

Countrywide Care Homes Limited

Clumber Court Care Centre

Inspection report

Bolham Lane
Retford
Nottinghamshire
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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

About the service

Clumber Court Care Centre is a care home providing personal and nursing care to 48 people aged 65 and over at the time of the inspection. The service can support up to 64 people across two floors in one adapted building.

People's experience of using this service and what we found

People's care had been planned in a personalised way, however it was observed staff did not always have time to spend with people. Although there were some activities offered, due to staffing not everyone had the option to engage in meaningful activities every day. People did not have many complaints and those that had been received were responded to efficiently.

People's risks were identified and assessed. Staff were provided with information on how to support and manage those risks. People were supported to take their medicines safely. The service followed good infection control practices.

People were supported by staff trained to meet their needs. Staff supported people to eat and drink well; and to access the healthcare they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by caring staff who treated them with kindness and dignity. People were supported to express their opinions. People's privacy was respected.

The service was well managed with good quality monitoring systems in place. The service met their regulatory requirements and supported their staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 January 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Clumber Court Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector, an Expert by Experience and a specialist professional advisor. Their area of specialism was as a registered nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clumber Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with 13 members of staff including registered manager, deputy manager, clinical lead, care workers, administrator, cook, domestic staff, activities coordinator and a member of the maintenance team. We spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

The provider sent us additional information that we requested to show how they met regulations.

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 has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider did not ensure identified risks to people's safety always had the measures in place to mitigate risks resulting in a failure to provide safe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Environmental and individual risks were identified, assessed, managed and mitigated appropriately.
- Since the last inspection the registered manager had worked with their staff to review people's risks and update their assessments.
- Staff were provided with clear guidance on how to support people with identified risks. For example, someone was at risk of attempting to leave the home in the middle of the night due to anxiety and their plan gave clear guidance on how to settle them.
- Equipment was checked regularly to ensure it was in good working order. For example, fire equipment, emergency lighting, hoists and air mattresses.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by the systems and processes in place.
- People felt safe, one person explained, "I do feel safe living here, you never have any harm going on, work goes on as it should."
- Staff understood how to recognise and report potential safeguarding concerns and therefore protect people from the risk of abuse.
- Staff said they had not seen anything that had concerned them, if they did they would raise it with the registered manager, whom they felt confident would deal with it appropriately.

Staffing and recruitment

- Staffing was adequate to keep people safe. Staff did not appear to always have enough time to spend with people and at times people were delayed in getting out of bed in the mornings.
- A relative said, "I think they've got enough staff, they could do with more, but [relative]'s needs are met." We observed call bells being responded to promptly throughout the inspection.
- The registered manager used a tool approved by the provider to establish staffing levels. However, staff

felt levels did not always reflect the needs of people and they, "can't always give the very best care" due to staffing. We spoke to the registered manager about this; they stated they had already recognised this and were in discussion with the provider to increase staff numbers.

- Agency staff were used regularly. However, the service ensured safe practices and continuity of care by only using a small pool of agency staff who knew people well and had completed an induction.
- The service followed safe recruitment practices, such as obtaining criminal checks and references, to ensure as far as possible that potential staff were suitable for the role.
- The registered manager monitored qualified nurses' registration to ensure they were up to date and safe to continue supporting people.

Using medicines safely

- The service followed safe medicine practices. Medicines were stored, organised, administered and disposed of safely.
- Appropriately trained staff encouraged and supported people to take their medicines in a safe way.

Preventing and controlling infection

- The service was clean and tidy. There was a team of domestic staff and cleaning schedules were followed.
- Staff were all trained in infection control. Staff had access to personal protective equipment, such as disposable gloves and aprons, and were observed wearing these.
- The service recently achieved a rating of five, which is the highest, from the food standards agency. This demonstrated that the service understood how to ensure food was prepared in a hygienic way to protect people from the risk of food poisoning.

Learning lessons when things go wrong

- There was a system in place to log and analyse accident and incidents. Lessons learnt were shared with the staff team at daily flash meetings. Where necessary processes were changed to improve the quality of care. For example, following a number of medicine errors a new system was put into place which allowed the senior team to have a daily overview of medicines in stock.
- The registered manager closely monitored falls and had a system in place to clearly identify when and where falls occurred most frequently. From this it was agreed that a member of staff was required to always be in a certain area within the home between a certain period of time to reduce the risk of falls.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured comprehensive pre-admission assessments were completed prior to a person moving in. This was to ensure the service could meet the needs of the person.
- Assessments were completed using recognised tools; such as the Malnutrition Universal Screening Tool for assessing nutrition levels and the Waterlow scale which estimates the level of risk a person has for developing sore skin.
- Staff understood the importance of following national guidance, such as NICE. Informative posters and leaflets were available in staff areas to encourage them to keep up to date with the latest information.
- Assessments considered the protected characteristics under the Equality Act 2010 and were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This meant people were not discriminated against.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and ongoing training to ensure they had the right skills to meet people's needs.
- New staff were partnered with an experienced member of staff, a 'Peoples Champion', for the first three months to settle in, get to know people's needs and be supported.
- Staff that had not previously worked in care were expected to complete the care certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- Staff received regular support in the form of regular supervisions and team meetings. Staff were supported by the service to achieve professional qualifications.

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

- People were supported with eating and drinking by staff who were informed of their specific needs.
- People's risks and needs associated with their eating and drinking had been assessed and communicated to kitchen staff.
- People who required feeding through a PEG, a system used for people who cannot swallow, were supported by trained nurses.
- People spoke positively about their meal choices. When speaking about food one person said, "Nothing is too much trouble, we have dinner together, I can go and sit with [name]." We did observe people on soft diets being presented with unappetising looking food, although they did eat it all, we did raise this with the kitchen staff and the manager who agreed to look into it.

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

- People were supported to access medical care proactively and appropriate referrals to healthcare professionals were made. The service arranged for services such as opticians to come into the home to make it easier for people.
- People were supported to maintain good oral hygiene, with assessments forming part of their care plan. The service had sent a member of staff on a specific training day to learn about good oral hygiene practices and share this with the team.
- The registered manager had a diligent process in place to ensure continuity of care when accepting an admission from hospital. They had also built good relationships with GP's who would visit on the day a request was made.
- The service participated in the 'red bag scheme.' This is an NHS approach in how information is shared for people between care homes, ambulance staff and hospitals. This supports people to receive continuity in care.

Adapting service, design, decoration to meet people's needs

- People were able to decorate and personalise their rooms as they wished.
- People had easy access to outdoor space, which included a sensory garden where they could sit and enjoy the space.
- People were free to wander around the areas of the home and sit in different parts of the home. There was a mix of both communal and private areas where people could choose to spend their time.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA and appropriate DoLS applications had been made with any conditions being met.
- MCA assessments were decision specific and the appropriate people were being included in best interest meetings.
- Staff had received training on MCA and understood how to apply it on a day to day basis. One explained, "We always assume capacity. Just because they have don't have capacity for one thing and doesn't mean they won't for something else."

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 this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and spoke positively about the staff.
- A relative explained, "[Staff] always treat us both with dignity and respect, there is always someone to go to, [staff] looked after me as well, they really looked after me and made me feel at home, and secure. It's like a second home to me."
- We observed interactions between staff and people which were kind, respectful and caring.

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

- Staff understood how to support people to express their views, for example asking them at certain times of day when it might be easier for them to communicate.
- The service ensured relatives were involved in care, where appropriate. For example, for relatives that lived in other countries they would communicate via WhatsApp or email to ensure they still were involved in care planning.
- The service supported people to access advocacy services. This meant people had access to someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with dignity and respect. They helped people to maintain independence. A member of staff gave the example of assisting a person with personal care, although they may not be able to wash themselves they know they can brush their own teeth and they supported them to do so.
- The service understood the importance of keeping confidential information private. The General Data Protection Regulation was adhered to and information was held securely.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were individualised and contained information to guide staff to support people in a personalised way.
- Plan's included information about people's social, spiritual and cultural needs. Staff were also provided with details of people's personal history and preferences.
- However, due to staff not having enough time, it appeared only people's basic needs were being met. Staff said, "We don't get enough time to interact with people" and, "Upstairs we have time to build up relationships, but downstairs we are rushed off feet."

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

- Staff did not have time to support people with their interests. It was observed that people were going for long periods of time without anything beyond their basic's needs being met.
- At the time of the inspection there was one activities coordinator rota'd onto a shift. The activities coordinator demonstrated a commitment to supporting people with activities. However, they worried that people were not getting the engagement they needed. They explained they were unable support everyone and were looking forward to when a newly recruited activities coordinator would join them.
- People had been involved in some activities including trips into the community, gardening, games and external entertainers coming in.
- People commented, "Activities have been curtailed, it used to be two entertainments people. [Activities coordinator] does work hard, does 1:1's, but they do struggle to keep up what they used to be".

Improving care quality in response to complaints or concerns

- People weren't always clear on the complaints procedure and it was not on display. We spoke to the registered manager about this who arranged for it to be put up in the reception area immediately.
- The service received very few complaints, those that had been received were logged and responded to. The registered manager analysed them on a monthly basis for any themes.

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 standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed their communication needs and gave specific guidance for staff on how to

best support them. For example, staff were to read out information to the person.

- A person who was unable to speak was supported to write to aid communication, however the service had recognised their ability to write was deteriorating and had ordered flash cards to assist them further.
- The service ensured that information was available in alternative formats, such as large print, in order to meet people's needs.

End of life care and support

- People's care plans documented their end of life wishes. The service worked with the relevant people to provide dignified and pain free care for people at the end of their life. This included hospitals, palliative nurses and GP's.
- We saw cards from relatives whose loved ones had passed away whilst living at Clumber Court Care Centre. One read, "You all treated [person] with dignity and respect and we are so grateful for that." Another said, "[Staff] were also very kind to us, the rest of the family and couldn't do enough for us in this situation".

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a dedicated registered manager who was focussed on providing a person-centred caring service. Staff were clear about their roles, understood their duties and spoke positively about management. It was recognised by all that staff morale had dipped in the last year; but staff agreed that it was improving.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.
- Regular audits were being completed to ensure that people received quality care and good outcomes. These included monthly care plan audits, dining experience audits and regular audits on the environment.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to be transparent when incidents occurred.
- We saw evidence demonstrating the relevant people had been informed and appropriate action was taking following incidents.

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

- The registered manager had an 'open door policy', this was recognised by both staff and people. A person said, "The manager's door is always open". Staff said, "I get on well with the manager, if you do your job properly there are no issues, there is an 'open door policy', the team gets on well".
- The service held regular staff meetings where staff were encouraged to contribute and get involved. Staff also had the opportunity to feedback what they thought of the service to the provider via an annual staff survey.
- Although there hadn't been a resident's meeting for several months, a schedule was on display for meetings arranged for the upcoming year.

Continuous learning and improving care

- The registered manager demonstrated they learnt from incidents, events and experiences to continually improve the quality of care being provided.
- Staff had the opportunity to become 'champions' in their area of interest, for example infection control

and were supported to attend additional training. This learning was then shared with the rest of the staff team to improve care delivered.

Working in partnership with others

- The registered manager was proud of the service's strong links with other agencies. They had forged good relationships with local healthcare services and hospitals.
- The service ensured they worked in partnership with the local authority, fire service, infection control and safeguarding teams to keep people safe.