

Mr & Mrs C G Thrower

St Clare Rest Home

Inspection report

14 Park Lane
Southwick
Brighton
East Sussex
BN42 4DL

Tel: 01273591695

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Ratings

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

Summary of findings

Overall summary

About the service: St Clare Rest Home is a 'care home'. It provides personal care for up to 18 older people with physical health needs. There were some people living with dementia. The home also provides respite services for people who want to stay at the home on a short-term basis. On the day of our visit there were 14 people living at St Clare Rest Home, 12 people were living there permanently, and two people were living there on respite.

Accommodation was provided over three floors. Communal areas included a lounge, a dining space and a library. People had their own rooms. People had access to gardens at the rear of the home.

At the last inspection, we found the registered manager had not displayed the previous rating in line with our guidance on their website. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. At this inspection, the provider had a new website. The previous rating was displayed clearly on the premises and on their website.

People's experience of using this service:

People told us they felt cared for and we observed friendly interactions between people and staff. Staff respected people and enabled people to be independent. A person told us, "I've always been treated with respect, it's my home."

There was a positive culture where staff and management took pride in the care and support they provided. There were sufficient staff to meet people's needs, to give the support they needed and to spend quality time with them.

People's medicines were managed safely. Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. People had access to a range of healthcare professionals and services. An admission avoidance matron told us, "There is good communication between staff. They know the people well. Staff know when to call us for help."

People were safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately. Staff knew how to keep people safe in an emergency, such as a fire.

People were supported by staff whose suitability was checked through a robust recruitment process. Staff completed relevant training and were experienced in their roles to provide effective care to people. Staff told us they felt well supported, received regular supervisions and an annual appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. People had a range of structured activities available. People were supported to maintain relationships that were important to them.

Care plans guided staff about people's needs and how to meet them. Staff supported people to be involved in decisions about their care. No-one living at the home required end of life care at the time of the inspection, staff spent time with people to understand their end of life wishes which were recorded.

Staff, people and relatives told us they were given opportunities to give their views on the service and felt confident that feedback was listened to and acted upon.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Requires Improvement. The last inspection report was published on 1 May 2018.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

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 well-led.

Details are in our Well-Led findings below.

Good ●

St Clare Rest Home

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 inspection was carried out by one inspector 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.

Service and service type:

St Clare Rest Home is a 'care home'. It provides personal care for up to 18 older people with physical health needs. There were some people living with dementia. The home also provides respite services for people who want to stay at the home on a short-term basis. On the day of our visit there were 14 people living at St Clare Rest Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports, the annual provider information return and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to

focus on during our inspection.

During the inspection we looked at:

- Notifications we received from the service
- Two people's care records and three people's medicine records
- Records of accidents, incidents and complaints
- Staff files and training records
- Audits and quality assurance reports

During the inspection we spoke to:

- Five members of staff (registered manager, deputy manager, kitchen manager, a carer, a senior carer, a housekeeper)
- Six people using the service; two relatives

After the inspection;

We received feedback by email from a pharmacist, an admission avoidance matron and a chiropodist. They gave us permission to quote them in this report.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise the signs of abuse. Staff understood how to report concerns. People told us they felt safe. A relative told us, "<Person> has been here 12 years and we've never had any concerns for her safety or wellbeing."
- A chiropodist told us, "When visiting, the home always seems to be a very happy and safe environment."

Assessing risk, safety monitoring and management

- Risks to people for example mobility and falls, skin integrity and room safety were fully assessed and recorded.
- Where people required monitoring due to a health condition staff completed this monitoring, for example one person required being weighed in the morning before they ate due to a heart condition, records showed that the person was weighed every morning and their fluid and food was monitored. Staff knew when to seek help if they saw a change in the person's weight.
- Staff completed mandatory training such as first aid and health and safety.
- Staff knew how to keep people safe, including in an emergency. Staff completed training in fire safety, fire extinguisher and being a fire warden. Since the last inspection the provider had an external fire risk assessment and had fitted new detectors and fire alarm system. An emergency grab bag was available to staff with people's personal evacuation plans. Fire drills took place.
- The provider had sufficient health and safety arrangements. Checks were made by suitably qualified persons of equipment such as the gas heating, electrical wiring, fire safety equipment, fire alarms and the lift. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. The procedures for the prevention of Legionella were checked.
- People had call bells in the room and some people had alarm pendants they wore. Records showed that staff checked with people they understood how to use their call bell. We spoke to people who showed us how they used their bell and pendants to get help if they needed. A person told us, "I feel very safe. I wear a pendant and there is a quick response to the call bell." Another person said, "They look in every two hours at night, providing you agree of course. During the day staff check regularly to see you are all right. I slipped in the night and rang the emergency bell, it was all dealt with well, they checked I wasn't hurt before doing anything."

Staffing and recruitment

- We observed, and records showed that there were enough staff to meet people's needs. A person told us, "You can always rely on things. I'm never left stranded and am well taken care of. Staff don't rush me... You never wait a long time." And a relative said, "The staff are good quality and there are enough of them."
- Staff told us that the registered manager had listened to their feedback about staff numbers during the

morning and increased numbers of staff on the rota.

- Robust recruitment systems continued to ensure that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care.

Using medicines safely

- Medicines were stored, and staff managed medicines safely. We observed staff giving medicines to people and saw that staff were discreet and did things at each person's pace. Staff had protected time to complete this task.
- Where people had as and when needed (PRN) medicine staff understood how to support this person with their as and when needed medicine. Staff knew how to record when they had given as and when needed (PRN) medicine. A person who had pain relief as PRN told us, "There's no problem with pain control, I just have to ring my bell and ask for it."
- Staff were trained to give medicines. Staff told us that they shadowed established staff and were observed giving medicines three times before giving medicines unsupervised.
- People were able to administer some of their own medicines where this was assessed to be safe. Staff told us, "<Person> does their eye drops. We watched the person do their eye drops, we talk to the person and to their family. We want to promote independence and it's important people feel at home when they live here, they would do this themselves if they were at home, so if they are safe to then it's important we enable them to do that."
- A person who uses their own inhaler, they told us, "I have medicines given to me, but I keep my inhalers on me and tell them when I need a new one to be ordered."

Preventing and controlling infection

- People were protected from infection. Staff were observed washing their hands and using appropriate protective equipment such as aprons and gloves for example when serving meals or giving medicines.
- The home was well presented and clean. Staff were trained in infection control and food hygiene.
- A relative told us, "The environment suits her well and is always clean."

Learning lessons when things go wrong

- Staff recorded accidents and incidents such as falls. Records showed that the registered manager had analysed falls. Actions had then been taken to reduce the likelihood of the same thing happening again such as involving the person's GP, referring to falls team or assessing the person's mobility needs.

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

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

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection no people were subject to DoLS.
- People's care plans were personalised with information relevant to the care and support provided. People's needs were regularly reviewed or as and when their needs changed

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

- People's needs continued to be assessed before they came to live at St Clare. People told us they were involved in developing their care plan before they moved in, a person said, "We had a long talk with <registered manager>, going through our needs and what we wanted from the home. We feel we have made a good choice; the care is as agreed." Another person told us, "A staff member came and asked questions about me and my care when I was new."
- We checked whether the service was working within the principles of the MCA, we found the service was compliant. Staff understood the principles of the MCA. Staff supported people to make decisions and staff respected people's choices. A person told us, "I choose to spend all day in the sitting room. But when I had an eye infection for two weeks I didn't feel like it and I stayed in my room. You can go where you like."

Staff support: induction, training, skills and experience

- Staff were knowledgeable and well trained. Staff were supported by frequent supervision and annual appraisals.
- A person told us, "The staff are all very good. Considering the things, they have to do, they are always light-hearted and they all have the skills for looking after me. I'm amazed how good they are looking after me."
- Staff told us they have access to a range of training. Staff completed mandatory training such as moving and handling and mental capacity and were encouraged to do additional training and professional development. Staff completed the Care Certificate and were encouraged to pursue further training such as Diploma in Health and Social Care; these are work-based training qualifications.
- The deputy manager said, "I love it here, I've been well supported to develop within the organisation, I've completed my level 5 diploma." A senior carer told us, "We're such a close team, staff morale is good, and we're well supported."

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

- People had sufficient to eat and drink and people told us they enjoyed the food. One person told us, "The food is excellent." And a relative said to us, "He likes the food a lot."
- A person told us, "The meals are always right on time. They are well cooked, and they can usually offer an alternative if wanted. I have breakfast delivered to our room which was my choice and after my hospital stay, I had all my meals in the room for three weeks."
- Another person said, "I tried having my meals in the dining room but I didn't like eating with other people and so I asked to have my meals in my room. There has been no problem about that and I like how my meals are served. At tea time they ask me what I fancy, and they do it. All the meals are good. I know all the staff are told I mustn't have any dairy food and they make sure I eat the right things."
- Staff knew of people's allergies, dietary needs and preferences and how the kitchen staff accommodated these needs. The kitchen manager told us, "A new person moved in recently and they like a beer every other day, so we've done that for him."
- The kitchen accommodated needs such as coeliac, food-controlled diabetes and lactose intolerance. Where people had dietary requirements due to cultural or religious needs these were accommodated.
- Kitchen staff and carers recorded how well a person had eaten, what they had liked or disliked. Kitchen staff reported any concerns to carers. Kitchen staff used the resident's meetings to ask for people's feedback about the menu and take any requests.
- People were supported to have drinks and snacks throughout the day. A chiropodist told us, "I always notice the staff are very attentive to the residents, asking if they need drinks etc."

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

- People were supported by having access to a wide range of health and social care professionals, for example speech and language therapist and district nurses.
- A pharmacist told us, "I have always found the staff and management at St Clare's very professional. They are very caring and organised. My interactions with anyone from the home has always been positive."

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

- The home was adapted to meet the needs of people, for example the home had a regularly serviced lift. The home had a garden that people told us they used.
- Rooms were personalised with people's photographs and items. People were able to bring in their own furniture and personal items when moving in. The registered manager told us that they have been redecorating rooms and offering to people to have their rooms redecorated however if a person did not want this done this was respected.
- People were supported with any equipment or devices they needed. For example, a person told us, "They have supplied a special cushion for my chair and it is much better for my back."

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

- Records showed that staff liaised with other agencies such as local authority and health professionals.
- People and relatives told us that people had access to a range of health professionals when needed. A relative told, "<Person> was unwell recently. They phoned us straight away and got the doctor in the same day. They maintained good information all the way through her illness. I've seen them work well with the district nurse in the past."
- A person said, "All my needs are covered. I need a lot of help with my mobility. It's never too much trouble for any of the staff to assist. Another person told us, "I have to keep up with practising my walking with a frame. All the staff know I have to do it. When the cleaner comes into my room is a good time to do it."

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

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

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

- People were supported by a small well-established staff group that knew people well and treated people as individuals. An admissions avoidance matron told us, "Staff go above and beyond for their patients. There is an attitude of true caring, and the staff are there for the patients." A senior carer told us, "It's such a happy place, it's a home from home."
- People told us they felt well cared for. A person told us, "Everybody knows me, and staff look in all through the day to say hello." Another person said, "The care is good. Anything we ask for they do, and all in such a good spirit. Staff are cheerful and willing."
- People were supported to socialise and make new friends in the home. People told us that when a new person moved in, even if it was for respite, they are introduced to everyone in the lounge. A person told us, "I choose all the time between being in my own room or in the sitting room. I like to spend time with the others and have made a good friend." A relative said, "It's a very nice atmosphere. He seems to enjoy contact with all the staff and they are good at encouraging his contact with other people in the home, which has become important to him. All the staff interact and show a very human side to caring."
- People were supported to maintain relationships that were important to them for example a married couple lived together and had a room with an en-suite, they told us this helped them to feel independent and supported transitioning from living at their previous home. Visitors were made to feel welcome, a person said, "The staff help my visitors to feel at home when they come, they always supply tea and cakes and offer any other assistance to make sure the visit goes well for them and me." Another person told us, "The library is a useful room with visitors or just as somewhere for a change."
- Staff knew who they were keyworker for and what they did for the person, for example spending time talking, check their room is nicely presented for them or doing some shopping for them. A carer told us how being a keyworker for one person has helped the person to achieve good outcomes, the carer told us, "I got to know the person and gained their trust, they didn't feel comfortable being supported to wash and after time with them they now have a shower with me supporting at least once a week."
- Staff completed equality and diversity training and were supported by an equality and diversity policy. The registered manager was committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. Staff told us that diversity was celebrated at the service and that the registered manager and staff were proactive in meeting and respecting the needs of staff with protected characteristics.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were assessed and recorded in people's care plans.
- Two people living at the home have visual impairment. Staff told us how they supported people with visual impairment, for example they have equipment they need to hand such a white stick and staff told us

how they helped people until they are oriented in the home. A person with a visual impairment said, "I think they understand what it means for me not to be able to see. They support me with my feelings about that. The environment is also good for me to get around."

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

- People told us they were involved in writing their care plan and in making decisions about their care.
- A relative said, "The family were involved in giving information for care planning. The home has been very clear about what can be provided."
- People told us they were supported to make choices and decisions. A person told us, "I need some help with personal care. I feel in control, they explain what they do." Another person said, "This is a lovely home and it's all down to the staff, creating the right atmosphere for us just to be ourselves."
- Another relative told us, "Residents are very involved in choices about what they do, such as what they eat and how meals are served."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff encouraged independence. A person said, "They must be well trained because as I get more confident they still need to be near me, but they encourage me to do what I can." Another person told us, "I feel I'm living my own life, in my own room, and I'm supported in that."
- A staff member said, "Promoting independence is important, for example with washing, I'll encourage the person to do what they can, and I'll help where they need support, such as their back." A person said, "I keep my independence by making my own hair and chiropody appointments and using my tablet device and other technology. Most things I need help with, so it's important to control what I can and staff respect and support that."
- People's privacy was upheld. A person told us, "There is plenty of opportunity for privacy and staff respect that." A carer said, "When delivering personal care, I close the door and the curtains, I'll make sure certain parts of the person's body are covered while we're doing tasks to uphold their privacy and dignity."
- People's confidential information was kept secure by staff. Staff had locked cabinets where they could keep information safe. Since the last inspection the registered manager had updated their data protection policy.

Is the service responsive?

Our findings

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

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

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

- People were supported by staff that knew them well including their needs, preferences and interests. People had access to a structured activities programme. People were offered activities such as keep fit, visits from local nursery groups, music and wine afternoons, quizzes, afternoon teas and bingo.
- A carer told us, "The entertainment is great, there's always something going on. We love to make a fuss of people's birthdays and special events."
- A person said, "We have entertainments; there is plenty to keep us occupied. We will have skittles this afternoon, we get a programme to show what is planned."
- Another person told us, "I go in the lounge for entertainments and sometimes to the dining room for meals. They facilitate whatever I choose. They have found someone to come in as a volunteer and play Scrabble with me. I enjoy having the children in, it's a joy and the music and quizzes."
- Another person said, "We spend a lot of time in our room and go downstairs for activities. We will have skittles today. There's something for everyone, like carpet bowls, bingo, quizzes and singing, it's all fun. We get a monthly programme, there is something most days. We have used the patio garden, chatting to other residents. Once they were playing music out there and we had tea and cakes. I can't think of a downside to living here. It's a great atmosphere, people talk to one another."
- A relative told us, "There is always something going on. We see various activities and entertainments and get sent a plan for every month." And another relative said, "At Christmas several families visited together, and we used the library as a family space; they arranged hospitality for all of us, it was a lovely occasion."
- People had access to a chiropodist and a hairdresser who visited regularly.

Improving care quality in response to complaints or concerns

- The service continued to be prompt and were thorough in dealing with complaints. People and relatives knew how to make a complaint. Records showed that staff communicated openly with relatives and met with relatives to discuss issues at an early stage.

End of life care and support

- At the time of the inspection, no one required end of life care or support. Staff told us they were trained in end of life care and that they had supported people to die at home previously.
- The registered manager had end of life care objectives for the service, for example "each person is an individual" and "each person's wishes are respected." The registered manager had also collected information to signpost staff for when they needed support with end of life care or advanced planning. The registered manager told us they wanted to prepare staff with the right training and information for when it was needed.
- People's preferences were recorded, such as funeral preferences including music they would like played and their spiritual or religious needs. Where people did not wish to discuss their end of life choices this was

respected.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection, we found the registered manager had not displayed the previous rating in line with our guidance on their website. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. At this inspection, the provider had a new website. The previous rating was displayed clearly on the premises and on their website.
- The registered manager understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed.

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

- The registered manager and all staff consistently demonstrated their value of running the home like a family. There was a positive culture where staff and management took pride in the care and support they provided. "It's homely and happy here. I feel well supported by the manager and owner."

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

- Staff, people and relatives told us they were given opportunities to give their views on the service and felt confident that feedback was listened to and acted upon.
- We saw records of resident meetings. Minutes showed that the registered manager updated people about staff changes and asked for feedback about activities and menus. A person told us, "All the staff are friendly and helpful. New ones are introduced to us and are just as good."
- Another person said, "We have resident meetings every month, they are part of the planned activities programme. But anyway, we can call on <registered manager> any time if there's a problem." Another person told us, "Through the residents' meeting I got a clock put on the library wall, it was done almost right away. I'm going to make a suggestion about the newspapers at the next meeting."
- People and relatives told us they knew who the registered manager and owner were, a person told us, "<Provider> is very involved, he comes in often and asks how things are."

Relatives told us they were asked their views on the service, a relative said, "We have done annual feedback surveys for them."

- The registered manager was committed to ensuring equality of opportunity and fairness to its staff and proactive in meeting the needs of staff with protected characteristics. The registered manager told us, "I

want staff to be happy to work here, their happiness at work is very important to me."

- An avoidance admission matron told us, "Lovely friendly home, that is caring and compassionate, for the patients as well as staff."
- Carer's told us, "We have good teamwork, we have a good senior team and the manager is easy to speak to if there are any problems", "We try to support each other, all staff get on well and the deputy and registered manager are hands on, they both step in to help too." And "The deputy and manager have given me more confidence with professional development."
- Staff told us they had regular team meetings, supervision and an annual appraisal. A housekeeper told us, "We have staff meetings and supervisions, it's a supportive environment to work in and all staff are approachable."
- Staff consistently shared how they enjoyed their roles and took pride in their work. A kitchen manager told us, "I like my job, I've been here 14 years, one person's been here 15 years, so we know each other really well." A housekeeper told us "I love working here." And a senior carer said, "It's nice getting to know people, what they have done in their lives, their preferences, likes and dislikes, people tell us as much or as little as they want of course which is respected."

Continuous learning and improving care

- The registered manager and deputy manager carried out a range of audits to monitor the quality of care and to identify improvements. Records showed that staff carried out audits for example in medicines, maintenance and infection control.
- The registered manager showed us a new audit template they were implementing that identified actions and formed an audit action plan. We will be able to assess how effective this is in our next inspection.

Working in partnership with others

- Records showed that staff worked in partnership with each other and with external professionals to ensure that people's needs were considered and understood so that they could access the support they needed.
- A pharmacist told us, "I have always thought St Clare Rest Home is one of the most caring and friendly homes I have worked in and I have recommended St Clare many times when asked about care homes."