Clarex Limited

Clare House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 29 April and 4 May 2016. Clare House provides residential care for up to 25 older people, including people living with dementia. At the time of our visit there were 21 people using the service.

The service had 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.

At the last inspection on 30 March 2015 we asked the provider to take action to make improvements to, staffing arrangements, staff training, care planning, medicines management and governance systems. The provider sent us an action plan telling us how they planned to improve. We found at this inspection the actions had been completed.

The provider had not always operated effectively the systems for receiving, recording, handling and responding to complaints.

The provision of social and leisure activities did not fully meet the needs of the service.

People told us that they felt safe and were protected by staff providing their care. The staff were aware of what constituted abuse and of their responsibilities to report abuse.

Risks to people using the service and others were assessed, and measures were in place to reduce and manage any identified risks.

Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their duties. Staff supervision systems ensured that all staff received support through one to one and team meetings to discuss their learning and development needs and the needs of the service.

People received their medication safely and the systems to receive, store and administer medicines were appropriately maintained.

Staff knew how to protect people who lacked the capacity to make decisions. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink. Their physical and mental health was closely monitored and appropriate referrals to health

professionals were made.

Staff were caring and compassionate and ensured that people's privacy and dignity was respected at all times.

People using the service and their families were involved in making choices about their care and their care was based upon their individual needs and wishes. The care plans reflected people's current needs and they were regularly reviewed and updated.

Improvements to the management governance systems to monitor the quality and safety of the service had taken place and being further developed.

We identified that the provider was not meeting regulatory requirements and were in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Staff were trained to keep people safe and risk management plans promoted and protected people's safety.

Staffing arrangements ensured that people received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective

Staff had the knowledge and skills required to meet people's individual needs.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to eat a healthy diet to meet their needs.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and the staff were caring and compassionate.

The provider worked in partnership with relatives and supported people to maintain regular contact with their families.

Is the service responsive?

Requires Improvement

The service was not always responsive

The provider had not always operate effectively the systems for receiving, recording, handling and responding to complaints.

The facility to provide people with daily social activities was limited.

People's care was personalised to reflect their wishes and what was important to them.

Care plans were person centred and reflective of people's needs and preferences.

The views and experiences of people and their representatives about the service were sought and action was taken to improve the service based on the feedback.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focused on meeting people's individual needs.

The care provision was consistently reviewed to ensure people received care that met their needs.

Clare House Residential Home

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 29 April and 4 May 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities and at mealtimes.

We spoke with five people who used the service in order to gain their views about the quality of the service provided. We also spoke with a two visiting relatives, three care staff, the deputy manager and the provider who was also the registered manager for the service.

We reviewed care records relating to four people using the service, three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at other records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the home and knew who to speak with if they had a concern about their welfare. One person said, "I feel very safe, the staff are very kind". A relative said, "I am sure my [family member] is well looked after and safe here". Another relative said, "There was one time when I a little worried about my [family members] safety, but it was due to the behaviour of another person, not the staff, the situation has changed now and I have no worries".

One relative told us they had spoken with the provider about a situation when their family member had reported to them that they felt a member of staff had not spoken respectfully to them. They said the situation was dealt with quickly by the provider. We looked at records of safeguarding investigations and found they had been reported appropriately to the local authority safeguarding team and also to the Care Quality Commission (CQC).

The staff we spoke with told us they had recently completed safeguarding refresher training and spoke with knowledge of how to safeguard people from the risks of abuse. Records of staff training confirmed that safeguarding training had been arranged for all staff at the service.

Specific risks to people's safety had been assessed, which included behaviour management, nutrition and hydration, pressure area care and falls. The staff we spoke with were aware of the risks pertaining to individual people using the service. We saw they provided care and support following the instructions within the risk assessments, for example, supporting people to eat and drink sufficient amounts and to move safely. We found that risk assessments were up to date and
found they were reflective of people's current needs.

The provider had carried out environmental risk assessments to identify and address the risks posed to people. For example, fire risk assessments on the kitchen, laundry medicines and chemical storage areas. Personal Emergency Evacuation Plans (PEEP's) had also been carried out for people. They informed the staff and emergency services on the level of support people needed in the event of a full evacuation of the building.

There was sufficient staff available to meet people's current needs. People said they thought there was enough staff available to assist them. One person said, "They come fairly quickly when I use my call bell, I'm never kept waiting very long". Relatives said they thought there was enough staff available, one relative said, "They do work very hard". The staff we spoke with told us that they felt there was enough staff to meet people's needs. One member of staff said, "We do have enough staff, but the allocation of new and experienced staff could possibly do with being more looking at". They explained they sometimes found themselves working alongside relatively new staff on a shift and at such times supporting the staff and meeting people's needs was very demanding. We brought this to the attention of the deputy manager who allocated the staff shifts for their consideration when drawing up the staff rotas.

The deputy manager told us that more staff had been recruited and they currently had no staff vacancies.

Throughout the inspection we observed staff worked calmly and attended to people's needs in a timely manner.

Staff underwent a suitable recruitment process before employed to work at the service. The staff told us they were required to produce documentation to prove their identity before they could work at the service. The staff recruitment files included the necessary documentation to verify the staff's identity and eligibility to work in the United Kingdom. They also evidenced that the provider had carried out the required checks, such as obtaining references from previous employers and checks through the Government body Disclosure and Barring Service (DBS). This ensured that only staff suitable to work in a care service were employed at the service.

People's medicines were safely managed. One person said, "I prefer the staff to look after my medicines". Relatives told us the staff took on the responsibility of looking after their family members medicines and thought they were managed safely. One relative said, "I have not had any concerns regarding my [family members] medicines, she gets them on time". During the inspection we observed staff administering people their medicines. They explained what they were for, and offered people medicines that had been prescribed to be taken 'as required'. These included medicines for pain relief. The deputy manager and staff told us that only staff that had received medicines training were allowed to administer medicines to people. The medicines training records demonstrated that staff had regular competency assessments on administering medicines carried out. We saw that systems were in place for ordering, receiving, storing, administering and returning of medicines and that good practice procedures were followed when administering 'as required' medicines.

Good

Is the service effective?

Our findings

People using the service and relatives told us they thought the staff had the right skills and knowledge to meet their needs. One person said, "I think the staff know what they are doing, they certainly give me that impression, I am looked after just fine". Another person said, "I need help with washing and dressing they come and help me to do the things I can't manage on my own, I like to do as much for myself as I can it keeps my independence". A relative told us, "I know some of the staff have worked here a long time, I feel they are committed to looking after people, they know my [family member's] needs very well".

People were cared for by staff that had the necessary skills and knowledge to meet their needs. In discussion with the staff we found that many had worked at the service for a long time, they spoke of having attended various training courses over the years. They all confirmed that the opportunities for training had improved. The deputy manager said that they had made it a priority that all staff received mandatory health and safety training and the same refresher training provided for long serving staff.
We saw records that confirmed staff had received training on areas such as, moving and handling, safeguarding, infection control, medicines administration and fire awareness. One member of staff said, "It has been a long time since I did dementia training, it would be good to have some refresher training to keep up to date with any changes". The deputy manager confirmed plans were in hand to provide specific training on meeting the needs and conditions of people using the service, including dementia care, once all mandatory health and safety training had been completed. They also confirmed that the provider had recently signed up for staff to embark on completing the Care Certificate induction training.

The staff confirmed that when they started working at the home that they spent time working alongside an experienced member of staff until they felt confident to work alone.

All the staff spoken with said since the deputy manager took up post they felt well supported. We saw records that confirmed that staff had met with the deputy manager to receive individual supervision and support. The meetings had included performance reviews and observation of practical skills, including assessments on providing personal care and medicines administration.

We also saw that group supervision sessions took place to discuss service development and share information from the provider with the wider staff team. The staff said the communication at the service had improved and they felt well supported in their work.

People's consent to care and support was sought in line with current legislation. People said the staff always sought their consent before carrying out any personal care or support. One person said, "The staff always ask me first before they do anything for me". During the inspection we observed staff asking people that were immobile where they would like to spend their time, either alone or with other people in the communal areas.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 provider told us that they had submitted standard DoLS applications to the local authority for some people using the service and they were awaiting the decisions to be made. We saw the applications were held on file. There was a policy and procedure available to inform the staff of the process to follow where people required this level of protection. However the staff told us they had not received any specific training in relation to the MCA or DoLS and the deputy manager confirmed that MCA and DoLS training was planned to be arranged for all staff.

People were provided with suitable and nutritious food to meet their dietary needs. One person said, "The food is very nice, we have a choice everyday". Another person said, "We have a hot meal at lunchtime and also at supper, the meals are quite enjoyable". We saw that the provider used an external cooked /chill food supplier and the meals were delivered to the service in prepared portions that catered for a full range of dietary and cultural needs. The staff had a good knowledge of people's likes and dislikes and closely monitored the food and fluid intake for people who had been assessed at risk of poor nutritional intake.

We also saw that nutritional guidance was sought, when required, from relevant healthcare professionals in response to any concerns regarding people's dietary needs.

We sat with people in the dining room during the lunch time meal. We observed the atmosphere was calm and relaxed and people were supported by staff to move to the dining area or eat in their bedroom if they wished. The dining tables were set with cutlery, napkins and condiments and people were offered a choice of drinks and meals. During the mealtime the staff were mindful of seeking people's feedback asking them whether they enjoyed their meal. We saw that the staff provided support for people to eat and drink following the instructions recorded in the care plans.

The service supported people to maintain good health and to access healthcare services when required. One person said, "They have called the doctor when I have not been well, they came pretty quickly". Another person said, "The nurse comes to see me quite often, I think they also see some other people here". Relatives also confirmed that the staff kept them informed of any changes in their family member's health, especially when they were unwell. One relative said, "They are very good at keeping me informed". We saw within people's care records that staff had contacted healthcare professionals in response to changes identified in their health conditions. We also saw that staff recorded when they had contacted the person's representatives to communicate information to them.

People had routine appointments to see the optician, chiropody and dental services. They also had regular contact with the district nurse and the community psychiatric nurse (CPN) as needed to provide their care and treatment.

Good

Is the service caring?

Our findings

People told us they were pleased with the care and support provided and that staff were kind and caring. One person said, "The staff are very nice here, I feel I am treated with kindness". Another person said, "We have a laugh with the staff, they treat us with respect". Relatives commented that they thought the staff cared for their family members with care and compassion. One relative said, "My [family member] can be very demanding on the staff's time, they understand and generally take things in their stride".

One member of staff commented they had worked at the service a long time, they said, "I love my job; I get a lot of satisfaction helping people and making a difference to their lives". Relatives said there was a welcoming atmosphere and they were always made to feel welcome by the staff and offered a cup of tea or coffee and biscuits to have whilst visiting their family member.

We observed during the inspection that the staff, people using the service and relatives had good relationships. The staff spoke to people respectfully addressing people by their preferred names. They communicated well with people with limited verbal communication by using gestures, smiling and gave reassurance by gentle touch, when supporting people.

People confirmed that they and /or their representatives had been involved in making decisions about their care needs. A relative said, "I am involved in making decisions about my [family members] care and involved in their care reviews".

We saw that people using the service and relatives were asked for feedback on their experience of using the service and comments were on the whole positive. We saw that one person entered a comment on feedback about the service that said, 'Thank you to all the staff for their loving kindness'.

People told us the staff treated them with respect and ensured their dignity was maintained. One person said, "My privacy is respected". One relative said, "The staff do treat my [family member] with respect, I have never had any reason to think otherwise".

The staff understood the importance of respecting people's privacy and dignity and throughout the inspection we observed that personal care was provided discreetly for people. The staff promoted people's choices and offered assistance when needed to promote independence.

We saw that confidential information about people using the service was stored securely and the staff understood the importance of keeping information about people using the service confidential.

Requires Improvement

Is the service responsive?

Our findings

There was a complaints system in place, but was it was not operated effectively. People using the service and their representatives confirmed they would complain to the provider if they were unhappy with any aspect of their care. One person said, "If I wasn't happy, I could speak with any one of the staff". A relative said, "I raised a complaint in the past and I think it was dealt with okay". Another relative told us in recent months, they had raised two complaints with the provider. They said, "I think they were dealt with, but I have not heard anything back".

We looked at the complaints file held at the service. We saw that one complaint was recorded as received in March 2016. We were unable to find any record of the second complaint the relative had told us about. The provider told us they had dealt with both of the complaints verbally and had not kept records of the discussions they had held with staff. Neither had they formally informed the complainant of the outcome of their investigation into the complaints. This meant the provider was unable to fully demonstrate they took people's complaints on board, fully investigated them, informed people on the outcome, and where required had changed practice to improve.

This was a breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the arrangements to provide people with daily social activities were limited. Feedback from a satisfaction survey sent to people and their representatives in March 2016 indicated that the provision of activities was an area identified for further improvement. The comments received from people included the following:-; 'More singing activities, [family member] has dementia they enjoy singing, they remember all the words'. 'A walk around the garden would be nice'; 'There is too much sitting around all day'. One person said they would like to see activities available at weekends. The deputy manager told us that based on the feedback from people they were considering increasing the number of activity hours available.

We saw that a programme of activities and events facilitated by external entertainers and community groups was on display. This included church services, motivation exercise sessions and various music entertainers.

People using the service and their representatives were involved in the planning and reviewing of their care needs. Some people using the service had memory problems and were unable to recall whether an assessment of their needs had been carried out before they moved into the service. In discussions with relatives it was confirmed that assessments had taken place. We saw the admission assessment documentation was available within people's care records and care reviews from other health and social care professionals involved in people's care. This helped provide initial information for staff to follow, in ensuring the person's care was consistently delivered through the transition of moving from home or other care settings.

The care plans contained sufficient information about people's social, emotional and health needs. They

were specific to each person and contained guidance on how people liked their care to be provided. People using the service and also their representatives had shared important information about the person, for example, their interests, hobbies, likes and dislikes and things that mattered most to them. The information helped in staff getting to know the person and how to provide individualised care and support for them.

We saw that information was on display at the service of advocacy services and how to access them if people wanted to use them.

Good

Is the service well-led?

Our findings

We found that complaints about the service had not always been dealt with appropriately. The provider was unable to effectively demonstrate the actions they had taken in response to complaints and assure people that all complaints were taken seriously and acted upon.

People, their relatives and staff were involved in developing the service. Relatives confirmed they had completed satisfaction surveys. A recent satisfaction survey had indicated the provision of daily social and leisure activities was an area found to be lacking and this was being addressed by the provider.

Relatives said the staff kept them informed of any changes regarding their family members' health and welfare. They also said that communication with the service had greatly improved.

Since the last inspection a new deputy manager had been appointed. We found that quality management audits systems had been implemented to oversee and manage the service. For example, care plans, risk assessments, medicines and staff training. They now needed time to be embedded in practice. People using the service, their representatives and staff spoke highly of the deputy manager and how they had made a positive impact on improving the quality of the service. One relative said, "You can really tell the difference, the staff seem much happier, there is a totally different atmosphere". A member of staff said, "[Deputy manager] is a great asset, we are not at 100% yet, but we are getting there", another member of staff said, "She is a miracle worker, she's turned the place around".

We found the staff were motivated. They told us that meetings were being held regularly and we saw the minutes covered areas such as, training and development and staff input in respect of service improvement. The staff said the meetings gave them an opportunity to raise ideas and that they thought their opinions were listened to and ideas and suggestions taken into account when planning people's care and support.

Monitoring systems were in place to respond and investigate accidents and incidents. Appropriate action was taken to minimise the risks of repeat accidents and incidents. The provider had appropriately notified the Care Quality Commission (CQC) of events as required by the registration regulations.

The staff told us the opportunities for training had improved. They also confirmed that supervision systems had been introduced to enable them to discuss their learning and development needs.

The staff were aware of their responsibilities to keep people safe and protected from abuse. They said they had confidence that the provider would take appropriate action in response to any safeguarding concerns reported to them. They knew how to raise concerns under the provider's whistle blowing policy directly to the Local Safeguarding Authority, or the Care Quality Commission if they felt the provider did not take appropriate action to protect people from abuse.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person had not operated effectively the systems for receiving, recording, handling and responding to complaints.