S E J Clarkson

Clann House

Inspection report

Clann Lane
Lanivet
Bodmin
Tel: 01208 831305

Date of inspection visit: 25 & 26 November 2015
Date of publication: 25/01/2016

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

This was an unannounced inspection which took place over two days on 25 and 26 November 2015. Clann House provides care for up to 34 older people. At the time of our inspection 25 people were living there.

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

People and their relatives spoke highly of the care and support they received. Care and support focussed on each person's individual needs, their likes, dislikes and routines that were important to them. Where people were unable to consent to their care or support best interests meetings were held. When people's needs changed staff reacted promptly involving other social and health care professionals if needed.

People chose the meals they wished to eat and decided where to eat them. Special diets were available for people at risk of losing weight or who were at risk of choking.

People told us they felt safe. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any

Summary of findings

concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, community nurses and speech and language therapists.

Relatives and friends were always made to feel welcome and people were supported to maintain relationships with those who mattered to them. People and those who mattered to them knew how to raise concerns and make complaints.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included, "I love it. I love everything about it" and "I love working here because the residents are well looked after. Everyone here is compassionate."

Staff understood their role with regards the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Applications were made and advice was sought to help safeguard people and respect their human rights.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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?

Good

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines safely. Medicines were stored and disposed of correctly and accurate records were kept.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which was followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

Relatives and friends were able to visit without restriction and reported receiving information they required about their family member.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs.

Staff knew how people wanted to be supported.

Staff understood the importance of companionship and social contact.

People and relatives reported any concerns, however small, were dealt with quickly and efficiently.

Is the service well-led?

Good

The service was well-led. The registered manager had instilled clear values that were understood and put into practice.

Staff were motivated and inspired to develop and provide quality care.

People and staff were involved in a meaningful way and enabled to make suggestions about what mattered to them.

Quality assurance systems drove improvements and raised standards of care.

Clann House

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 25 and 26 November 2015 and was undertaken by one inspector.

Before the inspection, we asked the provider to complete 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 improvements they plan to make.

We reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who lived at Clann House, two relatives, the registered manager, four members of staff and a member of staff from a care agency. We also spoke with one health professional who had supported a person within the service. We looked around the premises and observed how staff interacted with people.

We looked at four records related to people's individual care needs and seven people's records related to the administration of their medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe, saying, "Oh yes, I feel safe" and "Yes, I feel very safe." Feedback from relatives included, "Clann House is a safe, happy and secure place," and "I used to worry about mum but now she is at Clann House, not so much. I know she is safe and loved."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "I would raise any concerns with the manager or the regional manager, I feel I could speak to them too." Staff were up to date with their safeguarding training and knew who to contact externally if they felt their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People and their relatives told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Staff acted quickly to support people when requests were made and people confirmed, “The staff are very nice and very efficient”.

People were supported by staff who understood and managed risk effectively. Risk assessments were linked to care plans and updated when people's needs changed. For example, one person had recently experienced behaviour that may challenge others. The registered manager had contacted relevant professionals to request advice on how to best support the person. In the meantime, a risk assessment was in place to ensure people were protected.

Medicines were managed, stored, and mostly given to people as prescribed. One person was not receiving their medicine as prescribed. Staff thought the medicine was to be taken 'when required' but this was not how it had been prescribed. When we highlighted this, a staff member immediately phoned the person's GP to verify the directions and put them into practice. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Staff were knowledgeable with regards to people’s individual needs related to medicines. For example, one staff member told us how their knowledge of one person enabled them to use the person’s body language to know when to administer 'when required' pain relief medicines. However, care plans did not always record what the 'when required' medicines were to be taken for. For example, two people were prescribed the same medicine but their care plans did not specify that one person took the medicine for a skin allergy and the other person took it for hayfever. The registered manager told us care plans would be updated to ensure they recorded what medicines were prescribed for.

People's needs were taken into account regarding the physical environment and equipment used. The corridors had handrails to support people who needed it. They were painted red to ensure they could easily be seen against the walls. This is important for people living with dementia. There were picture signs on doors so people could easily find, for example, the dining room or bathroom.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "The staff do a wonderful job" and "We're being very well looked after." Relatives confirmed, "The staff are exemplary" and "We've learnt a lot from them and benefitted from their experience." One staff member told us about their job, "I love it. I love everything about it."

New members of staff completed an induction programme, which included being taken through all of the home's policies and procedures plus training to develop their knowledge and skills. They also completed the new Care Certificate. The Care Certificate is a national induction tool which providers are required to implement, to ensure staff work to the desired standards expected within the health and social care sector. Staff also shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. A member of staff told us, "I got more confident. You get to pick things up so you can do them yourself. It also helps you build relationships with the staff so you feel you can ask questions. I learned about people as I went along. Staff would tell me about each person and it was a good way of learning alongside the care plans."

On-going training was then planned to support staffs' continued learning and was updated when required. Staff told us they were asked if they wanted to do any further training to increase their expertise. The registered manager told us they were aware of which method of training best suited each staff member. They always tried to find a course to suit staff's preferred learning style, so they would benefit from the course as much as possible. Ancillary staff, such as laundry and cleaning staff, received the same mandatory training as care staff. They told us, "the manager always says, 'residents come first.' If someone needs our attention, we sit and have a chat. Just because we're not carers doesn't mean we walk past someone if they need something." We observed the maintenance worker taking time to chat with people and finding staff when they observed someone needed support.

Staff commented they felt well supported through one to one meetings, daily handovers and team meetings. Staff used a communication book to ensure important messages were shared. A member of staff responsible for laundry told us, "I always read the communication book, even though I don't provide care, to find out if there is a new resident or even if someone's got a new dress." There was not a clear system however, to ensure all actions recorded were followed through. The registered manager was aware of this and planned to discuss with staff how the system could be improved.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). 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). The registered manager had a good knowledge of their responsibilities under the legislation. We saw documentation that demonstrated applications had been made for people and were awaiting authorisation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of how people who lacked capacity could be supported to make everyday decisions, for example holding up different clothing or food options to help people decide. They also knew people's capacity could change throughout the day and this should influence the way care and support was delivered. Staff described occasions where they had supported health and social care professionals to make a best interests decision to help meet a persons need.

People were involved in decisions about what they would like to eat and drink. People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. The cook told us they listened to people's feedback about meals and used staff's knowledge when people couldn't describe their likes and dislikes. One person told us, "I complained about the sausages, and now they're much better!" People confirmed their food choices were respected. Comments included, "The food's very good," and "It's all

Good

Is the service effective?

homemade." We observed staff ask people for their preference of meal from the choices available on the daily menu and one person told us, "They'll do something you do like if you don't want it."

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record showed an assessment had identified a risk due to excessive coughing whilst eating. Staff sought advice and liaised with a speech and language therapist (SLT). Recommendations had been made to minimise the risk to the person. Staff were unsure how to carry out the recommendations effectively so immediately consulted the registered manager, who contacted the regional manager and the speech and language therapist for clarity. The outcome was communicated to all staff and appropriate equipment ordered.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "The staff are very, very nice," "What the staff are doing all the time is trying to make us happy," and "The staff are excellent, supportive and make you feel wanted and cared for." Relatives told us, "The staff are very good. They are patient when providing support." A staff member told us, "I love working here because the residents are well looked after. Everyone here is compassionate."

People told us their privacy and dignity was respected. Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would always place a blanket over someone's lap before moving them with a hoist to maintain their dignity. Relatives confirmed they had observed this whenever they visited.

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interact with people in a caring, supportive manner that showed people they mattered. One person told us, "If I'm feeling anxious when I'm out, when I return to the home, I feel better. The staff are so caring." Another person, who had been reluctant to leave their bedroom for some time, came to sit in the lounge. Each member of staff, as they passed by, commented how nice it was to see the person downstairs. A relative confirmed, "When staff walk past my mother, they always say 'hello' or just touch her hand. That really impresses me."

Staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff told us, "We know them so well it helps us pick up when people aren't right." One person confirmed, "They know us really well without always bothering us!"

People told us their friends and relatives were always made to feel welcome and could visit at any time, commenting, "My daughter comes whenever she wants to, whenever it's convenient for her." Feedback from relatives included, "I have been spoilt rotten on every visit!" and "We can consult any member of staff and they've always got the information we need."

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name, reflected how people wished to receive their care and were linked to people's risk assessments. Staff told us they found the care plans very useful, commenting, "They include everything, communication, personal care, hairstyle, clothing. They're brilliant!" and "The manager tells us to review the care plan and risk assessment together so they link."

Care plans included a section called 'about me' which recorded information about people's history. Staff told us, "We ask family members, if necessary, for information about people's backgrounds, their likes and dislikes and what activities they enjoy. We need to know!" People and where appropriate, those who mattered to them, were not always involved in reviewing care plans to ensure their views and preferences were recorded and up to date. The registered manager told us they would start to look at whether people wanted to be involved and how to provide the relevant support if they did.

Staff were aware of the need to be alert to people's changing needs. For example, night staff had recently noted someone's bed was no longer suitable for their needs. They had recorded their concern and a member of staff working during the day contacted the relevant professional for the person to have their needs reassessed.

People were given choice whenever possible. We observed staff regularly asking people where they would like to sit and a staff member told us, "Some people get up early. Some people get up at 6am one day and 11am the next. It's definitely their choice. We offer but it's up to them." Relatives confirmed people's individual choices were met and told us of a person who often didn't want to sleep at night; they were always supported to walk or spend time in the lounge, as they chose.

The physical environment provided stimulation for people living at Clann House. The registered manager explained that objects, called 'collecting treasures' which may be of interest to people were displayed around the home for people to hold or take with them. They included displays of flowers and sea life creatures on walls, which people could take off if they wanted to, as well as other objects. Staff told us activities such as bingo, bowls and craft were offered to people as well as trips out. One told us, "People don't really want to go out much. We try but they often don't want to. We have singers in though. People love that and join in with all the songs." The registered manager felt, due to people's change in needs, they now required more one to one time with staff rather than group activities. They were in the process of supporting staff to develop the skills to provide this. Staff had already found individualised activities for one person who enjoyed building model aeroplanes with staff support.

Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay. A couple living at Clann House told us they had recently changed rooms as one of them was not comfortable using the stairs any more. They had spoken about their concerns with the registered manager and had moved to a different room without a problem. Relatives confirmed, "We've never come out of Clann House unhappy about anything. If there are any little concerns we speak to the manager and they sort it out." One person told us, "I can't think of anything anyone could complain about!"

The service had a policy and procedure in place for dealing with any concerns or complaints. Complaints had been recorded, dealt with to the satisfaction of the complainant and feedback given.

Good

Is the service well-led?

Our findings

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Clann House. They told us, "I work the floor and run the office. If I need to, I close the office and do the shift myself, even if it's a night shift." There were clear lines of responsibility and accountability within the management structure. People told us, "The home is outstanding. The management is very caring" and relatives added "I'm more than impressed. I can't fault it."

The registered manager told us one of their core values was that people living at Clann House came first. They told us, "I come in at 7am because that suits the needs of the service at the moment. I work on the floor and come into the office when it's suitable." Staff all expressed that they recognised and shared this value, comments included, "When I do the medicines audit, I make sure I start early. When I'm on shift the residents are my priority."

People appreciated the time the registered manager took with them commenting, "The manager is very nice. We see them every day," "If I have any concerns, I go to the manager and they listen," and "The manager has a caring, loving nature." Feedback from relatives included, "Thanks to [the registered manager] for your kindness and support. You are a very special person." Staff felt the registered manager also took time to help and support them, saying, "The manager is always here or you can phone them. We're all able to be very open with them," "We can always ask them to help out on the floor or talk about things" and "If a problem isn't resolved through our normal systems, I tell the manager who will listen and follow it up. They're brilliant."

Staff told us they were encouraged and challenged to find creative ways to enhance the service they provided. Comments included, "The manager is really approachable and will explain how they're trying to deal with something or will ask our opinions or ideas about how to deal with it."

Staff meetings were regularly held to provide a forum for open communication. Comments included, "At team meetings, we discuss anything anyone wants to discuss," and "They're very good. We can openly discuss thoughts and views on what could be done better." Staff told us they were encouraged and supported to question practice and action had been taken. For example, it had been decided that as senior staff attended handover, they would be better placed to contact professionals when needed as they had all the relevant information. Staff reported communication with professionals was more effective as a result.

The provider sought feedback from people and those who mattered to them in order to enhance their service. Meetings were conducted and questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. Relatives meetings had not been well attended so the registered manager now produced newsletters instead to keep friends and relatives up to date. Recently, the chair of the resident's forum had stepped down so the registered manager was planning to hold small group discussions to ensure feedback was still collected.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns with the registered manager and were confident they would be acted upon. One member of staff commented, "I can speak to the manager any time. If they're busy they'll tell me a time when we can talk."

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.