

Derbyshire County Council

# East Clune Care Home

## Inspection report

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Date of inspection visit:  
13 February 2020

Date of publication:  
09 March 2020

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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

East Clune Care Home is a residential care home providing personal care for up to 30 older people, in one adapted building. This includes older people who may be living with dementia, a physical or mental health disability and a sensory impairment. At this inspection there were 25 people living at the service

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

Staff now received timely training for peoples' care. The service was well managed and led internally by the registered manager, to help ensure person centred, safe and effective care. The provider's external governance and oversight arrangements had been revised and improved since our last inspection, to consistently ensure this for people's care ongoing.

People's care and diverse needs were effectively assessed before they received care and consistently accounted for. Staff supported people to maintain or improve their health and nutrition when needed; as agreed with them and any external health professionals involved in their care.

People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice. Jointly agreed information sharing protocols were followed, to ensure consistent, informed care as agreed for people's care, if they needed to move across local care services.

Staffing, risk management and medicines arrangements for people's care, helped to ensure people were protected from the risk of harm or abuse when they received care from staff. The provider took action when things went wrong at the service and referred to relevant authorities involved with people's care when required to do so.

People received care from kind, caring staff who ensured their dignity, equality and rights in their care. Staff knew people well; how to communicate with them and understood what was important to them for their care. People were appropriately informed, involved and supported to understand, agree and make ongoing decisions about their care.

People received timely care that was tailored to their individual needs and wishes. People's independence, choice and engagement in relation to home life, community access and their contact with family and friends was promoted

People and their relatives were informed and confident to raise any complaint or concerns about the service, if they needed to. People's views and feedback were regularly sought. Findings from complaints and feedback were used to help inform and ensure any service improvements needed.

Management and staff understood their role and responsibilities for people's care. There were effective

arrangements for communication, record keeping and information handling at the service, along with relevant engagement and partnership working for people's care and safety

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was Requires Improvement (published March 2019). There was a breach of regulation. The provider completed an action plan 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

# East Clune Care Home

## Detailed findings

### Background to this 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

This inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has experience of care related to this inspection setting.

#### Service and service type

East Clune is a registered care home. People in care homes receive accommodation and nursing or personal care. 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 for this location. Like the provider, they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

#### What we did

We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us about any important events when they happened at the service. On this occasion we did not ask for a Provider Information Return. This is information we ask the provider to send us; to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the provider opportunity to provide us with any related information, to help inform this inspection.

During the inspection we spoke with five people receiving care at the service and two relatives. We spoke with three care staff, including a senior and a cook and domestic. We also spoke with the registered manager and a deputy manager. We reviewed three people's care records to check whether they were accurately maintained and checked a range of records relating to the management of the service. This

included staffing, medicines, meeting minutes and records relating to the provider's check of the quality and safety of people's care.

# 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, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse at the service. Staff were trained and understood how to recognise and respond to suspected or witnessed abuse of any person receiving care at the service.
- People and relatives were informed how to keep safe. They were confident to raise any safety concerns they may have. One person said, "I do feel safe here; I would say so, if I didn't." A relative told us, "I rest assured my [person] is definitely safe here."

Assessing risk, safety monitoring and management

- People received safe, least restrictive care that was effectively assessed and managed.
- Staff understood how to provide people's care, to reduce any risks identified to their safety from their health condition, environment or any care equipment. Related information was accurately recorded in people's care plans, which were regularly reviewed ensure this.
- The provider operated a range of key safety procedures, which staff knew to follow in the event of any foreseen emergency. Such as, in the event of a person's sudden collapse, or fire alarm.
- Management arrangements were in place for the timely servicing and maintenance of equipment used for people's care and any environmental repairs or facilities upgrade needed. This helped to ensure people's safety at the service.

Staffing and recruitment

- The provider's arrangements for staff recruitment, retention and deployment helped to ensure people's safety at the service.
- Required employment checks were carried out before staff began working to provide people's care. Use of agency staff was effectively organised with the supplying agency, to help ensure the safety and consistency of people's care.
- Regular account was taken of people's dependency levels and the layout of the home, to inform staff deployment arrangements.
- People using the service, relatives and staff felt there were sufficient staff to provide people's care. One person said, "Oh yes, you don't have to wait long if you need help."

Using medicines safely

- People's medicines were safely managed, to ensure people received their medicines when they should.
- People's medicines were safely stored and there were safe arrangements in place for their handling and administration, which we saw staff followed when required.
- Staff responsible, were trained and competency checked, to administer and record people's medicines

safely, as instructed by the medical prescriber.

- The provider's medicines policy included relevant guidance for staff to follow, to ensure people's medicines were safely handled and given. This included procedures to follow if any person wished to manage their own medicines, which was subject to relevant risk assessment to ensure they understood and were safe to do so.

#### Preventing and controlling infection

- The provider's arrangements for cleanliness, infection prevention and control at the service helped to protect people from the risk of any acquired health infection.
- We saw the environment, furnishings and equipment used for people's care were visibly clean, hygienic and well maintained. Staff were provided with the training, equipment and guidance they needed to ensure this. For example, staff used personal protective equipment such as gloves and aprons when they provided personal care and for the handling and transporting of dirty linen, household and clinical waste.
- People were satisfied with the standard of cleanliness and hygiene at the service. One person said, "It's kept nice and fresh here." A relative told us, "I am impressed with the cleanliness."

#### Learning lessons when things go wrong

- Action was taken when required for people's safety.
- The provider took regular account and acted when needed, to ensure sufficient safety measures at the service for people's care. For example, following some of their recent safety checks, staffing levels were increased at night to ensure people's safe evacuation in the event of a fire.
- Accidents and incidents were regularly monitored, to identify any trends and patterns. This helped to effectively inform people's care for their safety.



# 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 now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with timely training to develop and maintain their knowledge and skills. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff now received timely training relevant to their role and responsibilities for people's care. Revised management systems were introduced to ensure this ongoing.
- Staff were effectively supported and supervised for their role. This included a comprehensive care induction for any new staff, including agency care staff when they began working at the service.
- People and relatives felt staff knew what they were doing when they provided people's care. One person said, "They are all very good." Staff told us they received the training and support they needed. One of them told us, "Training is well organised; you know what's expected and when to attend; there is a rolling programme for any refreshers or updates."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they received care and regularly reviewed with them and relevant external care professionals when needed, to ensure they received the right care.
- Staff understood people's care needs and choices. This information was accurately recorded in people's care plans for staff to follow, which took account of people's equality and diverse needs. For example, in relation to age, culture, disability and spiritual belief.

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

- People were supported to eat and drink sufficient amounts of food they enjoyed, which met with their dietary requirements.
- Staff understood people's nutritional care needs and how to support them, to ensure these were met. This information was accurately recorded in people's care plans for staff to follow; and also shared with catering staff when needed, to ensure people received the correct diet. For example, if people needed regular supervision and encouragement to eat and drink sufficient amounts to prevent their malnutrition; or if people had specialist dietary requirements such as a diabetic diet.
- We saw that lunchtime was a relaxed sociable occasion. People were supported to sit and eat where they chose and tables were attractively set. Menu boards showed the meal courses on offer, which staff reminded

people of and supported people to choose from a range of drinks offered.

- People said they enjoyed their meals. One person said, "The food is very good; there's always plenty; it's good home cooking."

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

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

- People were effectively supported to maintain or improve their health. For example, to support their oral, foot or skin health. This was done in consultation with relevant external health professionals when required for people's care.
- Staff understood people's health conditions, how they affected them and their related personal care requirements. This information, including any specific instructions from external health professionals, was recorded in people's care plans, which were accurately maintained and regularly reviewed
- People and relatives were appropriately consulted and happy with the care provided. One person said, "They check my skin and use equipment to help me move; as I can't do it myself now." A relative told us, "[Person] receives good care; they tell me when any health appointments are due; [person] likes me to support them with this."

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

- The environment was well maintained and adapted to support people's safety, independence, orientation and choice.
- People were happy with the environment. They were consulted about communal decoration and could personalise their own rooms as they chose.
- There was a choice of communal lounges, quiet spaces and comfortable seating; accessible bathing and toilet facilities and level access to an outdoor garden area with seating. One person said, "It's very open here, easy to get about; I like to sit in one of the lounges with my two friends after lunch."

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.

- Staff followed the MCA to obtain people's consent or appropriate authorisation for their care. Where decisions for some people's care needed to be made in their best interests, related records showed how those decisions were made and their related care requirements.
- Staff understood the care arrangements for two people who were subject to DoLS. Required records were in place to show how this was assessed and formally authorised by the relevant local authority and the arrangements for review.

# 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, Good. 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's equality, rights and diverse needs were promoted and respected by staff, who treated them with care, kindness and respect.
- The provider was able to show how they ensured this approach to people's care, which was embedded in their related policy guidance and training arrangements for staff to follow.
- Staff understood people's diverse needs, which were assessed before they received care and recorded in their care plans.
- Throughout this inspection we saw staff were mindful of people's needs. They treated people as equal partners in their care and supported them in a sensitive, kind and caring manner.

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

- People's inclusion to make decisions about their care, home life and daily living arrangements was promoted.
- A range of opportunities were regularly used to consult with people and their representatives, to help agree people's care and daily living arrangements. This included individual and group meetings, such as individual care reviews or group resident and relative meetings. Minutes of group meetings were also made available, along with a periodic home newsletter.
- People's care plans showed their individual care choices and preferred daily living routines, which staff understood. Staff were able to give us examples of how they supported people to make choices, such as choice of clothing, food, daily rising and bedtime routines and how and where to spend their time.
- People could be supported to access an independent advocacy service, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was consistently ensured at the service.
- Throughout this inspection we saw staff supported provided people's care in ways that ensured their privacy, dignity and independence. This included closing doors when supporting people to go to the bathroom; making sure people's clothing was properly adjusted after providing personal care; and making sure people had drinks and personal items to hand, such as their walking frame before leaving them.
- Feedback we received from people and relatives told us this was consistently positive. One person said, "They [staff] always knock on my door, they don't just come in uninvited."
- The service had won a local authority Dignity in Care Award and was working towards achieving a higher

level award.

# 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, 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's care was planned and agreed in an individualised way and organised to support their choices and preferred daily living routines.
- Staff understood and promoted the principles of person centred care. They were observant; regularly checked people were comfortable and supported them in a timely manner, when needed.
- People and relatives felt staff knew them well and supported people in a personalised manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard for people's care at the service.
- People's communication needs were routinely assessed before they received care. This helped to ensure they received relevant service information, to help them understand what they could expect from their care and how to raise any concerns, if they needed to.

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 were supported to engage in home life, with others who were important to them and to access their local community as they chose.
- People's equality and diverse needs were considered with them before they received care, which helped to inform their daily living and lifestyle arrangements.
- A range of social, recreational activities and also seasonal celebrations, were planned and organised in consultation with people and relatives, to suit people's needs, interests and preferences. This included a programme of visiting entertainers, which we saw people enjoying on the day of this inspection.

Improving care quality in response to complaints or concerns

- Standardised procedures were in place to inform, handle and respond to any complaints or concerns.
- People and relatives we spoke with knew how and were confident to raise any concerns about the service, if they needed to.
- Arrangements were in place to monitor and use information from any complaints or concerns, to help inform service planning and improvement when needed.

#### End of life care and support

- Arrangements to support people's end of life care were effectively considered.
- No-one was receiving end of life care at this inspection. However, people's care plans showed timely consultation with them and their nearest relative, to help decide and agree some of the arrangements for their end of life. This included any advance decisions for their care and treatment, including their preferred place of care and death; who would be involved and care of the person's body after death.
- Anticipatory medicines could be made available and stored at the service, if needed outside normal working hours for any person receiving end of life care. This helped to ensure a person's comfort in the event of them experiencing pain or distress, and avoid any unnecessary hospital admission.
- Staff were trained and understood nationally recognised care principles for end of life care. Links were established with external lead health professionals to enable effectively informed and responsive end of life care in any event.

# 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.

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

- There was now an agreed approach to reviewing and comparing management information across the provider's locations, which helped to proactively identify and inform risk, common trends and areas for strategic service planning and development. This included the application of revised information technology support systems.
- These improvements helped to fully ensure effective governance, oversight and management of the service for the quality and safety of peoples' care. Examples of related service improvements either made or in progress from this included, staffing, health incident management and environmental safety measures.
- There was a registered manager for the service, who understood and followed the requirements of their registration for people's care. People, relatives and staff said the registered manager was visible, approachable and responsive.
- Staff understood their roles and responsibilities for people's care. Related management measures concerned with staff performance, support and supervision, helped to monitor and ensure this.

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 ensured to send us written notifications about any important events when they happened at the service, to help us check people's safety there. Related records showed any incidents were effectively managed and accounted for.
- The provider had ensured the visible display of their most recent inspection rating. This was displayed on their website and also at the home, with a copy of the inspection report summary for public information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open, person centred care culture at the service, where people, relatives and staff were engaged and involved, to fully enable this.
- The provider operated a comprehensive range of care policies, to support nationally recognised, sector relevant care practice at the service. These were periodically checked and revised when needed to ensure up to date guidance for staff to follow.
- Staff understood the provider's care aims, to promote people's rights and best interests in their care. This information was published alongside a range of key service information, to help people and their

representatives understand what they could expect from the care.

- Staff were confident and supported to raise any concerns they may have about people's care. The provider's whistle blowing, grievance and staff disciplinary policies helped to ensure this.
- The provider used a range of methods to seek feedback from people who used the service, their representatives and staff; to help inform service planning and care improvement. This included, regular meetings and periodic questionnaire type surveys. The recorded results from the provider's 2019 care survey showed overall satisfaction with the service.

Working in partnership with others

- The provider worked with relevant agencies and external health and social care partners, when needed for people's care.
- This helped to ensure people' received safe and effective care. Examples of this included measures to support safe staffing and ensure people received effective health, dementia and end of life care at the service.