

Care for your life - St Clare's Limited

St Clare's Care Home

Inspection report

Birchwood Avenue
Doddington Park
Lincoln
LN6 0QT

Tel: 01522684945

Date of inspection visit:
24 June 2019

Date of publication:
08 August 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: St Clare's is a care home that provides personal care for up to 40 people in one purpose-built building. At the time of the inspection 40 people lived at the home.

People's experience of using this service: People were placed at risk of harm as risks associated with their care and support were not always managed safely. Some improvements were needed to ensure people received their medicines as required. Overall there were enough staff to ensure people's safety, however there were times when staff were too busy to ensure people's needs were met in a timely manner. Changes had been made after incidents to reduce the risk of the same thing happening again. People told us they felt safe and staff, and the manager, had a good understanding of safeguarding adults' procedures. Most areas of the home were clean and hygienic. Safe recruitment practices were followed.

Further work was needed to ensure people were supported to have maximum choice and control of their lives. It was unclear if staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice. Mealtimes were positive experiences; however, more work was needed to ensure risks were managed safely. Staff were skilled and competent and told us they felt supported in their roles. People had access to a range of health care professionals, but more information was needed in care plans to ensure staff were able to offer effective support in this area. The home was adapted to meet people's needs.

People's right to privacy and to be treated with dignity were not always upheld. People told us some staff were kind and caring, but this was variable. Care plans did not always contain information about what was important to people, this placed them at risk of inconsistent support. People were supported to be as independent as possible.

People did not always receive personalised care that met their needs. Further work was needed to ensure that people were provided with appropriate opportunities for meaningful activity. People were supported to raise issues and concerns and there were systems in place to respond to complaints. People and their families were given an opportunity to discuss their wishes for the end of their lives.

Systems to ensure the safety and quality of the service were not fully effective. This failure to identify and address issues had a negative impact on the quality of the service provided. The management team were responsive to feedback and took action to address issues identified. Feedback from people, families and staff was used to drive improvement. The home worked in partnership with health professionals.

The service met the characteristics of Requires Improvement in all areas. 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 requires improvement (published 23 June 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection, based upon date of registration.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not consistently safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not consistently caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement ●

St Clare's 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector and an assistant inspector.

Service and service type: St Clare's Care Home is a 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection: Before the inspection we reviewed any notifications we had received from the service and information from external agencies such as the local authority. We asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us to give key information about the service. We used this to plan our inspection.

During the inspection: We spoke with seven people who lived at the home and the relatives of three people. We also spoke with five staff, a member of the domestic team and the registered manager. We reviewed records related to the care of ten people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, three staff files and the staff duty rota. We looked at documentation related to the safety and suitability of the service and spent time observing interactions between staff and people within the communal areas of the home.

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 requires improvement. At this inspection this key question remained the same, requires improvement. This meant some aspects of the service were not always safe. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely;

- People were not always protected from risks associated with their care and support. There was an inconsistent approach to risk management. For example, one person had a health condition which required regular monitoring to ensure their safety. This risk had not been assessed and there was no guidance in place to ensure their safety. When people were at risk of dehydration or weight loss, records did not evidence they had been offered enough to eat or drink. People's call bells were not always within reach, which meant they may not be able to request support when needed. These inconsistencies posed a risk that people may not receive safe support.
- There was a risk people may not receive medicines and prescription creams as required. One person was prescribed medicine to be given immediately if they suffered an allergic reaction. However, staff did not have training in this area so told us they would have to phone an ambulance in the event of an allergic reaction. This placed the person at risk of harm.
- There was limited evidence to show prescription creams had been applied as directed. One person told us their creams were not applied and complained of sore skin.

The provider's failure to consistently provide safe care and treatment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the registered manager sent us an action plan with details of action they had taken to ensure people's immediate safety and longer-term plans to make further improvements.
- Risks arising from people's behaviours were managed safely. Care plans contained information about how to safely support people whose behaviour could pose a risk to others and staff had a good knowledge of this.
- Risks associated with the environment were managed safely. For example, plans were in place to ensure people's safety in the event of an emergency.
- Other than the above issue with medicines, we found medicines were managed safely. People told us, and records showed, they got their medicines when they needed them.

Staffing and recruitment

- Overall, there were enough staff available to ensure people's safety. Staffing levels were calculated based upon individual need. Staff told us, and rotas showed there were normally enough staff available to keep people safe. However, some people and their families told us they had to wait for support when staff were busy. We have reported upon this in the 'Is the service responsive' section of this report.
- Safe recruitment practices were followed. The necessary steps had been taken to ensure people were

protected from staff that may not be fit and safe to support them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Safe? Yes. They (staff) are all nice and friendly."
- Staff knew how to recognise and report abuse. The management team had identified potentially abusive practices and had conducted investigations of concerns raised. Allegations of abuse had been reported to the local authority safeguarding team when required.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Incidents such as falls were reviewed, and action was taken to reduce risk. For example, one person had fallen several times, action was taken to implement safety equipment and a referral had been made for specialist falls advice.

Preventing and controlling infection

- Overall, the service was clean and well maintained; however, there was a persistent, unpleasant odour in some areas of the home. The management team told us they would investigate this.
- Staff had received training in infection prevention and control. Staff followed infection control procedures throughout our inspection. There were audits in areas such as, infection control and hygiene.
- The Food Standards Agency had inspected the home in August 2018 and given it a food hygiene rating of five, which means 'very good'.

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 the rating for this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Overall, people were supported by staff who had the skills, training and competency to provide safe and effective care. Staff told us, and records showed, that they had up to date training across a range of key areas.
- New staff received an induction when starting work at the home. This included training and shadowing more experienced staff. A member of staff commented positively on the quality of information provided to them during induction. Some staff who had transferred from the provider's had not received a full induction, further work was needed to ensure these staff received the same high-quality induction.
- Staff had regular supervision. These were used to manage performance and support staff development.

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

- People told us they were supported with their health needs. Overall, records showed staff sought advice from external professionals when people's health needs changed. There was evidence that advice had been sought from external health professionals, such as speech and language therapy. Feedback from health professionals was positive.
- Care plans did not contain clear, personalised information about people's health conditions. This meant there was a risk people may not receive the support they required to maintain their health.
- Systems were in place to ensure information was shared across services when people moved between them. This helped ensure people received person centred support when they moved between services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Further work was needed to ensure people's rights under the MCA were respected. When people's ability to consent was in doubt, assessments had not always been conducted and there was not always evidence that decisions had been made in their best interests. For example, one person had restricted access to their lighter as they were unable to ensure their own safety when smoking. Their capacity to consent to this was not assessed and there was no evidence that other, less restrictive, options had been considered. This posed a risk their rights may not be respected.
- DoLS had been applied for as required. Where conditions were in place the provider had complied with them.

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

- People's needs were assessed prior to them moving into St Clare's Care Home. This was used to develop care plans for each person. We found this was not always done in a timely manner; one person had been admitted 6 days before our inspection, there were no care plans in place for them. This placed them at risk of inconsistent support.
- Nationally recognised tools were used to assess risk and manage care, but these were not always used effectively. For example, although a nationally recognised tool was used to assess the risk of malnutrition, appropriate action, such as monitoring food intake, had not been taken when risk was identified.
- Overall, we found national good practice guidance was followed. However, we found drinks thickener, which can pose a risk to people, was not stored in line with national guidance. After our inspection the registered manager told us they had addressed this.

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

- People had enough to eat and drink. Overall, people told us they liked the food. One person said, "You get no end of choices, if you don't fancy what's on the menu. You say what you want, and they do it for you."
- Mealtimes were positive, sociable occasions. Staff provided timely assistance to people when needed. People were offered choices and dietary preferences were catered for.
- Further work was needed to ensure risks associated with eating and drinking were managed safely. We have reported on this further in the 'Is this service safe' section of the report.

Adapting service design and decoration to meet people's needs

- The home was adapted to meet people's needs. Aids and equipment had been installed throughout the home. This enabled people with mobility needs to navigate around the building. There were several communal lounges and dining areas which meant people had space to spend time socialising.
- The needs of people living with dementia and memory loss had been considered. There was dementia friendly signage throughout the home to help people find their way around.

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 the rating for this key question had deteriorated to requires improvement. This means people were not always treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People did not receive consistently kind and caring support. People told us most staff treated them well, although some said this varied between staff. While one person commented, "All the staff are nice;" however, another person told us that some staff appeared unenthusiastic about providing care to them and were not kind or caring.
- Care plans contained varying amounts of information about what was important to people such as their likes and dislikes. This increased the risk of people receiving inconsistent support.
- Staff did not always respond compassionately to people's anxiety and distress. One person told us staff did not try to understand how they felt when they were upset. We were also concerned that a member of staff expressed frustration toward people who frequently rang their call bell, stating "They try to make out that they cannot do things, but I think they can."
- In contrast other people were positive about the home and staff. One person told us, "You could not ask for better."
- We observed a proactive approach to supporting some people who had dementia. Some people had dolls which they cared for. We saw this brought people joy and reduced their anxiety.
- Some people's personal histories had been considered. One person used to work in an office and had initially become distressed at the home. Staff had developed an office for this person and they were allocated administrative jobs. Staff told us this reduced the person's anxiety.

Respecting and promoting people's privacy, dignity and independence

- Staff did not consistently respect people's right to privacy and or treat them with dignity. One person told us, "Staff vary, there's been occasions where they've not had your dignity paramount, they forget to shut the door or cover you up." Our observations supported this, for instance, we saw care had not been taken to place people's catheter bags in a discreet place that could not be seen by others. This did not uphold people's right to privacy and dignity.
- The registered manager had a good understanding of some of the challenges in the staff team and described work that was planned to help develop a more positive culture in the home. There was evidence to demonstrate the registered manager had identified and addressed staff practices that did not uphold these values.
- People were supported to be as independent as possible. Most care plans contained information about how to promote each person's independence and we saw staff encouraging people's independence throughout our visit.
- People's sensitive personal information was stored securely.

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

- Most people told us staff consulted with them about their day to day care and said they felt listened to.

Overall, we saw that staff offered people choices and respected their decisions.

- Some people told us they had been involved in developing their care plans. However, people commented that sometimes staff were too busy to provide the support detailed in their care plan. They said, "The care plans, go out the window sometimes!" We have reported on the impact of this further in the, 'Is the service responsive,' section of the report.

- People had access to an advocate if they required one to help them express their views and there was information about advocacy displayed in the service. No one was using an advocate at the time of our inspection.

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 the rating for this key question had deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not always receive support that met their needs. One person wanted a bath but had dressings on their legs. Staff had not explored any options to protect the dressings and consequently the person had not been assisted to have a bath. Furthermore, documents such as personal care records were not completed to demonstrate care was given as planned.
- People were at risk of receiving inconsistent support. The quality of care plans was variable, some care plans lacked detailed information about people's support and health needs. For example, one person did not have a care plan in place, this meant staff did not have any information about how best to support them. Other care plans had not been updated to reflect changes in people's needs. This placed people at risk of inconsistent support that did not meet their needs.
- People's needs were not always met. Some people told us staff were sometimes too busy to assist them when needed. One person said, "If staff are busy you can wait for them for ages." Another person told staff did not always come quickly enough when they needed the toilet. This did not meet people's needs.
- There was not always appropriate equipment to ensure people's needs were met. The home did not have the facilities to support one person to have a bath or use the toilet in a dignified way. The person's care plan did not state how personal care should be provided to ensure care was as safe, comfortable and dignified as possible for the person.
- People's diverse needs were not fully understood. Although attempts were made to identify people's diverse needs before they moved in to the home, a lack of understanding about different religions meant information in care plans was incorrect. For example, one person's care plan stated they did not have any dietary needs linked with their religious needs, however this was not the case as we found they did not eat a specific food type due to their beliefs.

The failure to ensure people received care and support that was appropriate and met their needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provided with some opportunities for activity and occupation. Activities were provided daily and we observed people got together and enjoyed socialising. Staff engaged with people in conversation and showed an interest in people.
- Further work was needed to offer a wider range of activities and to ensure they were inclusive to people with sensory impairments. We saw some people were not interested in the planned activities, but they were not offered alternatives, also we saw activities were not appropriate for people with significant visual impairments. The registered manager told us they were recruiting to second activity coordinator post and

hoped this would enhanced activities offered.

- There were links with the local community. A local nursery visited the home regularly, Relationships had developed between the children and the people living at St Clare's and this had a positive impact upon both groups of people.

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 registered manager was committed to meeting people's rights under the Accessible Information Standard. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager told us people's communication needs were assessed when a person moved into the home. They told us information could be made available in different formats and shared examples of how they communicated effectively with people who had English as a second language.□

Improving care quality in response to complaints or concerns

- People felt comfortable raising any complaints or concerns. Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
- There was a complaints procedure on display informing people how they could make a complaint. Complaints had been investigated and responded to in an appropriate and timely manner.
- Concerns from staff members were handled in line with the complaints policy. This meant staff could be assured that any concerns they raised would be treated fairly.

End of life care and support

- People were given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives. Where appropriate staff had supported people to think about their wishes for end of life care and this was recorded in people's support plans.

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 the rating for this key question remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care;

- Quality assurance systems were not fully effective. The management team completed regular audits across a range of areas. These did not identify or address some of the issues found during our inspection. For example, issues with the completion of care records and variable quality of care plans had not always been identified or effectively addressed. This had a negative impact on the quality and safety of care people received.
- We did, however, find that the registered manager had a good understanding of the areas for improvement. They had already identified that some audits were not being completed effectively and were working on ensuring the competency and skill of the senior care team.
- During and after our inspection the management team were responsive to our feedback and took swift action to make improvements based upon this.
- There was an effective system in place to review and learn from incidents such as falls. Each fall was individually analysed and then themes and trends across all falls were identified and addressed. This had resulted in referrals to specialist health care professionals and changes to the environment.

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

- Overall, staff had a good understanding of what was expected of them. There were daily meetings in which staff discussed safety and risk. Throughout our inspection staff were well organised and appeared to have a good understanding of what was expected of them.
- Some further work was required to ensure staff fully understood and complied with their responsibility to complete accurate records. The registered manager was aware of this and told us this was an ongoing challenge. Following our inspection, the registered manager told us about action planned to ensure staff fully understood their responsibility and new systems to monitor practice were implemented.
- The provider had notified us of events, such as allegations of abuse, as legally required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The management team had a shared vision for the home. The registered manager told us, "We just want happy residents, a nice happy home. It would be good to get to outstanding eventually."
- The management team had a good understanding of the challenges at the home and since taking over they had been working hard make improvements. The registered manager recognised that improving staff

morale was key to improving people's care and was committed to trying new things to support staff. For example, they were planning to introduce regular staff forums to discuss the emotional and social aspects of working in care.

- People who used the service, relatives and staff were positive about the impact of the management team and provider. One person told us, "[Registered manager], she's great, very approachable, very nice, friendly and professional. She has always got time for you. She's told me her door's always open and I've witnessed that."
- Staff told us the registered manager was approachable and a good leader. A member of staff said, "Things are good, it's much better since we have been taken over. There have been lots of positive changes. Things are better now, and I am happy."

Working in partnership with others

- The team at St Clare's Care Home worked in partnership with other professionals. For example, the registered manager told us they were working with the district nursing team who were going to provide specialist training to the team.
- The management team had various ways of keeping up to date with best practice. This included regular meetings and the use of social media to connect with other managers. The registered manager told us they regularly looked at CQC reports to try and learn from the good practice of other organisations.

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

- People and their families were involved in decisions about the home. There was a resident's association which was chaired by two people living at the home. Regular meetings were held where people were consulted about various aspects of the service. There was evidence that action was taken to improve the service based upon people's feedback. This was confirmed by people we spoke with, one person told us they had attended a residents meeting and said things were changing as a result
- There were regular staff meetings, these were used to share news and information with staff and to discuss areas of concern and improvements needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not provided with appropriate care that met their needs. Regulation 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not consistently protected from risks associated with their care and support. Regulation 12 (1)