

Belgravia Care Home Limited

Clarence House

Inspection report

1 St. Thomas Road
Lytham St. Annes
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Tel: 01253728885

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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

Clarence House is a residential care home providing personal care to up to 20 People. The service provides support to people with varying needs, including some people living with early onset dementia. At the time of our inspection there were 15 people living in the home. The home had a large lounge with separate dining room, a conservatory and activity room which people could use. A laundry and kitchen were located on the ground floor and there was lift and stair access to the upper floors.

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

Staff kept the building clean and tidy and maintenance checks were in place and up to date. Staff were observed wearing appropriate personal protective equipment (PPE) as stated by the latest available guidance. Recruitment procedures were in place and staff told us checks were done prior to them starting their employment. There were sufficient staff to care for people. One staff member said, "We all muck in and have enough of us around to support people." Safeguarding training was mandatory, staff were aware of the processes to follow to enable people to be safe. Risks were assessed in detail and monitored to ensure individuals safety and promoted their independence within a risk framework. People received their medicines safely.

The registered manager had a training programme to support staff to improve their skills and knowledge. 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. The management team had systems to reduce the risk of malnutrition and monitor people's food and drink intake to ensure people received appropriate care.

We observed staff spent time with people and comments found staff to be caring and treated people with respect and dignity. One person said, "They are all lovely people."

Activities were varied and people had choices. A relative said, "There is always something going on in the afternoons.", There was complaints process which people and relatives were aware of and they had information about the procedure to follow.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service.

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

The last rating for this service was requires improvement (published 24 October 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out an announced inspection of this service on 11 July 2023.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the key questions, safe, effective, caring, responsive and well led.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

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.

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 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 ●

Clarence 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Clarence House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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.

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

Notice of inspection

This inspection was an announced inspection we gave the provider 24 hours notice to ensure the management team were available. The inspection activity started on 11 July and ended on the 14 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the home, this included notifications sent to us by the provider and information passed to us by members of the public. The provider had previously completed the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at Clarence House, a relative, 4 members of staff, the deputy manager and registered manager. We observed staff interaction with people, also, we reviewed a range of records. These included care records of people, medication records, and two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at quality assurance systems the provider had in place and staff training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team had recently updated processes to manage people's safety and reduce risks. Risks to people and the service were assessed and managed. These included for example, medication and nutrition. This helped to protect people's safety and mitigate risks.
- Risks identified by the fire and rescue service had now been addressed and a recent fire risk assessment completed to reduce the risk of harm should there be a fire.
- We found lifting equipment, and maintenance checks had been completed and renewed when required.
- Testing of the gas and electrical installations had taken place and portable equipment had been tested for safety prior to use. The provider had taken action to address any concerns.
- The management team discussed incidents with staff as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible.

Staffing and recruitment

- Sufficient staff were deployed to ensure people were cared for in a timely manner and support their independence. One person said, "The staff are good and more of them about."
- Staff recruitment processes were thorough. Staff spoken with confirmed this. Pre-employment checks were completed to help ensure suitable people were employed.

Using medicines safely

- Records for the receipt, administration and disposal of medicines were kept. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required. People received their medication safely by trained staff.
- Auditing processes to monitor medicines and identify any issues and act upon them so that people were kept safe were seen to be effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.

- The provider was making sure infection outbreaks could be effectively prevented or managed. The provider was facilitating safe visiting. This meant people could visit their relatives all days of the week in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them.
- There were effective safeguarding processes in place. The management team and staff had a good understanding of safeguarding people. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of safeguarding adults which was now updated. Records confirmed this.

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.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant 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 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.

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.

- Mental capacity assessments and best interest decisions were completed and recorded.
- Staff now had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. We saw evidence of this in care plans.
- The registered manager was aware of the process to submit applications for DoLS authorisations, as appropriate.

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

- Accommodation was accessible, safe and homely. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- Some refurbishment for the premises had been completed. One person said, "It's a lovely old building that is kept well by the staff and management."
- People were able to bring their own items and personalise their rooms as they wanted to. We saw good examples of this where people had put up family photographs, furniture and ornaments that were special and individual to them.

Staff support: induction, training, skills and experience

- Staff were competent and knowledgeable. Access to training programmes was good to ensure staff were

appropriately trained. Each staff member had been provided with a training programme which was ongoing throughout 2023 and 2024.

- A new formal induction process was in place when staff commenced work to support staff in their role.

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. The views of the people were also considered and written in their care records.
- People's care records reflected their current care and support requirements, and they were now being reviewed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People were provided with meals of quality and choice, comments we received evidenced this. One person said, "Good food, I had bacon butty today. Last night they brought me a cup of tea around 2 o'clock, because I couldn't sleep. Nothing is too much trouble."
- The registered manager had good systems to reduce the risk of malnutrition and manage people's food intake. They continued to focus on helping people to improve their nutrition in ways that offered choice and maximised their independence.

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.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity and independence and improved systems to enhance that. For example, more training was provided around, privacy and dignity issues. One staff member said, "We now hold handover meetings more privately and discuss individual circumstances on a one-to-one basis."
- The staff team were knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote independence. One person said, "I like to go out and do things for myself and the staff help me do that."

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

- Staff treated people with care, patience, respect and kindness. We observed warmth from staff towards people and conversations were friendly and not rushed. We observed staff taking time to stop and offer help and conversation or reassurance to people. Comments from people were positive and included, "Staff are so caring and kind, they help me all the time." A relative said, "When coming here I notice the kindness and patience the staff have with all the people."
- The registered manager concentrated on building and maintaining open and honest relationships with people. One person said, "The management are always around and approachable, they treat you with kindness and patience."
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure people made their own choices with clothing and respected their views on how they dressed. Staff were aware of people's religious, cultural and social needs and celebrated them appropriately.

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

- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions if wherever possible.
- People told us they were involved in making decisions about their care and what was best for them. Evidence of consent obtained from people were written in care records we looked at.
- People had choice and control in their day to day lives. There were informal residents 'chats' where people were encouraged to provide their views on the running of Clarence House.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection, this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

At the last inspection the provider information was not available in the care plans to identify support to be delivered in a person-centred way to meet the individual needs and preferences of each individual. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act (Regulated activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Information was now available to show people's personal preferences. Written personal profiles focused on descriptions of people's preferences and support required. Each profile was individualised to the person.
- Information in daily records was written as an individual in their own record. For example, mealtimes were written for each person detailing their preferences and dislikes. A staff member said, "We have worked hard to ensure peoples information is recorded for the individual."
- People's care and support was centred around their choices and preferences.
- The registered manager and staff developed person-centred care plans to help people to meet their requirements and preferences. One person said, "They do involve me in what I need to make my life comfortable."

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.

- Records detailed where the individual had communication needs and what staff should do to ensure the person understood them as best possible.
- People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary. This meant the registered manager and staff ensured people's communication were met daily.

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

- The management team kept a record of activities people had undertaken. There had been a variety of

activities both individual and group events. People were supported to follow their interests and take part in a range of activities both in the home and in the garden. For example, one person said, "I like the garden and they help me keep the flowers going." Also, another person said, "Activities every day, my mind is active and always lots going on for me."

- Staff encouraged people to maintain relationships that were important to them. One relative told us they felt welcome and appreciated by the registered manager and staff.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.

- One complaint was ongoing, and the registered manager was following their policy to respond to the issues.

End of life care and support

- Where appropriate end of life plans were put in place and staff had appropriate training. Training documents looked at confirmed this.

- Staff and the management team discussed and recorded people's end of life care wishes and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

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.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to operate an effective system to maintain oversight of the quality and safety of the service and ensure contemporaneous records were kept. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act (regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- During the site visit we found all risk assessments were updated or developed to manage and mitigate risk to people's health and welfare The registered manager had ensured a system of governance and oversight was in place to monitor and measure continuous improvement to people's care.
- The registered manager had introduced a number of auditing systems to maintain ongoing oversight and continued development of Clarence House. Systems in place supported the management team to address any issues or shortfalls to improve the home. A staff member said, "We have a system of auditing which is working well."
- Records held in care plans, handovers and in daily notes were contemporaneous and accurate. The registered manager and staff ensured the detail of what was recorded made them consistent.
- The registered manager and deputy manager were supported by senior carers and care staff who were well trained and understood their responsibilities for delivering care.

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

- There was a positive culture evident and from people spoken with. One person said, "We all get along well."
- People spoken with described a caring, relaxed environment to live in.

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

- The registered manager encouraged candour through openness. The management and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements. It was evident if any complaints were made, they would be listened to, and their concerns and worries would be

investigated. A new system had been introduced to enhance this.

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

- The registered manager encouraged people to provide their views and about how the home was performing.
- The management team held 'resident' and staff meetings for the exchanging of views and ideas.
- The management team were in the process of sending survey forms to people and their relatives to seek their views on how the service was performing. Returned surveys were positive and any negative responses would be investigated by the management team. One relative wrote, 'We honestly feel we could discuss anything with the management and get a satisfactory result.'

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required.
- The management team worked with other agencies and relatives to share good practice and enhance care delivery at Clarence House.