

Knightingale Care Limited







Clarence House Care 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?	Good	
Is the service well-led?	Good	

Overall summary

We undertook this unannounced inspection over two days, on 19 and 20 November 2015. The service was last inspected on 11 September 2014 when the service was found to be compliant with the regulations inspected.

Clarence House is registered to provide personal care and accommodation for up to 33 people, some of whom may be living with dementia. The service is situated close to the centre of Brigg.

At the time of our inspection visits there were 21 people who were using the service.

There was registered manager in place. 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.

We saw that staff had been safely recruited to ensure they did not pose a risk to people who used the service and that they had received training to ensure they could recognise and report potential abuse. Staffing levels had

Summary of findings

been evaluated to ensure there were enough staff available for meeting people's needs. People had been assessed to enable staff to manage known risks and keep them safe from harm. Medicines were administered to people safely and checks of the building were regularly carried out to ensure it was well maintained.

A range of training was provided to enable staff to effectively carry out their roles. We saw staff engaged with people throughout our inspection in a courteous way and kind way to ensure they were in agreement with decisions made about their support. Best interest meetings were held when people lacked the capacity to make important decisions for themselves. People were provided with a range of healthy and nutritious meals and their intake was monitored with the involvement of relevant community health care professionals where required.

People who used the service were supported by staff who demonstrated courtesy and kindness and showed

consideration for the importance of maintaining people's dignity and wishes for privacy. People's private records and information was maintained in a confidential manner.

People or their relatives were involved in the planning of their support which was reviewed on a regular and ongoing basis. People were provided with a range of activities to enable them to have opportunities for social stimulation and interaction. A complaints policy was in place to ensure people could raise any concerns about the service when required.

The registered manager had a range of experience to run the service and understood the requirement to report accidents, incidents and other notifiable incidents to the Care Quality Commission. A range of audits were regularly carried out to enable the quality of the service to be monitored and enable the service to learn. People who used the service, their relatives and other stakeholders were consulted and feedback from them was used to help the service to develop.

Summary of findings

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 safe.

Staff had been recruited safely and trained to recognise signs of potential abuse and knew what action to take to ensure people were safe.

Staff were deployed in sufficient numbers to meet people's assessed needs.

People's medicines were administered safely.

Good



Is the service effective?

The service was effective.

Staff completed a range of training to enable them to effectively meet people's needs.

People who used the service received a wholesome and nutritious diet and their food intake was monitored where this was required.

Staff understood the need to gain consent from people before carrying out care interventions to ensure their legal rights were protected.

People's medical needs were supported by a range of healthcare professionals.

Good



Is the service caring?

The service was caring.

People and their relatives were involved in the planning and delivery of their support.

Support was provided by staff who demonstrated kindness and consideration of people's needs.

People were treated with dignity and respect by staff who understood their individual preferences.

Good



Is the service responsive?

The service was responsive.

People's support was regularly reviewed to ensure their needs were appropriately met.

People were provided with a range of activities to enable their wellbeing to be promoted.

People knew how to make a complaint and have these investigated and resolved, wherever possible.

Good



Is the service well-led?

The service was well-led.

Staff told us the registered manager was approachable and very supportive and encouraged them to develop their careers.

Regular management checks were carried out to assess the quality of the service people received and identify where any changes were needed.

Good



Summary of findings

The registered manager was knowledgeable and understood their responsibilities to report notifiable incidents.

Clarence House Care Home

Detailed findings

Background to this inspection

We carried out this unannounced 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 registered 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 was unannounced was carried out by an adult social care inspector and took place over two days.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This asks the registered provider to give key information about the service, what the service does well and what improvements they plan to make. The local authority safeguarding and quality performance teams were contacted as part of the inspection process, in order to obtain their views about the service. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, three visiting relatives, three members of care staff, catering and ancillary staff, maintenance staff, the deputy manager and the registered manager. We also spoke with a community health care professional who was visiting.

We looked at three care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and trusted the staff. A relative told us they had made an active choice about using Clarence House for their member of family, who had initially been admitted for a period of respite care. They told us, "It was a big thing to leave her [their relative] but that quickly passed and they settled in very well." They went on to say how happy they were with the service and staff. People told us the service was, "Always clean." One person said it was, "Clean and comfortable and that counts for a lot."

Staff told us the service had an open and positive culture and we saw a pledge had been made with the local authority to safeguard vulnerable people and 'keep them at the heart of everything' on display in the service. Staff were familiar with the different forms of potential abuse and confirmed they were confident the registered manager would take appropriate action when required. There was evidence that training had been provided on safeguarding vulnerable adults from potential harm, to ensure staff were familiar with their roles and responsibilities in relation to this area of practice or raising whistleblowing concerns about the service. Policies and procedures were available to guide staff when reporting potential safeguarding concerns, which were aligned with the local authority's guidance on this. The registered manager told us about recent staff discussions on the Care Quality Commission 'duty of candour' to ensure they were open with people in relation to their care and treatment and provided truthful information and an apology when things go wrong.

There was evidence that prospective employees were checked before being allowed to commence working in the home, to ensure they did not pose a risk to people who used the service. Staff files contained recruitment checks and a clearance from the Disclosure and Barring Service (DBS) about possible criminal convictions and ensure applicants were not included on an official list that barred them from working with vulnerable adults. We saw that references had been appropriately followed up before offers of employment were made, together with checks of the applicant's personal identity and past employment experience, in order that gaps in their employment history could be explored.

There was evidence the service supported people to take positive risks whilst keeping them safe from harm. People's care files contained assessments about known risks, together with guidance for staff on how they should support people safely, whilst enabling them to be as independent as possible, to ensure they were kept protected from harm. We saw evidence that assessments about known risks to people were updated and reviewed on a regular basis, to ensure accidents and incidents were minimised. The registered manager showed us evidence that accidents and incidents were recorded and investigated to enable action to be taken and prevent them from reoccurring if this was possible.

We found that staffing levels were monitored and assessed on an ongoing basis according to the individual dependencies of people who used the service. People's care files contained completed dependency assessments which the registered manager told us were used to ensure adequate staffing levels were maintained. Care staff said that staffing levels were good overall and that there were enough of them available. We observed two care staff, a senior, a deputy manager (working in a supernumerary capacity) domestic and ancillary staff were available to support the needs of the 21 people who were using the service at the time of our inspection. The registered manager told us, "Regular reviews of resident dependency and staffing hours are calculated as a base, the home always operates at above what the guidelines used suggest."

We observed the building was clean, hygienic and well maintained. We found that regular checks were made of equipment and facilities to ensure they were safe for people to use. Individual personal evacuation plans were available for people who used the service and copies of these were contained within in their care files. A contingency plan was available for use in emergency situations, such as fire, floods and high winds. We saw fire training was provided to staff with fire drills arranged as required. We were told an infection control champion had been appointed from amongst the staff team, in order to promote this aspect of the service. We found the infection control champion carried out about bi annual checks of staff knowledge in this regard, together with observations of their care practice.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support that was provided. One person told us, “These girls are very nice; I get on with them all. They went on to say, “The food is lovely, there’s always plenty to eat with two choices available, I choose to not have a pudding.” A visiting relative told us, “I can’t speak too highly of the staff, they know their job and work as a team.” Commenting on the staff approach the relative told us, “Nothing phases them, they picked up very quickly how mum was, they were there without being intrusive.”

People and their relatives told us staff involved them in decisions about their support to ensure they were able to understand and make informed decisions about their care. One person said, “They talk to me about what they need to do and help me make choices.” A health professional who was visiting said the person they had come to see had made good progress since moving in to the home and was well settled. They told us, “I have no concerns about the service; the staff are very obliging and follow up any advice that is given.”

We were told during September 2014 and March 2015, the service responded effectively to admit 17 people following two local care home closures, one of which gave a week’s notice, whilst the other gave only 1 day. The registered manager told us the whole staff team worked over a weekend and around the clock to facilitate this and ensure people affected were moved in with the least impact to enable their assessed needs to be empathically met.

There was evidence a range of training was provided to ensure staff were equipped with the skills needed to carry out their roles. A training and development plan was in place that included a variety of courses on topics such as moving and handling, first aid, infection control, safeguarding vulnerable adults, food and fire safety, person centred planning, the Mental Capacity Act 2005 (MCA) and issues relating to the specialist needs of people who used the service, such as dementia, nutrition and end of life care. The registered manager told us all staff had completed end of life training with a core group receiving regular training in cardiopulmonary resuscitation (CPR) and that staff were currently undertaking an additional programme of dedicated supervisions on the ‘route to success’ end of life care programme, which is accredited by the NHS.

The registered manager told us, “Our training package delivered to all staff is modelled around the Care Certificate.” (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support and links to National Occupational Standards and units in qualifications). We saw evidence staff uptake of courses was monitored by the registered manager to ensure their skills were updated and refreshed when required. There was a programme in place to encourage staff to undertake accredited external qualifications such as, The Qualifications and Credit Framework (QCF) and we were told all staff held a qualification for this at level 2 or above or were enrolled on a course to complete this. We saw evidence in staff files of completed training and meetings with senior staff, to enable their performance to be monitored and skills to be appraised and help them develop their careers.

Information in people’s care files contained details about their individual health and medical needs, together with evidence of ongoing monitoring and involvement from a range of health professionals, such as GPs, district nurses and other specialists to ensure their wellbeing was promoted. Regular evaluations of people’s support were carried out on a regular basis with clear details about changes in their health care status. There was evidence about the promotion of people’s human rights and support with making anticipatory decisions concerning the end of their lives. Some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was clearly documented. We saw feedback from a district nurse that stated, “I have a good working relationship with all staff, communication is good, with good use of initiative prior to the nurses calling.” Visiting relatives told us that staff communicated with them well to ensure they were kept aware of any changes in their member family’s conditions.

Throughout our inspection we observed staff communicating and engaging with people in a considerate and courteous manner to ensure they were in agreement and consented to care interventions that were carried out. We saw evidence that capacity assessments for people had been completed as part of their care planning process and before decisions were made on their behalf to ensure to ensure their legal rights were protected and promoted. Where it was clear people lacked capacity to make

Is the service effective?

informed decisions a best interest meeting was held involving healthcare professionals and people with an interest in their care. The registered manager told us, “We follow the Mental Capacity Act 2005 and support people who lack capacity to make choices in their best interests and promote the least restrictive practices possible.”

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 registered manager understood their responsibilities in relation to DoLS and had made applications to ensure people were only deprived of the liberties lawfully, in line with current legislation.

We observed a variety of nourishing fresh home cooked meals were provided, with the days choices on display with use of pictorial menu's to help support people making

choices on what they would like. We observed individual support was provided to people requiring assistance with eating their meals and drinks. We saw this was carried out at people's own pace and in a dignified way, with staff offering protective napkins and gentle encouragement to ensure their dignity was promoted. There was evidence in people's care files of nutritional assessments and regular monitoring and recording of their weight, with involvement from dieticians or community professionals, such as speech and language therapists where required. People who used the service told us they enjoyed their meals and that the quality of the food was good. A relative told us, “The food is lovely; she enjoys what they give her.” We saw meals were tastefully presented, in a relaxed and homely atmosphere, with people joining in conversations and light-hearted banter. We observed the cook spending time with people asking them about their choices and preferences, to ensure they were happy with what was served. They told us, “I like to talk to people and get to know their needs, like I would for my own father.”

We found the registered provider had considered the specialist needs of people living with dementia when designing and equipping the building. We saw that signage was available to help people orientate themselves around the building. The registered manager told us, “We aim to enhance specific areas within the home to make them more interesting. This will now become a topic for improvement and we have plans to discuss this and how people would like to progress it at our next resident/relative meeting.”

Is the service caring?

Our findings

People who used the service told us that staff involved them in making decisions about their support. One told us, “Staff listen to me and give me support when I need to help me to be independent.” A visiting relative told us they had made a positive decision to use the service. They told us, “The staff are always there without getting in the way, they make her [their mother] feel special, they know mum better than I do.” A visiting health care professional commented, “The patients look well cared for, I enjoy coming to the home, it feels homely.”

We observed people were treated kindness and compassion and staff demonstrated a positive regard for what was important and mattered to people who used the service. We saw staff provided reassurance and sensitive encouragement when required to ensure people’s wishes and feelings were met. We observed care staff getting down to eye level of people and using touch when engaging with them to ensure they were understood. We heard staff asking people, “Did you like that”, “Do you want any more juice” and “Is there anything else you would like?”

There was evidence in people’s care files of information about their personal likes and preferences, together with details about their past histories to help staff understand and promote their individual needs. Staff told us they supported people as if they were members of their own families. We found that staff had key worker responsibilities for meeting particular people’s needs and spent individual time with them to ensure their wishes and feelings were

promoted and opportunities for their independence and wellbeing were maximised. We found the service placed a high importance on involving people and ensuring their personal dignity was positively maintained. We saw evidence in people’s care files of their involvement in reviews and decisions about their support and observed staff engaging positively with them in a professional and respectful manner. The registered manager told us that dedicated staff had been appointed to act as champions and be responsible for the promotion of various elements of the service including, dignity, dementia and infection control.

We observed that people’s wishes for privacy were upheld and that they were able to spend time in their own rooms when they required. People told us they were able to bring items of personal possessions to help them to personalise their rooms. We found that people’s personal choices about their support were promoted by staff, such as decisions about times of when they wished to get up or go to bed, or what clothes they wanted to wear.

Staff who we spoke with demonstrated a good awareness about the importance of maintaining people’s confidentiality and we saw that information about their needs was securely stored in the office. We saw that information about the use advocacy services was available to enable people to have access to independent sources of advice and support. There was evidence that regular meetings were held with people who used the service and their relatives, to enable their involvement in decisions and provide feedback about the home.

Is the service responsive?

Our findings

People told us staff provided support that focussed on their individual needs. People and their visiting relatives told us they had no complaints and that overall were happy with the service provided. One person said, “Staff usually find us something to do, we made some cards for a celebration and I have been down to bingo today.” A relative told us staff were responsive to suggestions that were made. They told us, “Staff listen and act on it.” Speaking about an issue regarding a sweater that had become crumpled in the laundry, they went on to say, “Staff dealt with it in a non-blame making way, it never happened again.”

We saw people were provided with choices about their support. Staff demonstrated a good understanding of working with people’s individual strengths to help maximise their confidence and self-esteem. A range of regular activities were provided to enable people to participate and become involved in social events and promote their wellbeing. We saw evidence of weekly sessions of chair based activities, board games, quizzes, hairdressing, films and dramas on television that had been requested and found a dedicated active worker had been recently employed to enable people to have opportunities for one to one sessions. The registered manager told us they had provided the activity worker with a toolkit designed to enhance the activities available for people living with dementia and were supporting them to attend a college course on this. We saw minutes of a recent consultation meeting with people to discuss future arrangements to enable meaningful opportunities for social interaction to be developed, with a weekly planner on display to give structure and keep people informed. We observed people being supported to play games of alphabet spelling, using giant game pieces to enable

people with visual impairments to recognise and take part in the game. A member of staff told us, “I enjoy sitting and making eye contact and using touch with people, everyone has different needs.”

There was evidence in people’s care files of a person centred approach that was delivered by staff. People’s care records included next of kin details, personal life history, medical conditions, individual likes and preferences and personal profiles. This enabled care staff to deliver support in a way that had been agreed. We saw regular monitoring and evaluation of people’s support, together with assessments about known risks that were kept up to date. We found that a pre assessment of someone due to be admitted in the next few days had been completed, to ensure the service was able to meet their needs. The registered manager told us, “We review all our care plans monthly or more often, should people’s needs change and identify issues including medication, weight loss, pressure damage risks, falls and issues with moving and handling.” Visiting relatives told us they were encouraged to visit and take part in the life of the service. People and their relatives told us about their involvement in reviews of their support and we saw evidence of liaison with a range of community health professionals to ensure their involvement and input with changes in people’s needs.

A copy of the complaints policy and procedure was displayed in the service to ensure the concerns of people were listened to and could be addressed. People who used the service and their visiting relatives told us they knew how to raise a complaint, but were overall satisfied with the service and confident any concerns would be listened to and followed up when required. There was evidence the registered manager had taken action to follow up comments that had been received and used feedback as an opportunity for learning and improving the service.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the management and were happy with the service provided. People indicated the service was well organised and one person commented, “Staff are always helpful, cheerful and accommodating.” People and their visitors confirmed there were regular meetings they could attend in order to raise issues or make suggestions to improve and develop the service. We saw regular newsletters were produced to enable people to keep up to date and provide information about the service.

Staff considered the service was well managed. One told us [registered manager] “Is very good, I get absolutely amazing support from them, you can talk to her, she is very approachable, you couldn’t ask for anything better.” Another told us, “[Registered manager’s name] is very dedicated and encourages people to do as best as they can.” Commenting on their performance, we overheard the cook asking the registered manager, “Do I get 10 out of 10 for my work?” to which they received a reply, “No, you get 11.”

We found the registered manager had a wide range of knowledge and experience which they kept up to date in order to effectively manage the home. There was evidence the registered manager took their role very seriously and placed a high degree of importance on the development of staff skills. Staff told us they enjoyed coming to work and received good support from the registered manager. The deputy manager told us they had been encouraged to sign up to a nationally registered Level 5 leadership and management course. A new member of staff said they were looking forward to becoming a keyworker for people and being responsible for working with them and their families to ensure their individual needs were appropriately met. They told us, “I love it here, I think it’s amazing, I feel I have done something constructive and made their (people’s) last days special.”

We saw evidence the registered manager had tailored the in house training programme to ensure staff had the skills needed to meet the Care Certificate. The registered manager told us they were striving to develop and improve on this and described the additional training delivered on the specialist needs of people who used the service, including courses and supervisions on advanced care planning directives, to ensure people’s wishes and feelings

about the end of lives were appropriately supported. The registered manager told us they believed this element of the service should be mandatory in all services for older people and were aiming to complete the ‘My Home Life’ programme for all staff, which is a recognised quality of end of life care programme that had been developed in collaboration with the NHS.

There was evidence the registered manager was involved in the supervision and delivery of people’s support and knew people who used the service well. Staff files contained evidence of individual meetings with senior staff to enable individual staff performance to be monitored and their skills to be appraised. We observed the registered manager was readily available throughout our inspection visits, providing support and guidance to staff and people who used the service. Care staff told us about regular meetings that were held to enable the registered manager to provide clear leadership and direction and ensure they were supported to question practice. The registered manager said this ensured care staff understood what was expected of them and they were accountable for their actions, together with being clear about their professional responsibilities. Care staff said they received feedback in a constructive way and that the registered manager was adaptable, fair and listened to their ideas to help improve the service. A senior member of staff told us, “I enjoy having clear roles and responsibilities, we have an absolutely brilliant manager, she is lovely to get on with, and is very straight if I need something to do and she is very hands on.”

We found the registered manager was passionate about providing personal centred support to people that focussed on their individual needs. They told us, “Our philosophy is everyone we care for is somebodies mum or dad.” Information about core values of privacy, independence, dignity, choice, rights and fulfilment were on display in the service. Staff told us the registered manager had appointed champions for key elements of the service, including dignity, dementia and infection control, which they were responsible for promoting. The dignity champion told us about regular monthly ‘tests’ or reviews they carried out with people, to ensure their wellbeing was fully promoted. They told us, “It’s nice to know what people feel and find out what they need.” We were told these tests had helped highlight people’s individual preferences, such as wishes for having baths rather than showers, which was reported as being a very big thing for one person who used the service. The infection control champion told us that as

Is the service well-led?

well as being responsible for ensuring the service was maintained in a clean and hygienic fashion, they carried out bi-annual assessments of staff competencies in the essential steps for hygiene, including observations and tests of their knowledge and skills. We found the registered manager carried out monthly observations of people and spent time sitting and watching their experiences in order their support could be further developed.

We found the registered manager had developed links with the local community and built up close working relationships with local health and social care professionals, such as district nurses, GP's and local authority staff. The registered manager told us about network meetings they attended to ensure best practice initiatives were followed to enable the service to develop and improve.

We saw that systems and procedures were in place to enable the quality of the service provided to be monitored and assessed and ensure it was well led. We saw evidence of regular visits from senior staff from the organisation, together with reports on key performance indicators such

as incidents and accidents, staff training, complaints, audits of medicines, people's care records, the environment and safety issues. This enabled trends and patterns to be analysed; enable improvements to be implemented and ensured people's health and wellbeing was monitored. There was evidence the registered manager was clear about their responsibilities and had appropriately notified the Care Quality Commission of issues that affected the health and welfare of people who used the service. There was evidence the registered manager understood the need for involving people who used the service, their relatives and staff to enable the service to develop and learn. We saw comments in recent letters from relatives and thank you cards on display, with comments that included, "Thanks for the kindness and support given to our mother, they couldn't have been in a kinder place or had a nicer room." We were shown results from a recent survey of professionals associated with the service which provided written feedback and comments. These included, "This is an excellent care home, staff are very efficient" and "Great standard of care given, staff are very helpful and always have a smile, lovely team."