St.Clair Care Limited

St Clair House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 23 November 2017. The last inspection took place on 7 October 2015 when the service were meeting the legal requirements. The service was rated as Good at that time. Following this inspection the service remains Good.

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. St Clair House is a care home which offers care and support for up to 25 predominantly older people. At the time of the inspection there were 22 people living at the service. Some of these people were living with dementia. The service occupies a detached house over two floors with a passenger lift for people to access the upper floor.

There were systems in place for the management and administration of medicines. However, the systems for supporting people who self-administered their own medicines was not always appropriate. It was clear that people had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR).

The premises were well maintained. There was redecoration in progress at the time of this inspection. Whilst the service was not registered for dementia care, there was no pictorial signage at the service to support some people, who may require additional support with recognising their surroundings.

The premises were regularly checked and maintained by the provider. Equipment and services used at St Clair were regularly checked by competent people to ensure hey were safe to use. However, there were no recent records available to demonstrate necessary Legionella water checks had been completed at St Clair. The Health and Safety executive states that care homes should check hot and cold water temperatures monthly and shower heads should be cleaned quarterly. We have made a recommendation about this in the Safe section of this report.

We walked around the service which was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. People were treated with kindness, compassion and respect.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Staff were supported by a system of induction training, supervision and appraisals. Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular

updates provided. The registered manager had a record which provided them with an overview of staff training needs.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. Although capacity assessments had not always been completed before restrictions had been put in place in order to keep people safe. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff on an electronic system which was due to be replaced by a full electronic care plan system in the near future.

People had access to activities. An activity co ordinator was not in post but care staff co-ordinated a planned schedule of activities. On the day of this inspection a visiting musician came to entertain people. People were supported to go out wtih staff to attend appointments, have coffee or visit local attractions.

The registered manager was supported by the provider and a team of motivated and long standing staff. We were told there were plans to provide further management support to the registered provider so that the service could continue to improve the service it provided in the future.

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. People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed. People who self administered their own medicines were not regularly assessed to ensure they remained safe to do this. Some water checks were not always recorded regularly.

Is the service effective?

Requires Improvement

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet. Staff monitored people's weight regularly.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability at the service.

Quality assurance systems were in place. However, the service were not regularly recording water systems checks in accordance with Health and Safety executive guidance. We have issued a recommendation about this in the report.

People were asked for their views on the service.

Staff were supported by the management team.

St Clair House

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.

The inspection took place on 23 November 2017. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the service. Not everyone we met who was living at St Clair House was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with six staff, the registered manager and the provider. We spoke with three visitors and an external healthcare professional.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for three people living at St Clair House, medicines records for 23 people, four staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

The service had an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. The records tallied with the stock held at the service. Records of people's medicines travelled with them when they went to hospital.

St Clair House were storing medicines that required cold storage, there was a medicine refrigerator at the service. Records showed that medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured. The service had ordering,storage and disposal arrangements for medicines. Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective.

People were given the opportunity to self administer their own medicines if they wished. People had signed to agree to taking on this responsibility. Staff monitored their medicines in their rooms to ensure people took their medicines appropriately. However, the service did not regularly record the assessment of the person's competency to do this safely. People living in the older building were not provided with safe secure storage for their medicines in their own rooms. People living in the new extension to the service had lockable storage in their rooms. However, people living in the older part of the building who were self administering, did not have this facility at the time of this inspection. We were assured this would be addressed immediately. Regular internal and external audits helped ensure the medicines management was safe and effective. However, this aspect of self administration assessment and safe storage of their medicines had not been identified by the service prior to this inspection. The registered manager assured us this would be addressed immediately.

Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced by professionals to ensure they were always safe to use. Most of the necessary safety checks and tests had been completed by appropriately skilled contractors. However, there were no regularly recorded Legionella water checks at St Clair. The Health and Safety executive states that care homes should check hot and cold water temperatures monthly and shower heads should be cleaned quarterly. We were told the provider carried out this work but it was not recorded. The registered manager assured us this would be addressed immediately.

We recommend that the service follow the advice and guidance from the health and safety executive about regularly recording water checks in care homes.

People and their families told us they felt it was safe at St Clair. Comments included, "I feel perfectly safe here no problem" and "We are confident it is safe here."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have. People were asked for their views about if they felt safe at the service at meetings. If people were involved in safeguarding enquires or investigations they were offered an advocate if appropriate or required.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity, this was in the process of being introduced to the staff so that they were aware of this legislation. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

The registered manager understood their responsibilities to raise concerns, record safety incidents and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was felt to be appropriate. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions had been taken following these audits to help reduce risk in the future. For example, one person was referred to the falls clinic and another was treated for an infection which had led to them falling more frequently. Both actions had helped reduce the amount of falls.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person to move safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might

challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan gave clear guidance for staff about the times of day the person was more likely to become challenging. The care plan advised staff to withdraw when the person became anxious and return a few minutes later to see if the person would accept support.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. There were arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. Staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken for them in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard call bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were three care staff on duty in the morning and two in the afternoon supported by a senior carer on each shift. There were two staff on duty overnight. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive.

The registered manager was open and transparent and always available for people, relatives, staff and healthcare professionals to approach them at any time.Staff told us if they had concerns the management team would listen and take appropriate action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and would submit safeguarding referrals if it was felt to be appropriate.

Requires Improvement

Is the service effective?

Our findings

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

Technology was used to support the effective delivery of care and support and promote independence. In the new extension to the old building there were passive infrared sensors (PIR) that could be set by staff to alarm if the door opened or if the person was out of bed and moving around in their bedroom. People were able to use pendant call bells as they moved around to ensure they could call for assistance at any time. In the older part of the building pressure mats were used to alert staff when people were moving around in their rooms, if they had been assessed as being at risk of falling. The staff used an electronic device to record daily care and support provided to people. Staff also carried walkie talkies to communicate efficiently between each other throughout the building.

Training records showed staff were provided with mandatory training and regular updates in subjects such as moving and handling, infection control, equality and diversity, medicines management and first aid. Staff had also undertaken a variety of further training related to people's specific care needs such as nutritional needs.

Newly employed staff were required to complete an induction before providing support independently. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction programme covered orientation to the premises and included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training and support they received was good.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of

their gender, race, sexuality or age. The service had an equality and diversity policy in place. This was in the process of being shared with staff to ensure they were aware of this legislation. Some people preferred only female care staff to provide their personal care. This was clearly recorded and respected. This showed the service was helping to ensure that people who lived at the service were protected from the risk of discrimination.

Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The minutes of a residents meeting showed people had asked for salad cream to be available in pots on the table and for pasties every so often. These had been provided and showed the service listened to people's views. People told us, "The staff are very good" and "I can decide what I eat and where." relatives told us, "(person's name) is well cared for, we have no concerns" and "There are always staff around and no rush." People's relatives and friends were invited to join them at meal times and eat together.

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. Kitchen staff met with people in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as one plate of food which was all the same colour with everything mixed together. We discussed the presentation of such meals and the possibility of separate foods and colours being presented on the plate, or in moulds, to help the meal look appealing. Food presented in this way would enable people to identify the different foods they were eating. The registered manager agreed this would improve the presentation and encourage people to eat more. We were assured this would be addressed.

We recommend the service take advice from a reputable source on the presentation of puree diets.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service regularly to see several people with nursing needs. Other healthcare professionals visited to see people living at St Clair when required. We saw people had seen their optician and podiatrist as necessary. Comments from healthcare professionals included, "We have no concerns at all here, care here is very good" and "The staff are very good at reporting anything they are concerned about and take any guidance we provide and act upon it."

People were encouraged to be involved in their own healthcare management and where possible supported to manage their own medicines independently. Some people came in to St Clair for a short stay and they were encouraged to continue to manage their own medicines as they did at home. Many people who had stayed for several short periods in the past, had eventually moved in to St Clair permanently. When people were visiting hospital the service ensured that a summary of their care plan always went with them to help hospital staff understand the needs of the person.

The service was well maintained, with a good standard of décor and carpeting. There was re-decorating in progress during this inspection. St Clair is not registered as a dementia care home, however, some people living at St Clair were developing the early stages of dementia and were independently mobile around the building. There was no pictorial signage which clearly identified specific rooms such as toilets and shower rooms. Some rooms displayed a small metal plate indicating 'WC' which was not easy to read from a distance. People's bedrooms displayed a number only so it could be difficult for people to identify their own rooms easily. A few people had specifically requested that an identifying picture was placed on their door to identify their own room. The registered manager told us they would discuss this issue with the provider.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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. The application 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. The service had applied for some people to have potentially restrictive care plans authorised. However, there were no capacity assessments held on people's care files to demonstrate that a formal capacity assessment had always been carried out before the DoLS application was made. The registered manager assured us this would be addressed and they would make arrangements for such assessments to be completed prior to future DoLS applications being made. No DoLS authorisations were in place at the time of this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and then they ate and how they spent their time. Some people required support to go outside of the service and this was provided by staff. There was also secure outside spaces that people could enjoy. Care plans showed that people were able to make their own decisions and stated, "Able to make own decisions about food and drink" and "(Person's name) will decide if they want a tray or come down to the dining room."

Management were aware which people living at St Clair had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves. However, the registered manager was not always clear which power of attorney was held by such relatives, financial or care and welfare. The registered manager told us they would contact the families that held these powers and ask for copies of their certificates to hold on the care plans to ensure clarity and for future reference.

Some people living at St Clair were not able to go outside alone due to their healthcare needs. The service had doors to the outside which were locked with a coded device. The code to open the doors was clearly displayed in a circular design for people to access inside the building. This helped ensure people who wished to go out alone and were able to do this independently were not restricted.

Good

Is the service caring?

Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion.

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at St Clair. Relatives and healthcare professionals told us staff and management were kind and caring.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. Families told us they knew about the care plans and the registered manager would invite them to attend any care plan review meeting if they wished. However, this involvement was not clearly recorded in care plans. We discussed the plans for moving care plans on to an electronic system in the future. The registered manager planned to hold a printed paper copy of all care plans for people to read and sign in agreement with the contents. This practice would also support the staff in the event of a computer failure.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, giving explanations to people before supporting them with support and ensuring they were calm throughout.

During the day of the inspection we spent time observing the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People told us they thought the staff were, "Lovely" and "So kind and sweet."

When people came to live at the service, the registered manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Life histories were held in care plans and staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their

rooms. Some people had bought in their own beds to enjoy while living at St Clair.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People appeared to be well cared for. Older men were wearing formal shirts and trousers, as was their choice and in keeping with clothing choices they would have made for themselves in the past, as stated in their life histories.

Events were regularly held at the service to which families and relatives were invited, such as Bar-B-Q's and Christmas parties. A member of staff told us they bought their own family in to be with people who did not have families themselves during these events, so that they did not feel left out.

People and their families were involved in decisions about the running of the service as well as their care. Staff knew some visitors well and involved them in plans for the future such as events planned for Christmas.

The service had held residents meetings which provided people with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings. Activities and staffing were discussed along with meals. People were asked about a change of floor covering in the dining room. People agreed carpeting was not ideal as it became marked so it was agreed lino would be replacing the carpet in the dining room. This meant the service sought the views and experiences of people who used the service, their families and friends.

Good

Is the service responsive?

Our findings

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, some mattresses which were in use at the time of this inspection, were set incorrectly for the person using them. The registered manager confirmed there was no regular check of these devices but that this would be put in place when they had liaised with the district nursing team who provided them. We judged this had not had any impact on people's well being at the time of this inspection.

Some people required regular re-positioning. Staff completed these records appropriately when they provided care and support. The district nurse told us staff were very responsive and reported any red or sore skin which was found when they were providing care to people.

People told us they felt involved in their own care and the running of the service. People and their relatives were very positive about living at St Clair and about the staff and management. They told us they attended residents meetings where their views and experiences were sought.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was tailored to their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed and they were accurate and up to date.

Daily notes were consistently completed by staff on an electronic system. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant staff were able to respond promptly to people's changing needs.

Staff used movement sensors, pressure mats on the floor and on chairs which set off an alarm to help alert staff when a person, who could be at risk of falls, was up and so staff could respond in a timely manner.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

There was a staff handover meeting at each shift change. This was built into the staff rota to ensure there was sufficient time to exchange any information. Handover information was recorded on to sheets at the beginning of each shift. This was then added to throughout the shift to pass information on to the next group of staff coming on duty. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People had access to a range of activities both within the service and outside. An activities co-ordinator was not employed, but staff shared the planning and supporting of an organised programme of events including singing, exercises and visits from entertainers. People were taken out, with staff, to enjoy coffee, fish and chips and visit local amenities. The local community came in to the service regularly. School children came in at Christmas, and there were plans for them to visit more regularly in the future to spend more time with the people who lived at St Clair.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. Some people enjoyed one to one activites provided by staff in their bedrooms.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to access information needed for them to be involved in decisions. For example, menu choices were discussed each day for the next days meals. Staff visited people each day to go through the menu to help people to make a choice.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to
them about their family member. Relatives were able to join their family members for meals if they wished. Relatives comments included, "There are always staff about, they offer us tea as soon as we arrive, they are always free for a bit of a chat."

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. Concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.
The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 service had a registered manager in post. People, relatives, staff and visiting healthcare professionals told us the manager was approachable and friendly.

The registered manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The provider visited the service regularly and offered support to the registered manager. The registered manager, who came in to support staff during this inspection, was officially on leave at the time of this visit. They remained at the service throughout the day and the day after the inspection taking action to address issues raised. The registered manager told us the provider had agreed a plan to provide them with additional support to help with tasks such as pressure mattress monitoring, medicine self administration assessments and secure storage in people's bedrooms which have been highlighted at this inspection.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. However, a recent medicine error had not been reported to the CQC. This was addressed during the inspection. The previous report and rating issued by CQC was displayed. The registered manager thought staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I love it here, it is a nice place to work" and "I feel well supported here, the manager is very good."

There were systems in place to support all groups of staff. Staff meetings took place regularly for carers, kitchen staff and domestic staff. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The provider had a quality assurance policy. People, their relatives and staff had recently been given a survey to ask for their views on the service provided at St Clair. Responses were positive. People reported they felt the staff were professional, knew them well and respected their wishes. Relatives felt able to visit at

any time and were very happy with the service provided at St Clair. Staff felt valued and enjoyed their work. There were audits carried out checking infection control procedures and health and safety checks. The registered manager also monitored care plans to ensure they were to a good standard and regularly reviewed.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had their own password access to the new computer system to help ensure the care plans were kept up to date with changing situations.

There was not a resident maintenance person in post with the responsibility for the maintenance and auditing of the premises. The provider bought in professionals as necessary. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The providers carried out regular repairs and maintenance work to the premises as required. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of our visit. Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The registered manager accepted that the concerns found at this inspection were a fair judgement of the service at this time.