

St.Clair Care Limited

St Clair House

Inspection report

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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

St Clair House is a residential care home providing personal care to up to 25 people. The service provides support to people requiring care and support. Some people were living with dementia. At the time of our inspection there were 23 people using the service.

People's experience of using this service and what we found

The provider had systems in place to protect people from the risk of abuse and people told us they felt safe.

Risk assessments were completed to help identify and minimise risks to people. Staff had been recruited safely and there were enough staff to respond to people's needs. Systems to manage medicines were judged as being safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Incidents and accidents were managed safely. The registered manager took necessary action to keep people safe and minimise the risk of reoccurrence. Steps were taken to learn lessons if things went wrong.

Health and safety checks of the environment and equipment were in place. There were certificates in place to support this. Systems were in place to support people in the event of an emergency.

We looked at infection prevention and control and found we were assured that the provider was protecting people, staff and visitors from the risk of infection.

Staff told us they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training, and this helped ensure all staff received the training and updates needed to provide safe consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by the registered manager and senior staff.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities as a registered manager.

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

Rating at last inspection and update

We registered this service on 7 January 2021 and this was the first inspection. The previous provider rating for this service was good published (20 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Clair House Limited our website at www.cqc.org.uk.

Notice of inspection

This inspection was announced.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

St Clair House

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 team consisted of one inspector.

Service and service type

St Clair House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be available and there was full access to records. We visited the service on the 28 January and 1 February 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the

provider is required to tell us about. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, 8 staff, 4 residents and 3 visitors. We reviewed a range of records. This included 3 people's care records. We checked 3 people's medicines records and looked at arrangements for administering, storing and managing medicines. We looked at 2 staff recruitment files. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns. People told us they felt safe living at St Clair House Limited. They said, "I do feel very safe living here" and "The staff are so kind and patient. Yes, I feel safe."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- People's risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care.
- Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Risk assessments were detailed and up to date. They covered areas such as skin integrity, personal care, mental health, behaviors' and falls risks.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.
- Equipment and utilities were regularly checked to ensure they were safe to use.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security. The medicine refrigerator temperature was stable and monitored daily.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- Where people required medicine's which required stricter controls, the services systems were in place to safely manage them.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported in care plans and then followed up on the medicines record.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service had systems in place to support visits from families and friends. Protocols were in place to support any disruption due to Covid-19 outbreaks.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us they supported any gaps in shift rotas. One staff member said, "We are happy to cover shifts when we can. It's a very supportive team".
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored. Staff were supported into their role through an induction programme and working alongside experienced staff.
- A Disclosure and Barring Service (DBS) check was completed for all staff prior to their appointment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Potential new referrals were assessed to ensure people's care needs could be met by the service. People and their family, together with reports from health professionals contributed to the assessment, which included a person's presenting need and people's preferences and routines.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice. We saw evidence in records where changes in care and support had occurred following the advice from health professionals. For example, use of equipment and change in a person's food and drink intake.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

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

- The service was clean and well maintained.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste. A relative told us, "[Person's name] room is so cosy and there are lots of personal photographs which helps [person's name] remember the family and family events".
- Access to the service was suitable for people with reduced mobility and wheelchairs. Equipment was in place to support people to move around and access the upper floor. There was an appropriate range of equipment and adaptations to support the needs of people using the service.
- There was a system of continuous decoration and upgrading rooms as they became available.
- There was a rear courtyard and garden for people to use. The weather was not conducive to being outside on the day of the inspection, but staff told us people were often encouraged to sit in the garden during the better weather. However, one person was observed walking around the grounds. The registered manager told us the person did this daily as part of their routine.

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

- People were provided with healthy meals which they enjoyed. Staff were aware of people's needs and preferences in relation to what they ate and drank. One person told us, "I love the meals here. Very good. Just what I like. Home cooked food".
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day. Staff supported people individually in their rooms where they needed support to eat and drink. We observed staff making regular welfare checks. A relative told us, "[Person's name] likes the fact that staff are there at the press of a button".

- We observed lunchtime service. People were offered choices of what to eat and drink. The food provided was well presented. Staff supported people who required assistance in a kind, respectful and dignified way. They gave people time to eat and drink at their own pace. It was clear staff understood people's likes and dislikes.

Staff support: induction, training, skills and experience

- Staff were supported by a system of supervision and training. Staff told us they felt well supported and received the training they needed to carry out their roles effectively. A member of staff told us, "The manager is very supportive. Besides formal meetings the office door is always open for us".
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. One member of staff told us, "I think it was thorough. We don't do anything unless the manager feels we are competent."
- Staff competency was checked so the management team could be assured they were completing their duties in line with training and good practice guidelines. Staff told us, "I feel supported and up to date with training".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- People's health conditions were well managed, and staff engaged with external healthcare professionals including occupational therapists, physiotherapists and dementia liaison nurse.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently wherever possible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Families were encouraged to be involved in people's care plan reviews.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- Staff cared for people with compassion and respect. Relatives told us they were happy with the care and support provided to their family members. They said, "This was such a good move for [Person's name]. The staff, all of them are very good," and "[Person's name] has settled well and we [family] have peace of mind".
- Throughout the inspection, we observed positive interactions between staff and people using the service. It demonstrated staff had developed good relationships with people and knew their care and support needs well. Staff provided gentle reassurance and sat with people if they became unsettled or upset.
- Equality and diversity was embedded in the principles of the service. Staff received training in this area and understood how people should be protected against discrimination. Staff understood the importance of people's diversity, culture and sexuality and managed their care needs in a person-centred way. A staff member told us, "We all have our own ways and we respect that".
- Staff knocked on people's doors to seek consent before entering. Discussions about people's needs were discreet and conducted in private. Personal care was delivered behind closed doors and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene. People were assisted with make-up, jewellery and nail care and were aware of people's personal likes and dislikes.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose where and how they spent their time. They could get up and go to bed at a time of their choosing. One person admitted had chosen to remain in their room until they felt confident to use communal areas. Staff fully understood and supported this.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and provided personalised care.
- The service had almost completed the transition of changing the care planning system from a paper based one to an electronic plan. We reviewed the electronic records. Staff told us they had got used to the system and found it was an improvement. One staff member told us, "We have got used to this now and its much quicker. We can record tasks as we do them".
- Care plans recorded people's needs and preferences. These were reviewed monthly or as people's needs changed. A relative told us the registered manager kept them up to date with any changes. For example, if their relative required a GP visit or there had been a change in their wellbeing.
- Where possible people and their relatives were involved in the development and reviewing of their care plans. A relative told us, "Yes, we are involved if we want to be". The registered manager told us it was planned for relatives to access an area of the care plan electronically in order to see the live record. This would be password controlled and monitored to ensure it met with current data protection legislation.
- Staff were updated about people's changing needs through effective shift handovers and notes written each day about people's physical and emotional well-being. This helped ensure people received consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities both in the service and the community. Some people chose to take part in group activities. Some people preferred one to one activity in their rooms.
- Care plans recorded information about people's interests, past hobbies and how they enjoyed spending their time. For example, some people had worked locally in the same mining industry. Staff were aware of this and attempted to engage them in conversations about their work experiences.

- Where people chose to stay in their rooms staff called in regularly to check on their welfare and have a chat, which helped to prevent them from becoming socially isolated.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People told us they would be confident to speak to management or a member of staff if they were unhappy.

End of life care and support

- The service provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from GPs and district nurses.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The management team understood their roles and responsibilities. The registered manager was responsible for the day-to-day running of the service and supported in this role by the deputy manager. There was good oversight by operational managers and the provider. This ensured the service operated an open and transparent management engagement system. The registered manager told us resources were made available to them when they needed items. For example, a service car enabled people to attend appointments.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. Outcomes were reported to and monitored by the provider. Operational managers and the provider were always available for support and guidance. They also made regular visits to the service to support the registered manager. Systems were in place to look at how the service should be developed.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service. Important information about changes in people's care needs was communicated at staff shift handover meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had systems in place to positively engage with all stakeholders. People were encouraged to give feedback via surveys and relatives were engaged with during visits. The registered manager told us this was important so they could identify any issues and respond immediately. Relatives told us they were always made to feel welcome and raise any issues. They told us they felt confident in the management of the service. A relative told us, "This is new to us but I am confident [person's name] is in the right place".
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.
- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the staff team and staff told us they felt supported by the management

team. A staff member told us, "[Managers name] has always been supportive." A relative told us they found the manager and staff to be supportive. They said, "I visit most days and am always made to feel welcome".

- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People told us they were satisfied living at St Clair House Limited; their care needs were met, and they felt well supported by the staff team. One person told us, "Living here is lovely. Look at my room and everyone is so kind."
- The service's policies and procedures were constantly being reviewed and updated to ensure they reflected best practice.

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candor. Relatives were kept informed of any changes in people's needs. Relatives confirmed this. They told us the registered manager always keeps them updated.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Continuous learning and improving care

- Systems used to assess and monitor the service provided were regularly evaluated and improved. This helped to ensure the provider and registered manager had a comprehensive overview of the service and knew where improvements could be made.
- The provider, operational managers, registered manager and deputy manager completed regular checks on the quality of the service. Action was taken when a need to improve was identified. Regular management meetings were held to support improvements to the service.
- Staff meetings took place regularly and staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.
- Referrals were made for people to relevant professionals when required for specialist advice and support.