K N Bhanji

# Clair Francis Retirement Home

## Inspection report

237-239 Park Road
Peterborough
Cambridgeshire
PE1 2UT

Tel: 01733312670
Website: www.clairfranciscarehome.co.uk

Date of inspection visit:
02 March 2017

Date of publication:
05 April 2017

## 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 |

# Summary of findings

## Overall summary

Clair Francis Retirement Home is registered to provide accommodation for up to 28 people who require personal care. The service does not provide nursing care. The service provides support for older people, some of whom are living with dementia. At the time of the inspection there were 17 people living at the service.

This comprehensive inspection took place on 2 March 2017 and was unannounced.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Systems were in place to assess and manage risks to people using the service. Staff understood the risks for people and their responsibilities within the home. Information about emergencies was available for staff.

People's capacity to make decisions for themselves had been assessed. Staff were trained and understood the principles of the MCA and DoLS and were able to describe how people were supported to make decisions if they lacked capacity. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty. Authorisations in place were for people's own safety because they were unable to make decisions on where they should live safely.

People were kept safe because there was a sufficient number of staff on duty to meet people's needs. The provider had a recruitment process in place and staff were only employed within the service after all essential safety checks had been satisfactorily completed. Staff received an induction when they started work and further training was available for all staff which provided them with the skills they needed to meet people's needs.

Staff knew how to support and meet people's needs. People were involved in how their care and support was provided. People had access to health care professionals when they needed them. Staff treated people with care and respect and made sure that their privacy and dignity was respected all the time.

People and staff were able to provide feedback and information so that the provider could monitor and improve the quality of the service. The registered manager was open and available for people, their relatives, staff and professionals to discuss concerns or make comments to improve the service.

## 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.

People were kept as safe as possible because staff knew how to protect people from harm and how to report any such untoward incidents. There were sufficient numbers of staff to keep people as safe as possible.

People were protected because risk assessments had been written and followed by staff.

People had their prescribed medication administered by staff who had been trained and were competent to do so.

### Is the service effective?

Good

The service was effective.

People were supported to meet their needs by staff who had the necessary skills and competencies.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

People had access to healthcare professionals when they needed them. People had enough food and drink and were supported by staff to eat and drink where help was needed.

### Is the service caring?

Good

The service was caring.

People were treated with respect and staff were aware of people's likes and dislikes. People were encouraged by staff to remain as independent as possible

People had limited activities available but they were involved in the planning of those activities.

### Is the service responsive?

Good

The service was responsive.

People had their care needs assessed and staff understood people and how to meet their needs. People were involved in activities that they enjoyed.

There was a complaints process in place and complaints or concerns were investigated and responded to.

## Is the service well-led?

Good

The service was well led.

There was a registered manager in place.

There were systems in place to monitor and improve the standard of the home. Audits were completed and action taken when necessary.

People and their relatives had the opportunity to be involved in improving and developing the home.

# Clair Francis Retirement 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 checked 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 unannounced inspection took place on 2 March 2017 and was carried out by one inspector.

Before our inspection we looked at information we held about the home including notifications. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with five people living in the home, one relative, the registered manager, deputy manager, one senior care staff and two care staff. We also spoke with two visiting health professionals. We observed how people were being looked after.

We looked at two people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the home such as health and safety audits and staff training records.

Good

# Is the service safe?

## Our findings

People told us they felt safe in the home. One person explained by saying, "I feel very safe with the carers [staff]. No-one can get in [to the home]." One relative felt their family member was safe because the doors of the building were alarmed. That meant if their family member tried to leave [which was unsafe for them] then staff were aware and encouraged the person to return.

Staff knew the procedures for reporting any safeguarding and understood their responsibilities in raising any concerns to protect people from harm. One staff member said, "There are a range of things that constitute abuse such as (stealing) money, touching inappropriately or shouting at someone. I would tell the manager and I know how to get in touch with the safeguarding team [in the local authority] if I need to." There were notices in the home that showed people, relatives and staff what abuse was and how to contact authorities if they observed people being placed at harm. Staff spoken with and records seen confirmed that they had received training in protecting people at risk of harm. This showed us that people were protected, as far as possible, from potential harm.

We saw that any identified risk to people had been assessed and measures had been put in place to reduce the level of risk where possible. Staff told us about the type of risks that individual people had been assessed for. For example, staff told us that where people could be at risk of dehydration fluid charts were completed to ensure people had enough to drink and to minimise the risks. Staff were also aware that by ensuring that people drank enough they were less at risk of having poor skin integrity. One relative said they were very pleased that their family member was now drinking and eating, which they were not doing whilst they were at home. Other risks we saw were in relation to moving and transferring, medication and challenging behaviour. Information was available for staff so that they knew how to de-escalate and deal with any risks to other people or themselves.

There were fire and personal emergency evacuation plans in place for each person living in the home. This ensured people were assisted safely if ever there was a need to evacuate the premises. Staff were aware of where the plans were to be found and confirmed that there were regular fire evacuation tests. Records of fire safety checks, water temperatures and wheelchairs had been completed. The registered manager said that equipment such as hoists had been replaced as well as the stair lift and a number of carpets in the hallways. This meant that the home was as safe as possible for people who lived in the home, their visitors and the staff who worked there.

During the inspection we found that there were sufficient numbers of staff available to ensure people's needs were met. People and the relative agreed that there were enough staff to meet their individual needs. One person said, "They [staff] are there. They help us as we are all very different."

The registered manager told us staffing levels were monitored on an ongoing basis. If extra staff were required to support people whose health needs had increased, then additional staffing was arranged. We observed during the inspection that staff were available to support people. In addition there were no bells sounding, which indicated to us people were being assisted in a timely way.

Accidents and incidents about people had been reported by staff and recorded appropriately. The registered manager ensured accidents and incidents had been investigated and, where necessary, action had been taken and the outcome recorded. For example one person was falling regularly. Staff recognised that the person got up without having their slippers on and encouraged the person to ring for assistance so that staff could help them to put on their slippers. As a result the person has not fallen since receiving the help.

We saw that there was a policy in place in relation to recruitment and we checked three recruitment files. We saw that staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. Staff told us that they had provided a number of documents which included an application form, a disclosure and barring criminal record check and references.

People told us they felt that the administration of their prescribed medication was safe. One person told us they were given pain killers when they needed them. Another person said, "They [staff] give me my tablets. I have three in the morning, two in the afternoon and one at night. I've got no pain but I'm sure they'd give me painkillers [if needed]."

We saw that there were systems in place so that people's medications were obtained, stored, administered and disposed of appropriately. Staff told us that only senior staff administered people's medication, although topical medicines, such as creams and ointments, were administered by care staff. Protocols were in place for any prescribed medication that could be taken 'as necessary'. Where medication had not been administered, the reason for this had been stated on the reverse of the medication administration record (MAR) charts. This meant people were receiving their medicines as prescribed. Thorough audits were completed at least every two months by the registered manager to check stock of all medication, including blister packs and MAR charts and a report was written. We saw that the report included action that had been taken where errors or omissions had been made. The registered manager said, and staff confirmed, that all staff were having their annual competency checked in March 2017 and further updated medication training booked for April 2017 to ensure that staff maintain their skills.

Good

# Is the service effective?

## Our findings

People told us they felt that staff had the necessary skills to meet their needs. One person said, "Staff look after us well."

Staff told us they felt supported in their role and that training was always available to increase their learning and development. For example, one staff member said, "I am completing a course in dementia with the skills network which is an eight week course. It's online and you have to complete books throughout the course. I'm learning about [people who are living with dementia] and their behaviours and how dementia impacts on their behaviour. There's a lot to take in but it's informative." Another staff member said, "I have done lots of training. Dementia, safeguarding, infection control and diabetes, all the things I need for my job. We are doing courses all the time, it's very good."

Records and staff confirmed that areas of training expected by the provider, such as moving and transferring people, safeguarding, infection control and medication administration were provided and updated where necessary. Staff also said further training could be requested and that it would be provided. This was confirmed in information in the PIR that showed other courses, such as nutrition and hydration and end of life care planning, were available.

One new member of staff told us they had completed a basic induction programme when they first started working at the home. This had included time to look at policies and procedures and shadowing a more experienced member of staff and getting to know the people they were to care for and support. This meant people were supported by staff who had the necessary training to ensure their needs could be met.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found that the service was working within the principles of the MCA, and that authorisations to deprive a person of their liberty were being met. We saw that appropriate DoLS authorisations were in place for 16 people to lawfully deprive them of their liberty. Staff confirmed that the registered manager completed the DoLS applications. The registered manager provided evidence of the DoLS authorisations and had a system in place to ensure they were renewed as required. The one relative we spoke with told us that they had been involved and had spoken with the best interest assessor and social worker in relation to the DoLS application.

Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA) and understood how these principles were to be applied to ensure people's human and legal rights were respected. One member of staff said, "It's about people's choices, we have to respect them. Best interest considers what they like and need and to respect that." Another member of staff told us, "We have had lots of training. We treat everyone individually. We provide choice and show them things like clothing, shoes, socks and choices for meals."

People told us, and care records confirmed, that they had access to health care professionals. We saw that the chiropodist was in the home on the day of the inspection. People were supported to gain access to other health professionals. One person told us they had seen the GP and district nurse regularly. Care staff told us that they would speak to the senior person on duty who would call any health or social care professional if necessary. One health professional told us that staff provided them with the information they needed when they arrived and that "they [staff] get everything ready when I need it such as insulin and dressings."

People's care records showed that their dietary needs were assessed and monitored. Staff were aware that referrals were made to the appropriate health professionals, such as a speech and language therapist (SALT) if people were identified as having a swallowing difficulty. One relative said their family member had lost weight when they came into the service, but said, "Last time I spoke with the staff, [name of family member] was eating well." They went on to say that their family member ate with other people in the dining room and enjoyed their meals. We looked at one care plan that showed how the person should be supported with fortified soups and supplements if they were not eating. Records showed that the person received them when required.

We spent time with people who were eating their lunch in the lounge. People were told what their meal was although staff did not always check that people were happy with that the choice. Staff told us, and people agreed that they could ask for an alternative such as a sandwich or soup. We saw that some people were not asked what drink they wanted, although most told us they were happy with the drink provided. One person was thirsty and we saw that staff immediately provided them with a drink. Staff returned a short while later to check if they wanted another drink, which they were given. One person said, "I can eat anything, anytime."

Where people needed some help with eating their meal, staff did this in a way that ensured people were asked if they needed assistance and asked how they could help. For example one person was asked if they wanted help to cut their food. The staff member checked if it was all the meal they wanted cut or just the meat. This showed that staff listened and included people in the way they supported them.

People and the relative told us there were always drinks available. One person told us they intended to have a beer later on and a packet of crisps. Another person told us there were 'times' when drinks were brought round, such as at breakfast, elevenses, lunch and so on, but went on to say, "You can ask for a drink at any time and staff will get it for you."

Good

# Is the service caring?

## Our findings

Overall people told us, and we observed, that staff were kind and helpful. One person said, "I found the staff very caring and obliging." The relative told us, "Things are getting better [with their family members health and wellbeing]. I have peace of mind. The staff interact well with [family member]." Two visiting health professionals said they felt staff provided very good care and were attentive to people's needs. One said, "I enjoy coming here [to Clair Francis]. It's not the poshest place but everyone seems happy and that's to do with the staff. They care about people." They went on to say that people were always singing, chatting or clapping with staff as they arrived for their treatment.

We spoke with staff and they were able to tell us about individual people. They told us about people's current needs, what they were able to do for themselves and how they communicated if there were issues about language or understanding. One member of staff said, "We [the staff] try to make it their home." Staff told us about different people's interests. This demonstrated that staff knew about people and the care and support they required.

Staff told us how they ensured people's dignity was respected. One staff member said, "I never do things in front of other's. Personal care is done in their bedrooms. People can get up and go to bed when they want to, that's very important." Another member of staff told us how they ensured privacy by closing curtains and shutting the door. They went on to say that they would use towels to cover people's legs or private areas when providing personal care. This meant people were respected and staff knew how to ensure people's privacy.

People and the one relative told us they felt involved in the planning and making decisions about their care. The relative said, "I'm involved in the care plans and risk assessments. We had a review with management about [family member's] needs." The relative went on to say that they always spoke with the staff about the care of their family member when they visited the service.

One person told us they got up very early (their choice) but then did "the least possible". We saw that people were encouraged to do as much as possible. Staff were always on hand to lend an arm when people were walking round the home or helping when a person gets confused on how to enter the toilet.

At the time of our visit the majority of people had relatives or friends who acted on their behalf when necessary. The registered manager and staff said that there was information available that gave the contact details of advocacy services if people did not have someone to act on their behalf. We saw that one person had an advocate to support them when they had decisions to make about their care. Advocacy services are independent and support people to make and communicate their views and wishes.

Good

# Is the service responsive?

## Our findings

People told us about the care they received to meet their individual needs. One person told us, "Staff look after us and help us all in different ways." People explained that staff treated people as individuals.

We looked at two people's care plans which provided enough information about the person's needs. A 'This is me' form had been completed. This was a form from the Alzheimer's Society which is used when people are admitted into hospital so that nursing staff would know how to meet a person's needs. Other information in the care plan showed small but important things about an individual. For example there was information for one person on the clothes they liked to wear, and we saw that this person wearing their clothes of choice. Information about peoples preferred choice of male or female care staff was recorded and staff confirmed people's preferences were carried out. Staff were knowledgeable of people's individual needs and knew how to meet them.

Staff told us information was shared, so that they were kept up to date about changes in people's needs. For example, one member of staff said, "There are handovers where we say how people have been doing during the day." Another staff member confirmed that detailed daily reports are written three times a day. Information includes people's health and wellbeing as well as their social interaction.. This meant that relevant health or care information was handed over to staff coming on to shift and the information was documented. Staff also told us they regularly sat with people to review the information in their care plans to ensure the information reflected their current needs.

People told us about the activities undertaken in the home. One person said they completed crosswords and showed us the 'Daily Chat', (an independent local paper purchased by the provider). The person went on to say, "I have choices here [about the activities I take part in]. I'm quite happy staying in the home." Staff told us there were exercise classes, painting and going into the garden to feed and observe the birds. The relative told us there had been a Christmas social with a buffet lunch and entertainment, there had been activities in relation to Halloween and St David's day. They went on to say, "[Family member] takes part [in activities provided by the staff]." Staff told us about the meal on St David's day, where people enjoyed leek and potato soup. One health professional told us, "They [people living in the service] do craft things, drawing and singing."

We saw people were sat in lounges with the television on for those who wanted to watch it. Other people were colouring books, talking with staff about articles in a magazine and a staff member was reading a book to one person. We saw staff, in various areas of the home were having conversations with people.

People and their relatives told us they knew how to make a complaint and who they would speak with. Staff said they were aware of the complaints policy and knew how they would help people to make a complaint if they wished.  There was evidence that complaints had been responded to and investigated. Where necessary actions were put into place to improve the care provided in the service. For example one relative had raised concerns about their family member's nails not being clean. The records showed the action that had been taken to address the issue and measures put in place to prevent further episodes.

Good

# Is the service well-led?

## Our findings

At the time of our visit, Clair Francis Retirement Home had a registered manager in post. The registered manager was supported by an area manager, senior care staff and care staff.

People and the relative were positive about the manager and staff in the home. One person said, "Overall a well led and cohesive happy team." We saw that people chatted to the registered manager, knew her name and talked about things that were important to them. The relative said, "I know who the [registered] manager and assistant manager is." One staff member said that the registered manager was "brilliant – very supportive. I feel comfortable to ask things." One visiting health professional said, "I like the manager here. She goes above and beyond, is very approachable, polite and friendly."

Staff knew who the registered and assistant managers were. They understood the ethos of the home. One staff member said, "We are here to see that people are treated properly and given choices. The main wish I have is that they [people living in the home] feel at home and their needs are met."

There were audits completed in the service. We saw that where issues had been identified, action had been taken to improve the care and service to people. For example, staff now wore red tabards to indicate to staff and people in the service that they were administering medication and should not be disturbed where possible. This was as the result of staff who said they were interrupted when administering medication, on a regular basis, for non-emergency issues. The fire service had visited in November 2016 with minor issues that had been addressed.

Staff were aware of the provider's whistle blowing policy and said they would be listened to and action would be taken if necessary. One member of staff said they were sure there would always be an investigation if they raised any issues about poor practice. They added that they had not had any reason to raise any issues or concerns.

We saw minutes of meetings held for people living in the home. The last meeting was held in November 2016 and seven people and two staff attended. The minutes showed that areas of discussion included individual outings, such as the park or museum, activities people enjoyed and those they wanted such, as planting flowers and vegetables and drinks and a sing song in the garden when the weather improved. The registered manager said that two people had been into Peterborough to visit the Cathedral. One person had decided on it instead of going to the museum.  This showed that people were listened to and activities undertaken where possible.

A meeting was held by the registered manager and activities co-ordinator dated 9 February 2017. Details of minutes showed activities being undertaken on St David's Day, which included the menu, planting daffodils and painting daffodils. People told us they had enjoyed the day and showed us the daffodils that they had painted. The minutes also included details of an event that was to take place on St Patrick's Day on 17 March 2017.

Minutes of staff meetings showed these took place on a regular basis. There were different meetings for care staff and senior staff. Minutes were read and signed by the appropriate staff. Staff told us that the meetings were an opportunity to discuss any issues or concerns. One staff member said that the next meeting was due on 28 March 2017, the last being December 2016. They went on to say, "We talk about how things are going [in the home], any issues or developments [in practice]." We saw that meeting agendas provided time for staff to raise any other business. The meetings were also used as a forum to ensure that staff understood their responsibilities and what was expected of them.

People were encouraged to feedback their experience of living at the home. People and their relative told us they talked with staff on a daily basis. There had been a quality assurance questionnaire completed in October 2016, which was sent to people living in the service and their relatives. Details showed seven relatives and ten people living in the service had returned their questionnaire. Overall the information showed people were very happy with the care and the meals provided in the service. Two people had requested more variety of activities and the registered manager said people were being spoken with individually as well as in meetings to discuss personal preferences. The registered manager said they had sent out questionnaires to all GP surgeries and social care staff but had only had two responses. These showed that the service "acted appropriately and acted on advice given".