Clarence Lodge (Great Yarmouth) Limited

Clarence Lodge

Inspection report

49-50 Clarence Road
Gorleston
Great Yarmouth
Norfolk
NR31 6DR

Tel: 01493662486

Date of inspection visit:
26 October 2016
27 October 2016

Date of publication:
23 February 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 26 and 27 October 2016 and was unannounced. Our previous inspection in July 2015 found three breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. We checked whether improvements had been made in these areas and found that sufficient improvement had been made so the service was no longer in breach of these Regulations. However, improvements were still needed in some areas.

Clarence Lodge provides accommodation and care for a maximum of 28 people. At the time of our inspection there were 23 people living in home, 13 of whom were living with dementia.

A registered manager was in post. 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.

Medicines were not always managed in a safe way. There were errors in the records of administration and in stock levels. This meant that we could not determine if people had been administered their medicines as the prescriber had intended.

Risks to people's health and welfare were being identified and assessed. Action plans were put in place to mitigate these risks. Staff knew how to reduce the risk of harm and what to do if they had concerns about a person's safety and welfare.

Care was delivered by sufficient numbers of staff who were subject to robust recruitment procedures and provided with training to carry out the duties of their role. Supervision and team meetings were not held as frequently as staff would have liked.

Staff had received training in the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards. They understood how to support people who lacked capacity to consent to their care and acted correctly when they identified that a person may be deprived of their liberty.

People were being supported with their nutritional needs and were provided with a choice of good home cooked food. Sufficient fluids were provided and people's fluid and food intake was monitored to ensure that they were eating and drinking enough.

People told us that staff were caring and treated them well. However, there were times when staff did not always treat people with respect or give them the attention that they needed.

Visitors to the home were welcomed by staff and made to feel comfortable. They were invited to stay for meals and encouraged to spend time with their loved ones.

People were involved in planning and reviewing their care to ensure that it remained centred on their needs. However, care records were not always complete and kept up to date when needs changed. The service supported people to stay well and to access community health professionals when needed.

There was good information about people's interests and hobbies. However, there was a lack of meaningful activity for people. Staff did not spend time engaging with people in a way that promoted their psychological wellbeing.

The service had a complaints procedure that was accessible within the home. People knew who to talk to if they had a complaint. Complaints were handled in accordance with the procedures and the manager analysed the complaints to check for any common themes or trends.

The service had quality assurance systems in place and carried out audits to check the quality of care in specific areas. However, the systems in place were not always effective as they had not identified and made improvements in some of the areas highlighted in this report.

People were asked for their feedback about the quality of the service provided and involved in discussions about how the service could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed in a safe way.

Risks to people's health, safety and welfare were managed effectively.

Sufficient numbers of trained and suitable staff were available.

Is the service effective?

Good

The service was effective.

The service operated within the principles of the Mental Capacity Act (2005).

People with supported with their nutrition and hydration needs.

Staff were provided with training to carry out their duties.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always treated with respect.

Staff understood the importance of promoting dignity and independence.

Visitors were welcomed into the home without restriction.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records were not always complete and kept up to date.

There was a lack of activity and meaningful engagement.

Care records contained detailed information about people's previous lives and preferences.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor quality but these were not always effective.

The service involved people in monitoring and improving the quality of the service.

Staff said that the managers were approachable and supportive. However, staff supervision and team meetings could be more regular.

Clarence Lodge

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.

This inspection took place on 26 and 27 October 2016 and was unannounced. The inspection was carried out by two inspectors on 26 October 2016 and completed by one inspector on 27 October.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in August 2016. 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 looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and quality monitoring team.

We spoke briefly with several people who used the service and two people in more depth. We also spoke with two relatives, three members of staff and the registered manager. We made general observations of the interactions between staff and people using the service during our visit.

We reviewed seven people's care records and medicines administration record (MAR) charts for seven people. We viewed six staff recruitment files as well as training and induction records. We also reviewed a range of management documentation monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in July 2015, we found that the service was in breach of Regulations 12 and 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because risks to people's health and safety were not always assessed and some areas of the premises were not safe and clean. At this inspection, we found that sufficient improvements had been made and the provider was no longer in breach of this regulation. However, some improvements were still required.

We saw several areas of concern with the records of administration of people's medicines. One person was prescribed Levothyroxine and we saw on the Medicines Administration Record (MAR) that several administrations had been missed due the person reportedly being asleep. There was no indication as to whether the service had attempted to offer this medicine at different times or that the service had sought medical advice regarding the impact of numerous missed doses of this medicine. Whilst this did not appear to have an impact on the person's health there was the potential for this. Several records showed that the expected stocks of medicines did not match the actual stocks held. For instance, one person was prescribed Quetapine but the actual stocks of this medicine did not match the amounts recorded on the person's MAR chart. We pointed out these discrepancies to the manager who agreed with our findings. We also saw several gaps on people's MAR charts so it was not possible to be sure that the person had received their medicines.

There was guidance available for staff which provided an overview of the medicines people were prescribed, any allergies that they had, guidance regarding any 'as needed' medicines and an assessment for self-administering medicines. We saw that this information was regularly reviewed to ensure that it contained up to date information on people's needs regarding their medicines.

We saw that medicines were stored safely and that there was guidance available to staff on what medicines were for so that they could advise people when needed.

Staff told us that they received training in safeguarding and they were able to tell us different types of abuse that people might experience. They were confident that they could recognise if a person was experiencing abuse. One member of staff we spoke with told us, "People may appear subdued or there might be physical signs or there might be fearfulness or [people] might have poor appetites." They went on to tell us that if they suspected someone had experienced abuse they would, "Report it to my line manager." A relative of one person we spoke with told us, "If we think something is not right we talk to the staff."

We saw that risks to people's welfare had been identified and assessed in order to minimise their impact on people. For instance, the risks of skin breakdown for each person was formally reviewed monthly in order to identify any changes and plans were put in place mitigate any risks. The service also regularly monitored people's risk in terms of them having falls, weight management and the use of bed rails. Incidents and accidents were also analysed to identify any risks to people and where trends or patterns were identified, plans were devised to reduce the risks.

We looked at the staff rotas and saw that there were consistently enough staff available to meet people's

needs. A relative of one person we spoke with told us, "There's enough staff." We saw that the registered manager also stepped in to support the staff during busy times.

Staff were recruited using robust procedures that helped ensure they were suitable to work with vulnerable people. We saw that the service had sought references from previous employers. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work. The DBS provides information about whether people have been barred from working with vulnerable people and criminal records and are used to assist employers in making safer recruitment decisions.

Good

Is the service effective?

Our findings

People were supported by staff who had the received sufficient training and had the necessary skills to meet their needs. Staff told us that had received training in areas such as medicines administration, pressure care management, fire safety and infection control. The manager maintained an overview of the training needs of the staff to ensure that training needs were met and kept up to date. Staff received training in areas such as Mental Capacity Act, dignity and respect, dementia, pressure care and diabetes. They also told us that the majority of staff were in the process of completing the care certificate which teaches fundamental standards in care.

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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff operated within the principles of the Act in order to keep people safe while not restricting their liberty unnecessarily. The staff we spoke with told us they had received training on the MCA. They were able to tell us how the MCA affected their role and the support they provided to the people who used the service. Staff understood the importance of people receiving support to make their own decisions and gave us examples of how they achieved this.

People were supported to consume sufficient quantities of food and drink. We saw that one person required a specialised diet to manage a health condition they lived with. The cook told us that they had all the ingredients they needed to prepare food for this person. However, the service was over reliant on the person's partner bringing in some foods for them and on the day of our visit there was no bread available for the person to eat. Some people living in the home required softened diets to support them with swallowing difficulties. People's fluid intakes were monitored regularly where necessary and we saw that drinks were available to people at all times during our visit. Staff told us that they had, "Sufficient information" to meet people's nutritional needs. We saw that where needed, hydration risk assessments had been carried out for people to ensure that staff were aware of people's needs and how to meet them.

People were supported to access health care when they needed it. Staff told us that people were enabled to access community health professionals such as dieticians, speech and language therapists, physiotherapists and occupational therapists. We saw that a GP visited every week or they could be called if people needed to see a doctor outside of the weekly visits.

Requires Improvement

Is the service caring?

Our findings

One person's relative we spoke with told us, "Staff are fantastic, all the time [person] has been here, they are well looked after. I'm very happy with [person] being here." We saw staff treating people with compassion and respect. One person had moved to the home on the day of our visit and we noted staff introducing themselves to the person and engaging in conversation with them to make them feel more at home. We observed one member of staff check with the person that their music was at the right volume for them and that they had what they needed. Staff told us that they knew people as individuals. One member of staff told us, "We get to know people really well."

However, we also observed that staff did not always treat people in a respectful way or promote their dignity. For example, we saw a person asking a care assistant a question. The care assistant put their hand up to the person saying "hang on a minute, I can't do everything." During lunch a person asked for a spoon on several occasions and staff walking by or in the room ignored the person. In the end they used another person's spoon. We heard a relative asking care staff if they knew where their relative's slippers were as they were not wearing them. One member of staff said that they were probably in the person's bedroom, and then another staff member said "No they are by the chair", but they were not there. The staff member then went to check the laundry but they could not be found.

We spoke with one member of staff who told us that some staff were very good but some were abrupt and not very caring. They gave an example of a time when a person needed to use the toilet but staff were reluctant to take them.

There was information available in people's care plans to guide staff on their needs and how to meet them. In the care files we looked at, we saw reminiscence workbooks. These contained details about people's life history and provided guidance for staff. We saw some detailed information about people's previous lives which contained their likes, dislikes and preferences. This also included information such as where people like to eat their meals and how much and what type of assistance they required. One person's relative told us, "The staff get to know each person and what they need."

Staff told us how they maintained people's dignity and privacy. One staff member told us, "We keep information confidential, put a towel on people's laps [when providing personal care]. Knock on people's doors before entering and use appropriate language."

The manager told us that people were encouraged to be as independent as possible and were able to request what support they needed. They said that staff were provided with training on how to promote dignity and independence.

Throughout the inspection, we observed visitors coming and going without restriction. We saw two relatives eating a meal with their relative at lunchtime and one relative stayed for most of the day. We saw that staff were very welcoming to relatives and did their best to make their time with their relative enjoyable.

Requires Improvement

Is the service responsive?

Our findings

One relative told us that their relative had their needs met in the way they wanted. They said that "[relative] gets up when they want." Another person using the service we spoke with said they were mostly self caring but received all the help they needed.

In people's care records we saw that there was evidence of their involvement in the planning of their care. Some people had signed to confirm their involvement and in one case an advocate had been involved in supporting the person with expressing their care needs. This ensured that care was planned and centred on their individual needs.

When we looked at the records for some people living in the home, we saw that the service had accumulated detailed information about people's personal lives. This included their preferences for how they wished their care to be delivered. One person's care file contained a biography which provided information on the person's family history, where they went to school and photographs from throughout their life. This information was used in reminiscence work with the person and gave care staff additional insight into the person and how they had lived their life previously. This is particularly important for those people who are unable to communicate their needs, for instance people living with dementia.

Care plans had been completed and kept up to date for some people. They contained good information about people's health and care needs and how they should be met. For example, one person was at high risk of developing pressure areas and at risk of falls. Care plans had been put in place providing staff with guidance about how to support the person to minimise risk in these areas.

However, we also found that some records were incomplete or had not been updated when people's needs changed. For example, in one person's care plans it stated that they were able to walk without the use of aids. In another record it stated they had no problem with mobility. The deputy manager told us that the person had experienced a fall recently and was now using a wheelchair. We observed this person being assisted into a wheelchair. Their records had not been updated to reflect this change in needs. In addition, their records showed that they had developed an issue with their foot which had affected their mobility but there was no record of this in their care plans.

For another person, we saw in their records that they had a visual impairment. There was no care plan setting out how staff should take this into consideration when supporting the person with their care. We observed two other people going outside to smoke. However, there was no care plan in place to guide staff as to how this need should be met.

We found that people's wishes were not always responded to in accordance with that set out in their care plans. In one person's care plan summary it stated that they preferred to bath or shower in the evenings. In their record of baths or showers, we found that on six occasions between June and October 2016 these had occurred in the mornings.

Whilst we saw some good information about people's hobbies and interests we saw very little meaningful interaction or engagement between staff and people seated in the lounge. Most people were seated in the lounge area for the majority of the day. The lounge was a long room with a television located at the far end. The television was on during the day but those people seated at the far end of the lounge would not have been able to watch it if they wished to.

In the afternoon we observed there to be several people seated in the lounge asleep or just sitting and looking around. Staff were sitting in the dining area together talking and only responded to people when they needed to. We observed one person in the hallway looking distressed and calling out. No staff responded to this person until we went to ask if they were okay. The staff member took the person back to their chair in the lounge and told them they needed to rest their legs, without reassuring them or trying to find out what was causing them distress.

One care assistant told us that they did not have enough time to spend with people. They said that they sometimes came in on their day off to take people out and thought that there could be more leisure activities for people.

The service had a complaints procedure which was on display in the entrance to the home. One relative said, "If we think something is not right, we talk to staff." Another person using the service said they had, "Nothing to complain about." People we spoke with said they knew who to speak with if they had any complains.

The manager maintained a record of complaints which showed that they had been taken seriously and dealt with to the complainant's satisfaction. People and their relatives were invited to give feedback on the service annually. Following the last feedback survey in 2016, meetings were held with staff, relatives and people living in the home in order to discuss what improvements could be made.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2015, we found the service to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that sufficient improvements had been made and the service was no longer in breach of this regulation. However, some improvements still needed to be made.

Quality audits had identified areas for improvement and action plans had been put in place. However, during our inspection we identified areas, such as record keeping, staff practice and activities which still required some improvement.

There was a registered manager in post. The manager was clear about their role and responsibilities and showed commitment to providing a good quality service.

We spoke with the manager about their quality assurance processes. They told us that they had quality audits in place and regular audits were carried out in areas such as medicines management, health and safety and infection control.

The manager told us that they involved people and their relatives in developing the service by conducting an annual survey. Following each survey the results were analysed and an improvement plan was formulated. They told us that in 2015, the results of their survey showed that there was an overall increase of satisfaction in areas such as facilities, quality of the food and activities. The survey enabled them to identify the need to make improvements to how they involved people in their care planning. In 2016, the survey showed a decline in satisfaction. In response to this the manager called a meeting with people living in the home and staff to discuss the results and ways to make improvements. There was a plan in place to repeat the survey in three months to measure the success of the changes made.

The staff we spoke with told us that the manager and deputy manager were, "Great." They also said that they worked very hard. Staff said that team meetings were held every three to four months and felt they would benefit from meetings being held more frequently. Staff supervision was described as being, "Hit and miss." However, they felt supported by the manager and deputy manager and able to talk to them if they had any concerns.

Whilst staff were positive about the management in the service, they were less positive about the support given by the representatives of the provider. Staff said that they had tried to raise concerns with them but they did not pay attention or listen. They said the provider representatives managed the resources and sometimes staff did not get what they needed. Staff did not feel that the organisation gave sufficient support to the manager to enable them to keep moving forward and making improvements.

We spoke with the manager about how they worked with other agencies such as commissioners. They told us that they had recently engaged with Norfolk County Council on a project to support improvement in care homes. They said they welcomed their advice and support.