is too much trouble for them" and "The staff who look after me are very friendly and I get on with them well. They are very kind and respectful." One community professional told us staff were very caring and had a good rapport with people.
- During the inspection we observed staff being polite, friendly and respectful to people and visitors. Staff were keen to help people and were patient when supporting them. Staff chatted with people while they supported them and offered reassurance when people were upset or confused.
- Staff treated people equally and respected their diversity. Care documentation included information about people's life history, marital status, religion and sexual orientation. The registered manager planned to gather information about people's gender and ethnic origin in future, to ensure staff were fully aware of their diverse needs and what was important to them. Religious services took place at the home at people's request. One community professional told us the service had worked hard to meet a person's spiritual needs.

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

- People were involved in decisions about their care. We observed staff encouraging people to express their views and make everyday decisions about their care when they could, such as what they had to eat and where they spent their time.
- People's care needs had been discussed with them, or with their relatives or legal representatives when they were unable to express their views about their care. One person told us, "I have a care plan and I told them how I want to be cared for so I am independent, and they don't interfere unless it is necessary."
- Information about local advocacy services was displayed so that people could have support to express their views if they needed it. At the time of our inspection, no-one was being supported by an advocate.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. People and relatives commented, "They respect my privacy and dignity. They knock on my door before entering and my visitors can see me at any time of the day" and "They [staff] respect everyone's privacy and dignity and make everyone feel comfortable."
- Staff encouraged people to remain as independent as possible. Documentation included detailed information about what people were able to do and what they needed support with. Staff described how they encouraged people to be independent when it was safe to do so.

- Staff respected people's right to confidentiality. People's care records and staff members' personal information were stored securely and were only accessible to authorised staff. The provider had a confidentiality policy for staff to refer to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- Staff supported people in a personalised way, which reflected their needs and preferences. People were very happy with the support provided and told us staff knew how people liked to be supported. Their comments included, "They treat me as an individual and listen to what I have to say. They understand my likes and dislikes" and "The staff are very observant and if the care I receive needs to be changed, they change it." One community professional told us staff were very supportive and were meeting a person's need well.
- Staff and management worked hard to improve people's quality of life, including their health, mobility and social interaction. We saw evidence that staff support had resulted in some people experiencing significant improvements.
- People's care plans were very detailed and individualised. They included information about people's needs, risks, abilities and preferences and were updated regularly or when people's needs changed.
- Staff gave people choices and encouraged them to make everyday decisions about their support. One person told us, "They leave me to make my own choices. I can choose what I wear, what time to go to bed and so on" and "There is lots of choice. I can choose what to wear each day and whether to watch TV or not." People's support plans included prompts for staff to offer them choices and respect their decisions.

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 service was following the AIS. People's care plans included information about how people communicated, any support they needed with communication and how staff should provide it.
- Staff were aware of people's communication needs. We observed them communicating effectively with people, repeating or explaining information when necessary.

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

- Staff encouraged people to maintain relationships that were important to them. We saw lots of visitors during our inspection. Staff welcomed them, and they were free to spend time with their friends or relatives in their bedroom or communal areas. One relative told us, "I can visit any time. They make me feel welcome."
- Staff supported people to follow their interests and take part in a variety of activities. People and

relatives were very happy with the activities available at the home. Their comments included, "The activities they provide are very good. We play board games, skittles, dominoes, we sing, and visitors come in to see us sometimes. We had children visit from a school at Christmas and they took me to Blackpool last year, which I enjoyed" and "The activities are very good, there is something every day. I like the trips out they do occasionally."

- During the inspection we saw people taking part in armchair exercises, karaoke and dancing. There was also a movie afternoon with a big screen and popcorn, to give people a cinema-like experience. Lots of people participated in the activities and there was lots of smiling and laughter.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide.
- None of the people we spoke with had made a complaint but told us they would feel comfortable doing so. No formal complaints had been received since the service was registered. One relative had raised concerns about missing laundry and the registered manager was addressing them.

End of life care and support

- The provider had processes to provide people with effective end of life care. Most staff, including the registered manager, had completed end of life care training, and training for the remaining staff was planned. An end of life care policy was available to guide staff.
- Staff had experience of supporting people at the end of their life. They worked closely with GPs, district nurses and families to ensure people's needs were met, their wishes respected, and they were kept as comfortable as possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, registered manager and staff demonstrated a passion for providing people with individualised care which resulted in good outcomes for them. They treated people as individuals and involved people in decisions about their care and the service.
- Everyone we spoke with would recommend the service. They were happy with the support provided by staff and how the service was being managed. Their comments included, "I feel the home is well-managed. There are good staff and there have been improvements. The home is well maintained, and it is a very calm environment. I would recommend it to anyone" and "The managers can't do enough for you, they are very friendly. I am very happy here and would recommend it without a doubt".
- Staff were clear about the provider's aim to provide people with high-quality, compassionate care and were knowledgeable about how to support people effectively.

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 provider had a duty of candour policy and management were aware of their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The provider understood their role and regulatory responsibilities. The registered manager was responsible for the day to management of the home, with support from the regional manager and a recently appointed deputy manager. The provider and regional manager visited the home regularly and were familiar with people's needs and risks. They completed regular audits of quality and safety, which included gaining feedback from staff and people living at the home. One person told us, "The boss visits frequently. He chats and listens to everyone."
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and staff meetings.
- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

characteristics

- The provider had various processes to gain feedback from people and relatives about the care provided at the home. Feedback from satisfaction surveys completed in November 2019 was very positive. Residents' meetings took place regularly and people's concerns and suggestions were listened and responded to.
- Staff meetings took place regularly and staff felt involved in the service. They found management approachable and supportive. They felt valued, fairly treated and were listened to when they raised concerns or made suggestions. One staff member told us, "The manager is very helpful and approachable. She is managing the service well. She addresses concerns and comes in on her day off if needed."

Continuous learning and improving care

- The provider had made many improvements since taking over the home, including redecoration, refurbishment and purchasing new equipment. The nominated individual told us further improvements were planned, including making the environment more dementia friendly and replacing more furniture in people's bedrooms. One person told us, "Since I have been here there have been improvements." Staff also felt there had been lots of improvements since the provider had taken over. One staff member commented, "The change of ownership has had an amazing, positive effect."
- The provider had a detailed home action plan which was updated monthly. It included health and safety, infection control, care plans, the environment, staffing, training and policies.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, community nurses, hospital staff, dietitians, speech and language therapists, podiatrists and the local community mental health team.