

N. Notaro Homes Limited

Clarence Park

Inspection report

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Date of inspection visit:

29 January 2019

30 January 2019

Date of publication:

24 April 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Clarence Park Nursing Home is in Weston Super Mare and was providing personal and nursing care to 28 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People received personalised care that considered their individual needs. The registered manager was aware of the needs of people and knew them well.

Recruitment procedures were safe and staff members received training relevant to their roles.

At the time of our inspection, the service had recently recruited an Activities Coordinator and activities were in the process of being developed. However, we saw people had been provided with access to meaningful activities.

Improvements had been made to how people's medicines were managed and administered.

Governance systems were not always used effectively to identify gaps in records or areas that required further investigation.

We have made a recommendation about the service's audit systems.

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

Rating at last inspection: Requires Improvement (report published February 2018). This service has been rated Requires Improvement at the last two inspections.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Clarence Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The team consisted of one inspector, one specialist advisor who specialised in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was completed by one inspector.

Service and service type:

Clarence Park is a nursing home. People in nursing homes receive accommodation and nursing or personal care. 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: The inspection was unannounced on the first day and announced on the second day.

What we did:

Before the inspection we reviewed the provider information return (PIR) that contained information about the service gathered by the registered manager. We reviewed feedback from one healthcare professional and looked at statutory notifications that we had received from the service. Statutory notifications contain information about certain events, changes and incidents that we must be made aware of.

During the inspection we spoke with 12 people living at the service and five relatives. We spoke with seven members of staff, including the registered manager and the quality and performance manager. We reviewed six people's care and support records and three staff files. We also looked at records relating to the

management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

After the inspection, the registered manager sent us some more documents, including audits of documentation, a record of contact with professionals and an incident record.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- At the last inspection in December 2017 we identified that areas of medicines management and administration required improvement. At this inspection we found improvements had been made. There were 'prescribe as required' (PRN) protocols in place and an audit completed by a Pharmacist had not identified any areas for improvement.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place, details of how to whistle blow were included on posters throughout the service and staff spoke confidently about reporting abuse to the registered manager. Comments from staff included, "Yes people are safe, they are more than safe" and, "I would report it to the [registered] manager if abuse was suspected."
- The registered manager was working with the local safeguarding team when necessary and used a 'threshold support tool' to ensure that safeguarding incidents were raised consistently. Comments from people included, "I am looked after."

Staffing and recruitment

- Overall, staff members were recruited safely, this included undertaking checks with the person's previous employer and with the disclosure and barring service (DBS) to ensure that applicants were suitable to work with adults. We did review one staff file that did not contain a photograph ID however, it contained a copy of the staff members' birth certificate and the registered manager provided assurances that the ID had been seen and a copy requested.
- The service used a staffing dependency tool and had managed to maintain the levels of staff in accordance with the tool. A dependency tool helps allocate staff in accordance with the needs of people, for example assistance required to mobilise, eat and drink. However, feedback from staff members, relatives and people indicated that there were times they felt more staff were required. Comments from staff included, "We need a lot more staff. I'd like to spend more time with them [residents]. It's pretty fast paced." One person said, "Always short [staffed]. I wait so long. Can be 30 minutes. Sometimes rushing around. They do what they can." During the inspection, we observed that staff were busy meeting the needs of people, including providing people with drinks, food and assistance to use the toilet".
- Some people spoke positively about staffing levels. Comments from people included, "I ring the bell and they are soon here" and, "I have to wait if they are seeing to someone else." The registered manager showed us that that they were monitoring calls bells and that the time taken to answer call bells was discussed during handover and at team meetings.

Preventing and controlling infection

- We observed staff members cleaning on both days of the inspection, using and changing their personal

protective equipment, including gloves and aprons, and the home was free from malodours.

- There were two laundry rooms, one was used to wash and dry non-soiled items and the other operated using a red bag system for soiled items.

Learning lessons when things go wrong

- The registered manager was using a monitoring system to review how quickly call bells were being responded to and this information was cascaded to staff members as required. The registered manager told us that responses to call bells had been quicker with monitoring in place.
- Accidents and incidents were recorded, and appropriate actions taken. For example, an incident of poor manual handling resulted in staff receiving manual handling update training.

Assessing risk, safety monitoring and management

- One person had a tin of thickener in their room that had been prescribed for another person. Thickeners are added to drinks to make them thicker and are usually used if a person is at risk from choking. There was a risk that if a person ingested unprepared thickener that person may choke. However, all other tins of thickener were stored safely, and the registered manager took immediate action to move the thickener.
- Risk assessments were in place that guided staff in how to support people. These were reviewed every three months; however, some gaps were noted in the completion of the forms. There was no evidence that this had affected people's care.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- We saw evidence that referrals had been made to dieticians and the speech and language therapy team (SALT).
- Overall, people spoke positively about the food. Comments from people included, "Cook comes around. I can't eat some of the food, so he always gets me something else." However, we did observe a person waiting 45 minutes for a member of staff to support them to eat their meal and we brought this to the attention of the registered manager. We were provided with evidence that this had been identified as an area for development and a recent 'dining experience audit' had been introduced to improve peoples' dining experiences.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate.
- People's capacity to make specific decisions had been considered where appropriate. We saw evidence that the service had worked with independent mental capacity advocates in line with best practice. Independent mental capacity advocates receive training and act as a 'voice' for people who lack capacity to make specific decisions.

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

- Prior to people moving into the home, the registered manager visited them and completed an assessment.
- Assessments included information about spiritual, health needs and family and friends. People were also asked to include information about what made them feel safe and secure.
- At the time of the inspection, the service was using a paper-based care planning and auditing system.

However, we saw evidence that an electronic care planning and auditing system was being introduced as a way of improving and developing the service."

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training, those new to health and social care completed the Care Certificate. The Care Certificate is a set of 15 standards that provide the minimum levels of information required for those working in health and social care roles.
- The registered manager and registered nurses had recently attended a training course about the use of covert medicines administration.
- Staff received regular supervision sessions and these included observations of competency.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with organisations and individuals to achieve positive outcomes for people, this included a weekly visit from the local GP.

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

- The environment was pleasant, and people had helped to personalise spaces throughout the home. For example, people had made flowers that were displayed in the reception area and ceiling tiles had been hand decorated with poppies and pond life.
- The service was designed to meet the needs of people, there were lifts and specialist baths so that people who could not mobilise were able to access the bath.

Supporting people to live healthier lives, access healthcare services and support

- People were being supported to access healthcare services. Comments from people included, "Staff took me to the dentist" and, "If I want to see the doctor, I tell the staff and they want to know why and then they will get him."

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

- People's consent was sought in line with legislation. When people lacked the capacity to consent, correct processes were followed to make a decision in the person's best interests, this included working with advocates and relatives to ensure that peoples' rights were being upheld.
- Members of staff were observed knocking on doors to peoples' rooms before entering, comments from people included, "They [staff] knock on the door and say are you ready to get up? If I say yes, they come on in or if I say no, they come back later."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed many kind and caring interactions for example, we observed one staff member saying, "Let me help you". Comments from people included, "[Staff] are very kind and caring" and another person said that staff members, "Listen and give me time to speak."
- There was an 'Equality and Inclusion' policy in place and this included a 'Zero Tolerance' approach to any abusive or violent behaviour.
- The service held an 'appreciation day' during national family week. The day involved staff, people and relatives celebrating achievements and having fun together. For example, one person was given the, 'The best tree drinker award' and all involved were provided with a certificate, trophy and small gift. This meant people were able to enjoy a social event together

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

- People's views were documented in their care records and people were involved in making decisions about their care. Staff members respected the choices that people made, even if they may be considered by some as unwise decisions.
- The service displayed 'thank-you' cards in a communal area. Comments from the cards included, "I want to thank-you for all of the care and affection you have given [person's name] over the last three months."

Respecting and promoting people's privacy, dignity and independence

- The service had recently introduced 'lipped plates'. This meant that people could eat without using plate guards and this promoted dignity.
- When people were receiving assistance with personal care, the doors were closed to ensure that the person's privacy was respected. Comments from people included, "[Staff] will always pull the curtains and close the door if giving me a wash."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The service had received one complaint and two concerns during 2018. The responses to complaints and concerns were prompt, comprehensive and action taken as required.
- People we spoke with told us that they would complain as required, comments from people included, "All the staff are approachable. I would ask any of them if I had a problem" and, "I go straight to the manager". Details of how to escalate complaints to external agencies were clearly displayed on the walls and included in responses to complaints.

End of life care and support

- The service considered, and documented peoples' wishes for end of life care in their care plans, this included information about what was important to the person and the types of treatment that they may wish to receive.
- We saw examples of how the service had worked to ensure that people with no loved ones had their wishes performed after they had passed away. This included ensuring that a person was cremated, with a religious service and a ceremony that included the person's favourite music. The registered manager told us, "I'm proud to say that we are advocates in life and death."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's preferences and interests were documented, and activities developed according to these. For example, the 'resident of the day' was offered a deep clean of their bedroom, review of their care plan and their choice of day out. One person had been supported to attend a 'drinks tasting day'. The service had supported a person to develop and lead an exercise session and these sessions were advertised in the home
- People personalised their rooms with various objects, including pictures, ornaments and soft toys.
- People were referred to by the number of the room that they were living in and we observed this during our inspection. One person said, "I don't like to hear them speaking about room numbers instead of people's names. However, the service told us that room numbers were used instead of names as a way of protecting peoples' confidentiality."

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were not consistently used to identify gaps in records. For example, we found that two audits had incorrectly identified that all sections of the record were complete when they were not. The registered manager contacted us after the inspection to inform us of actions they had taken to prevent a reoccurrence.
- One person required a diet of soft food. However, the person's care plan included prompts for care staff to offer biscuits and crisps. When asked, one member of care staff and one registered nurse provided different information about what may be appropriate for the person. This meant that there was a risk the person may choke on food that was not appropriate as part of their modified diet
- Systems had not identified that there were gaps in recording whether people who required repositioning were being repositioned in line with their care plan, particularly at night.
- Environmental checks had not identified that there were two cupboards containing electrical equipment and signed 'high voltage' that could not be locked and were accessible to people. However, locks were fixed to these doors during the inspection.

We recommend that the provider reviews the completeness and accuracy of the audits systems in place to check the effectiveness of these audits.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had knowledge about the people living at the home. For example, they told us one person, "Liked to do crosswords and read the newspaper."
- Care plans included the 'This is me' document produced by the Alzheimer's Society, this document is used to record who a person is and what is important to them.
- The registered manager was clear about their responsibilities and was enthusiastic about their role. Comments from staff included, "[Registered manager's name] has a passion for the residents" and, "[Registered manager's name] really puts their heart and soul into this."

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

- The service facilitated meetings with people and sent out questionnaires, where issues had been identified these had been addressed. The service had worked with relatives to develop and improve the questionnaires. There was a suggestions box situated by the front door so that concerns and feedback could

be raised anonymously if required.

- The service was proud that five 'excellent' and six 'good' reviews had been recorded on carehomes.co.uk since 2016

Continuous learning and improving care

- Staff told us that the registered manager welcomed their feedback and ideas for change. Comments from staff included, "[Registered manager's name] is open to ideas and not scared of change if needs be" and we saw that suggestions from staff members had been introduced to the service, for example the use of food moulds to make pureed food appear more presentable.

Working in partnership with others

- The service had worked with local school and children had visited the service to sing.
- All staff and relatives were considered as "Friends of Clarence Park" meaning that they were involved with the development of the service and implementing new ideas.