K N Bhanji

Clair Francis Retirement Home

Inspection report

237-239 Park Road
Peterborough
PE1 2UT
237-239 Park Road
Peterborough
PE1 2UT
Tel: 01733 312670
Website: www.clairfranciscarehome.co.uk

Date of inspection visit: 3 November 2014
Date of publication: 17/02/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Clair Francis Retirement Home is a registered care home which provides accommodation, support and non-nursing care for up to 28 people, some of whom live with dementia. At the time of our inspection there were 22 people living at the home. Accommodation is provided on 2 floors and there are gardens and internal communal areas, including dining rooms and lounges, for people and their visitors. The home is located in a residential area on the outskirts of Peterborough.

This unannounced inspection took place on 3 November 2014 and was undertaken by two inspectors.

Summary of findings

The last inspection took place on 31 October 2013 where we found the provider was meeting the regulations.

The home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medication was not always available when they needed it, and the recording, handling and administration of medication did not keep people safe.

Satisfactory checks were completed during the recruitment of new staff so that only suitable staff worked at the home. Staff had a formal induction and ongoing training relative to their roles.

People were cared for by staff who understood them as individuals and supported them to maintain their dignity and respect. People were treated well and they and their relatives were actively involved in the review of people's individual care plans.

Staff ensured that people had access to a range of health care services so that their individual health needs were maintained and improved where possible.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. Where people were unable to make these decisions, they were supported with this decision making process. Individual social interests and hobbies were sometimes provided, which helped people to maintain and promote their wellbeing.

People's rights in relation to their care and welfare were known by staff and acted upon. Where people were unable to make decisions there had been best interest assessments. The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found that people's rights were being protected as DoLS applications were in progress and some had been submitted to the authorising agencies.

People received care that was responsive to their individual needs and they were supported to maintain contact with their relatives. There were some community links and people were also supported to visit local amenities. Complaints and concerns made to the registered manager were acted upon and used to improve the service.

The care home was well-led and staff felt they were supported and managed to look after people in a caring and safe way. People, relatives and staff were very positive about the registered manager and felt they had opportunities at meetings to discuss the service and that actions were taken as a result. Quality monitoring questionnaires were in the process of being sent out so that improvements could be identified.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

The administration and management of medication was not always undertaken correctly, which meant people were not protected.

People said they felt safe because there were enough staff to look after them. However the provider was not able to demonstrate that there were always enough staff to meet the needs of people in the home.

Requires Improvement

Is the service effective?
The service was effective.

People felt supported and were able to make decisions about how the staff provided their care.

Staff were well supported and had the necessary training to be able to provide people with individual care. Staff had received training about the Mental Capacity Act 2005 and Mental Health Act 1983, and understood the Deprivation of Liberty Safeguards, which meant people were not deprived of their liberty.

Good

Is the service caring?
The service was caring.

People felt that they were treated with dignity and respect and they said that staff were caring and kind.

People felt the care provided was based on their individual needs and choices.

Good

Is the service responsive?
The service was responsive.

People were satisfied with how their needs were responded to. Most people felt there were activities they could take part in and they were able to have visitors at any time.

People were involved in reviews of their care plans. Information was available about how to make a complaint or raise a concern. Complaints and concerns were responded to and improvements were made to the service as a result.

Good

Is the service well-led?
The service was well led.

Staff respected the registered manager and felt that they provided them with the necessary support to meet people's needs.

Good

Summary of findings

Various meetings were held where people, their relatives and members of staff could discuss suggestions in relation to improving the quality of the service provided in 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 3 November 2014 and was undertaken by two inspectors.

Before the inspection we asked the provider to complete and return a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us, however it arrived too late for us to be part of our inspection planning.

We looked at information that we held about the service including notifications, which are about events that happen in the service that the provider is required to inform us about by law.

We spoke with six people who lived in the home, two relatives, one visiting health professional, two care staff, a chef and the registered manager. We looked at the care records for three people in the home and three staff files. We also looked at the staffing rota and records in relation to the management of the service such as audits, safety checks and policies.

On the day of our visit we observed how staff interacted with people who lived in the home. We used observations as a way of viewing the care and support provided by staff to help us understand the experience of people who were not able to speak with us.

Requires Improvement

Is the service safe?

Our findings

During the inspection we looked at the medication administration records (MAR) and care notes for people living in the home. Staff who administered medicines told us they had undertaken training and showed an understanding of how and when some specific medicines such as Alendronic acid should be administered. We noted, however, that there were discrepancies in the medication records in respect of the number of tablets in the home and the number that according to the records should have been in the home. We also saw that there were gaps in records of medicine administered. This meant that people could not be assured that they were receiving their medicines as prescribed.

We found that the information available to staff for the administration of 'when required' medicines was not clear enough to ensure that the medicines were administered appropriately. We also noted that the home had run out of medication. For one person their medicine had not been available for two days. This meant that people could not be assured that they would receive all of the medication that they were prescribed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection the staff on duty were the registered manager, one senior carer, three care staff, domiciliary staff such as cleaners and laundry staff, kitchen staff, and a part time administrator.

At the time of the inspection the registered manager was unable to provide us with information on how staffing levels were assessed. However, the provider later stated that there were monthly discussions between the area manager and the registered manager regarding the levels of dependency of people in the home. The provider told us Peterborough Council had approved a dependency determination sheet. We spoke with the council who informed us that they had not approved any dependency sheet but monitored against the providers method of calculating dependency levels.

One person said, "I think there are enough staff. I never have to wait long if I call them or use my call bell." Although most people in the home felt there were enough staff available to help them with their care needs, we noted that the staff were very busy and had little time to engage in meaningful conversations with people, especially for people living with dementia. We were told that there was usually one member of staff who was employed to spend time with people on an individual basis and to undertake activities; however the person was not working on the day of inspection. This had an impact for people when for one 30 minute period and one 45 minute period during the morning, we noted that staff had not spoken with or interacted with anyone in the lounges downstairs. Staff told us that people's needs were met but extra staff would have meant they could have spent time in conversation with people.

This meant the appropriate steps had not been taken to ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff on duty to meet people's needs.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe with the staff and that they trusted them. One person told us, "I feel quite safe here." Another person told us, "Yes, I definitely feel safe. I get on with the staff and they get on with me." A relative told us they trusted the staff and said, "I am confident that my [family member] is safe here."

Staff told us they had received training and were knowledgeable regarding their roles and responsibilities in safeguarding people from the risk of harm or neglect. They were clear about the procedures they needed to follow to report any safeguarding issue, which included reporting to other agencies if required. All of the staff were confident that if they had any concerns that the registered manager would take prompt and effective action.

Systems were in place to make sure that only staff who were suitable and safe to work in a care environment were employed. All the checks and information required by law had been obtained before new staff were offered employment in the home. Staff agreed that the checks had been in place before they commenced their employment.

Any risks to people were minimised. For example, people were protected against accidental scalding when bathing or showering, because as well as the automated temperature regulation of the hot water; staff told us that the temperature of the water in the bath or shower was checked. Staff also told us that if a person fell, 20 minute checks were put in place, which were gradually reduced

Requires Improvement

Is the service safe?

until staff were satisfied that the person was no longer at risk of further falls. Staff told us that If people were at an increased risk of falls, sensory aids such as pressure mats were used to indicate when the person had got out of bed during the night. However, we noted that some care plans and risk assessments needed to be updated so that staff could ensure all risks were addressed and appropriate care provided.

Good

Is the service effective?

Our findings

One person said, “The staff appear competent and confident in what they do. They know me and my needs well.” Staff told us they received sufficient induction and training in order to carry out their role. This included specialist training to meet the needs of the people they were providing care to, including training in dementia care. One care worker told us the six week course about dementia had really improved their practice and had given them a much better understanding of the things that could affect people’s behaviours. Staff told us that they had completed various levels of vocational qualifications in care and were supported to attend training appropriate to their role. One said, “I seem to be doing training all the time to keep my skills current.”

Staff told us they had received regular supervision and that they felt supported to do their job. Staff said, “The supervision is good. I get to develop my skills and choose training which will help me and also the people living at the home.”

People were supported to maintain their health because there was evidence that appropriate and timely referrals were made to health care professionals, such as the GP, speech and language therapist (SALT), continence advisor, tissue viability nurse and district nurse. We spoke with the continence advisor who was in the home on the day of inspection. They told us that staff asked for advice when necessary, listened to the information given and acted on it.

Staff also sought health care advice from dietician and SALT in relation to people’s nutrition and swallowing. The chef told us that a healthy balanced diet was planned for each person, which included specialist diets such as pureed or soft food or sugar free food for those people who required this in line with advice from health specialists. This meant that people were safely supported with their nutritional needs.

People were offered a menu choice when the meal was brought to the dining room. For those who were unable to verbally make a choice they were shown the options available and provided with the meal they indicated they would like. A choice of cold drink was available during the meal, and a choice of hot drink offered afterwards. Staff were attentive and provided sensitive support to those people who were unable to eat independently. This was by reminding people that their food was hot, what they were eating and also ensured people ate and drank sufficient quantities.

A relative told us, “[family member] always gets what they like to eat. The food looks and smells very good.” One person told us, “The food is always hot enough and if I want something else I just ask.” We saw that one person did not want their lunch as they preferred soup with some bread. Staff responded promptly and provided the person their preferred meal choice.

We saw people’s weights were recorded and monitored monthly and more frequently if people were not eating or drinking well. People’s dietary needs, which included their likes and dislikes, had been recorded and people told us the staff were aware of these. This was to ensure people at an increased risk of weight loss were effectively monitored.

The registered manager and staff told us they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing an individual’s ability to make a particular decision. For example, some people who lived in the home were not able to make important decisions about their care due to living with dementia. Records showed that peoples’ ability to make decisions had been assessed and reviewed and that best interest assessments had been completed for those people who lacked capacity.

The CQC monitors the operation of DoLS which applies to care services. We saw evidence that the registered manager had made appropriate applications, which had been submitted to the authorising agencies and were awaiting authorisation.

Good

Is the service caring?

Our findings

One person told us, “The staff are always very kind to me. I get on with all of them.” One relative said, “It is such a homely home. The staff are welcoming and always tell me if [family member] is well or if the GP has been to see them.” Overall staff communicated well with people and we heard staff use people’s preferred name when they talked with them. We saw that people’s preferred name had been recorded in their care file.

People received the care and support they needed because staff knew their histories, were knowledgeable about them as individuals and understood them. People told us that things such as their preferences, likes, dislikes and allergies had been discussed and recorded.

People were treated with dignity and respect and staff demonstrated this to us throughout the inspection. One person told us, “The staff always treat me with dignity and respect. If they didn’t I would soon tell the manager.” Staff were able to give examples of how they kept a person’s dignity whilst they provided personal care, for example they said that personal care was always delivered in private. We observed staff assist two people being hoisted and supported to go to the toilet. This was done at a pace each person was comfortable with and staff maintained a conversation throughout the move and ensured that the person was comfortable at all times. Staff were compassionate and also respectful of people’s independence.

We saw that people were asked to go to the table for lunch at least 30 minutes before any food was served. For people who live with dementia this could distress them, and for all those in the home it could cause them discomfort. We discussed this with the registered manager who said the staff would, in future, only request people to go to the table if the food was ready to be served.

An advocacy service was offered if people ever required this support. This was for people who may not be able to advocate for themselves. This showed us that the provider considered the support of people who could not speak up for themselves.

Is the service responsive?

Our findings

Information in people's care files showed they visited the home before they came to live there. During the visit information about a person's needs was discussed and their needs assessed so that the person knew the home and staff would be suitable to meet their needs. Care plans, written once they came to live in the home, were informative and had been reviewed every month with the person or their representative. We saw that, where changes were needed in areas such as personal care, dietary needs, hobbies and interests, they had been addressed by staff. We saw information in people's files that showed staff had spoken with people living in the home and family members to let them know if their relative's needs had changed. This meant people and their relatives, where applicable, were being consulted and informed about their care.

People were less at risk of a pressure sore occurring because we saw that staff had referred people to the appropriate health professionals, taken guidance from them and acted in line with that guidance. This included staff regularly turning people who could not do this independently and the provision of specialist equipment such as air pump mattresses.

One member of staff told us, "They (people) each have their own unique care needs and have different preferences of how we have to provide them. We have to learn what their preferences are as well as reading people's care plans." This showed us that staff considered each person's care needs and was responsive to them.

We saw that there were meetings that people in the home could attend. These were used to identify what people wanted in relation to personal and social activities, such as shopping trips, fish and chip days, fireworks and Halloween celebrations. One person said, "The staff are very supportive but I could do with more activities." Another said, "We have nice days when there are musical items."

Most people told us that they enjoyed the activities that were on offer at the home. Staff told us there were usually planned activities during the day and told us of recent games including hoopla and bowls. People's birthdays and festive occasions were recognised and celebrated. This was evidenced in recent photographs we saw. However, on the day of our inspection one of the two staff responsible for organising activities was on leave. In all areas of the home we saw no organised or impromptu activities with the exception of one staff member holding a person's hand and having an appropriate laugh and joke with the person. This meant there was limited social stimulation for people. Most people were either watching television or asleep. We observed missed opportunities for meaningful hobbies and interests.

The service user guide, and notices in the home, provided information, including telephone numbers, for anyone who wanted to make a complaint. We looked at recorded complaints which showed there had only been one since January 2014. This had been investigated by the local authority because it had been raised by the local hospital. The actions taken by the registered manager, as a result of the complaint outcome, were recorded. There had been one concern raised about the service about documentation which needed to be more thorough. This meant people had been listened to and as a result further training and observation had been undertaken and new guidance had been written for staff. People we spoke with knew how to make a complaint should they need to do so. One person said, "Staff are good. I have no complaints, but I know who to speak to". There was information available on a number of notice boards throughout the home that showed how to make a complaint, and included the names and phone numbers of people who could be contacted.

Good

Is the service well-led?

Our findings

People, relatives, health professionals and staff members told us that the registered manager was accessible and approachable. One person said, "The manager is lovely. She always says hello when she sees me." One relative said, "If I ever have any concerns regarding [family members] care I have always asked the manager and she acts promptly. The manager is always there when you need them."

Staff told us that there had been a noticeable improvement in the service provided since the new registered manager took over. One member of staff told us, "Everything has improved, we see the [registered] manager nearly every day and they are always asking and checking on what we do. If there are any issues she just sorts it. She listens to you and is approachable." Another member of staff said, "The [registered] manager's door is always open and we can talk to them about our work or things that affect it. We have respect for [the registered manager]." A health professional told us there had been a marked improvement since the registered manager had been in place as, "She knows the residents, knows each person well." This showed us that there was effective leadership and management of the home.

The registered manager held regular meetings with the staff team. The meetings enabled members of staff to review and improve people's experiences of living in the home. One staff member said, "We are not scared to talk to [the registered manager] and where the line is drawn on the standards of care we are expected to maintain."

All staff praised the manager's leadership and how they, (as staff), were always striving to improve the quality of care provided. This was done by regularly asking people's views and asking relatives to comment. One person said, "I am happy and contented but they are always asking me if I am alright and if I like the food and activities."

The registered manager had encouraged individual staff to be champions for dementia care, safeguarding and medicines. Staff said this had helped spread good practice and current guidance throughout the staff group in order to provide a better quality service.

People who lived in the home had the opportunity to attend regular meetings. We saw photos of the last meeting, displayed in the hall. People were encouraged to attend but the registered manager said it was usually the same people who attended. Minutes were recorded so that people had the chance to see what had been discussed and how any comments raised had made improvements in the home.

The registered manager said quality assurance questionnaires for the home were due to be sent out to people in the home, their relatives as well as health care professionals by the end of 2014. They told us that any emerging themes or trends from the surveys would be addressed if required.

The registered manager showed us that an auditing system was in place for medicine management and the most recent audit had been completed by the area manager the day before the inspection. The provider said that some areas of concern in medicine management had been noted and these were in the process of being investigated at the time of the inspection.

The PIR had been completed and showed what the service did well and areas identified for improvement over the next twelve months. The registered manager told us that improvements had been made but they had only been the registered manager for a short time and were aware that there were still improvements to be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person did not have appropriate arrangements in place for the obtaining, recording, and safe administration of people's medication.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The registered person did not take appropriate steps to ensure that at all times there were sufficient numbers of staff.**