

365 Care Homes Limited

Clitheroe Care Home

Inspection report

Eshton Terrace
Clitheroe
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Tel: 01200428891

Date of inspection visit:
10 November 2020

Date of publication:
09 December 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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, 23 people were living at the home.

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

People told us they were well cared for and felt safe in the home. Risks to people's safety and well-being were assessed and staff were provided with information about how to support people safely. Staff completed safeguarding training and knew the correct action to take to protect people from the risk of abuse.

We have made recommendations that the provider improves documentation in support of recruitment decisions and to the recording of when medicines have been given or the reason if they have not. We have also made a recommendation that the provider improves their quality monitoring systems.

People told us there were enough staff to respond to their needs. Staff told us they always had time to spend with people and enjoyed being able to provide high quality care. Staff had managed well during the pandemic and followed safe infection control practices.

There had been several changes of manager since the last inspection. Although they had no concerns about the care of their family members, relatives had felt unsettled by all the changes and the lack of communication from the provider about these. A new manager had been appointed and had started work at the home on the day prior to this inspection. They had started the process to register as manager with CQC.

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

Rating at last inspection

The last rating for this service was good (published 31 March 2020).

Why we inspected

This inspection was prompted in part by a number of safeguarding alerts raised with the local authority and whistleblowing concerns shared with CQC. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm in relation to the concerns raised.

We looked at infection prevention and control measures under the 'safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clitheroe Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and had started work at the home the day before the inspection. They had started the process to register as manager with CQC.

Notice of inspection

We gave 24 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch team. 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 reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of care staff. We also spoke with the manager, the deputy manager, the regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care and medication records. We also looked at three staff recruitment files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke by telephone with three relatives. We looked at records sent to us after the inspection, including policies and staff training records. We continued to seek clarification from the provider to validate evidence gathered.

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 remained the same.

Staffing and recruitment

- People told us they felt safe with the staff who supported them. However, some improvements needed to be made to staff recruitment processes.
- The provider had produced a checklist to document when required documents had been received. However, this had not been completed on two of the three recruitment files we reviewed to confirm required pre-employment checks had been completed.
- The provider had not always ensured that applicants provided a full employment history and the reasons for any gaps in employment had not always been explored or documented. In addition, the provider needed to ensure that some references were verified to ensure they originated from the service in which the individual concerned had worked.

We have made a recommendation that the provider reviews how recruitment decisions are documented.

- The service was staffed sufficiently. People told us staff always responded promptly if they needed support. One person commented, "Staff come whenever I press the buzzer - day or night."
- Staff told us there were always enough staff on duty and they did not feel rushed when providing care. They told us the electronic care records system they used helped to save time so they could focus on spending quality time with people.

Using medicines safely

- People told us they received their medicines as prescribed. However, improvements needed to be made to ensure staff always recorded accurately when medicines had been given or the reason if they had not.
- Staff had received training to ensure they were able to administer medicines safely. Their competence to undertake this task correctly had been assessed.

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 were confident in how to raise any concerns. One staff member told us, "I'm here for the residents and it's my job to keep them safe by reporting concerns to the manager."
- People who lived in the home and their relatives had no concerns about the care provided. Comments made to us included, "I love all the staff. I'm just happy here", "I feel comfortable to speak with all the staff if I have any concerns" and "They've done well during the pandemic. They locked down really early which kept people safe."

Assessing risk, safety monitoring and management

- The provider had established systems to assess and manage risks in the service. Staff completed an assessment of the risks relevant to each individual who lived in the home and strategies were in place to manage the identified risks. Staff reviewed these strategies regularly to ensure they remained relevant to people's needs.
- The provider completed regular checks to ensure the safety of the premises and any equipment used. They also documented the support people would need to evacuate the premises safely in the event of an emergency.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems to review incidents, accidents and any safeguarding concerns raised to see where any improvements needed to be made. Handover meetings and the electronic care records system were used to inform staff of the outcomes of investigations and any changes made to procedures as a result, to reduce the risk of similar events occurring.

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 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.

Continuous learning and improving care

- The provider had systems to monitor the quality and safety of the service. The nominated individual and regional manager visited the home regularly to ensure people were receiving high quality care. They were also able to remotely monitor the electronic care planning system to make sure staff had provided people with the care they needed. However, the quality assurance systems had not identified the issues documented in the 'safe' section of this report regarding the recruitment of staff and the administration of some medicines.

We recommend the provider reviews their systems for assessing, monitoring and improving the service to ensure they are fit for purpose.

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

- There was no registered manager at the time of this inspection and there had been several changes of manager since the last inspection. A new manager had been appointed and had started work at the home on the day before this inspection. They had started the process to register with CQC.
- We found the changes in management had potentially impacted on the way the service was run. In addition, relatives we spoke with had found these changes to be unsettling. They also felt that communication about any change of manager could be improved.
- Staff understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. Statutory notifications had been submitted to CQC.

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

- The staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received. Comments people made included, "Staff are lovely. They know me well" and "They [staff] do as much as they possibly can."
- Staff told us they were proud to deliver person-centred care which helped people to achieve positive outcomes. One staff member commented, "It's all for the residents. I love coming in."

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 policy which outlined the responsibilities of all staff in relation to the duty of candour.

No incidents had occurred that we were aware of, which required duty of candour action.

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

- The provider had developed systems that engaged and involved people, relatives and staff. These involved meetings, face to face discussions and surveys.
- Staff told us they enjoyed working in the home and that their views were always listened to by the management team. A staff member commented, "I can always speak with [names of nominated individual and regional manager]. They have made good changes to the home since they took over. If you have any queries about residents/the building etc they are really good. I've never had a problem that has not been resolved."
- We looked at the results of the most recent survey completed by people who lived in the home. Although most of the responses had been positive, it was not obvious what action had been taken in response to any suggestions made. The provider told us they would consider how they could improve feedback to people completing surveys.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. During the pandemic, the service had received support from a designated lead for infection prevention and the specialist community nursing team to help ensure practices in the home were safe.