

Southey Care (Dorset) Limited

Clarence House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clarence House is a residential care home providing accommodation for up to 29 people who require personal care. Clarence House had been adapted to provide care to people across 2 floors accessible by a lift and stair lift. At the time of our inspection there were 19 people using the service.

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

Following our previous inspection, the provider and registered manager took the decision to restrict new admissions into the service and focus on improving the safety and quality of care for people already using the service. At this inspection, we found improvements had been made.

Since our last inspection improvements had been made to assessments of potential risks to people's health, safety and wellbeing. Where risks to people's skin integrity had been identified, care plans contained guidance for staff to follow and reduce the likelihood of harm. The registered manager acknowledged this work was ongoing and further improvements would be made.

The service had put new systems in place to ensure the safe storage and administration of medicines. Governance systems had been introduced to ensure the registered manager was able to identify areas of improvement and these had been effective.

A 'no blame', lessons learned, process had been introduced and had been effective at identifying what went wrong, how it went wrong and what actions could be taken to prevent it from happening again.

We received mixed feedback from relatives who felt there had been some improvements, however, did have concerns regarding the ongoing stimulation for people using the service. The registered manager was aware of this and told us staff had been recruited to focus on activities and were due to commence employment imminently.

Improvements had been made to recruitment procedures, and staff had been recruited safely into the service.

The home was clean on the day of inspection, and infection prevention and control standards had improved. The registered manager told us they now had more than 2 housekeepers to ensure the home was consistently clean to prevent the risk of the spread of infections.

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.

Staff told us they found the registered manager approachable and supportive. Relatives were not always

aware of when to raise their concern and did not always feel listened to. The registered manager was aware of this and showed us questionnaires that were due to be sent out to seek feedback about the service. The 'how to complain' process was resent to relatives, this was also visible when visiting the home.

Whilst we saw improvements were being made to provide a safe and well-led service, the service will need additional time to ensure their systems and processes become embedded and remain robust.

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 27 April 2023) and there were breaches of regulation. 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.

At our last inspection we recommended the service refers to current guidance to improve staff recruitment, infection control, staff training and effective care planning. At this inspection we found these areas had improved.

At our last inspection we recommended the provider refer to good practice guidance to ensure people were provided with enough stimulation, at this inspection we found the service still needed to improve.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 March 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding adults at risk and good governance of the service.

We undertook this targeted inspection to check whether the Warning Notice we had served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We inspected and found there were improvements to ensure people received safe care, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12: Safe care and treatment and Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We inspected and found there were improvements to ensure people received safe care, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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 2 inspectors.

Service and service type

Clarence House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clarence House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at 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 unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service about their experience of the care provided. We received written feedback from 6 relatives. We spoke with 9 members of staff including the registered manager, senior care staff, chef, housekeeping and care staff.

We reviewed a range of records, these included 9 people's care records and multiple medication records. We looked at 2 staff records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not consistently safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection improvements had been made to assess the risks to people health, safety and wellbeing.
- We reviewed 9 care plans and found assessments had been completed to assess the risk of falls, risk of poor skin integrity and risks of difficulties in movement. Care plans provided guidance to staff to reduce the likelihood of harm.
- However, not all risks identified had plans in place. For example, general risk assessments completed for every person using the service identified some people at medium or high risk of physical abuse to others, self-neglect or agitation. Care plans did not contain guidance to instruct staff how to reduce the risk.
- People with health conditions including diabetes had guidance in place to instruct staff how to support the person and prevent them from becoming unwell.
- A process was now in place to find the root cause of incidents including any unexplained bruising. Body maps were regularly updated and reviewed to ensure any concerns were identified and managed appropriately.
- The registered manager told us they knew improvements had been made and acknowledged assessing risks to people was an ongoing process. We signposted the registered manager to best practice guidance to help them with their continuing improvements.
- We were unable to assess at this inspection whether the systems put in place since our last inspection would be embedded and maintained.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

At our last inspection the provider had failed to store and manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made since our last inspection and medicines were managed safely. Where people were prescribed high risk anticoagulant (blood thinning) medicines, risks to their health, safety and welfare had been assessed. Staff had been provided with instructions to reduce the risk of any potential harm to the person.
- Staff administered medicines as prescribed. An electronic system was in place to record the administration of medicines. When medicines were not signed as administered an alert was sent immediately to the management team who reviewed the reason for this and ensured medicines were administered or the reason for not being administered was recorded.
- Medicines were stored safely. Since our last inspection the provider had installed an air conditioning system. Staff checked and recorded room and fridge temperatures daily, and these showed the fridge and room temperatures were at a safe level. Staff knew what to do if temperatures were outside of the manufacturer's recommendations.
- Medicines prescribed to be administered when required had protocols in place providing clear instructions for staff to know when the medicine could be administered. A pain monitoring assessment tool was used daily by staff to assess people unable to verbalise pain.
- Open dates were recorded on medicines and topical creams. Processes were in place to discard out of date items during the month medicine change around.
- Staff received training to safely administer medicines, and this was updated regularly. Staff were assessed as competent before administering medicines to people and these assessments were reviewed regularly by the management team.
- We were unable to assess whether the systems put in place since our last inspection would remain robust and effective.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to safeguard people from abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Since our last inspection a system had been put in place to learn lessons when things went wrong. This

process had been effective at exploring what had happened, why it had happened and what could be done to prevent it from happening again.

- Since our last inspection staff had completed training and received guidance from the local authority regarding safeguarding referrals. At this inspection we found the home had raised safeguarding referrals appropriately and in accordance with the local safeguarding policy and procedures.
- We were unable to assess whether systems put in place would be embedded and sustained at this inspection.
- People told us they felt safe with the staff at Clarence House. One person said, "The staff here are really nice, and make me feel safe."

Staffing and recruitment

- Since our last inspection systems had been strengthened to ensure checks were fully completed before staff commenced work.
- Appropriate Disclosure and Barring Service (DBS) checks had been made. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there were enough staff to meet people's care needs on the day of our inspection. Some relatives felt there were not always enough staff. One relative said, "Finding staff is sometimes an issue, especially on Sundays when I tend to visit."
- Training had improved since our last inspection and staff had completed up to date safety related training.

Preventing and controlling infection

- Improvements had been made since our last inspection. On the day of inspection, we found the home was clean and tidy. The registered manager told us a team of housekeepers had been employed since our last inspection to ensure the home was consistently clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- At the time of our inspection there were no visiting restrictions which was in line with current government guidance.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to establish and operate robust governance systems and processes. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since our last inspection the registered manager had only needed to cover staff shortages when someone had called in last minute and this had allowed them to focus on their role as registered manager.
- Governance systems had been established since our last inspection. The registered manager showed us records to demonstrate they were auditing medicines, infection control and people's weight to ensure good nutrition.
- The registered manager also audited the kitchen to ensure food was managed safely. These audits had been effective at identifying areas of improvement such as a decline in 1 person's weight. Action was taken to monitor the person's food intake and boost nutrition resulting in weight gain.
- The registered manager told us the provider also completed audits unfortunately we were not provided with any recorded provider audits to review at this inspection.
- An electronic care planning system had been introduced since our last inspection. The system sent alerts to the registered manager when staff had not completed tasks and this meant concerns could be followed up in a timely manner to ensure people received the care they had been assessed for.
- The registered manager told us they planned to start care plan audits to ensure care plans were person centred and reflected the current needs of the person.
- A system had been introduced to analyse accidents, incidents, safeguarding concerns and complaints for any themes and trends to be identified.
- Quality surveys were due to be sent out to people and their loved ones in August to seek their views on the quality of the service.
- At this inspection we were unable to be assured these improvements were robust and embedded and will be reviewed at our next inspection to ensure improvements are maintained and sustained.

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

- At our last inspection, we recommended in our last report that the provider refers to best practice guidance to ensure people were provided with enough stimulation to promote a good sense of wellbeing. Unfortunately, the home did not have an activities co-coordinator at the time of our inspection but were awaiting a new member of staff to start.
- One person told us, "I am concerned about not having a person here to do activities, the previous person left, and we haven't done much since. I would like there to be more games."
- Relatives express their concerns regarding the lack of activities. Comments included, "I have only seen them playing games once, otherwise they sit in armchairs falling asleep" and, "I don't think residents are getting any stimulus other than TV blaring and no-one watching it."
- Staff told us they felt improvements had been made since our last inspection. One staff member said, "Things are improving a little and residents are getting better support."
- Staff felt supported by the registered manager. We received comments including, "yes I can speak with [the registered manager] when I need to, [they] have their own office now which makes it easier", "I feel supported by [registered manager], they listen and help me understand what I need to do" and, "I feel things are improving here for the residents and [the registered manager] listens and supports us."
- We observed friendly engagements between people using the service and the registered manager. It was evident the registered manager knew people and their needs well. One person said, "I know who [the registered manager is] I can talk to them and yes they do listen to me."
- We received mixed feedback from relatives however, most relatives told us there had been improvements and they were happy with the registered manager. Comments included, "I do feel there are a lack of updates about what residents do, we would like a regular newsletter which was mentioned but never happened" and, "Generally I would say that [the management team] are heading in the right direction now & if this continues it will be the bright, cheery & caring home."
- Relatives told us they didn't always know how to report concerns. We fed this back to the registered manager who told us following our last inspection staff had contacted every relative and invited them in for meetings to discuss any concerns and review their loved one's care needs. On the day of our inspection, we noted information for how to raise concerns and complaints was visible to visitors. Since our inspection, the registered manager has shared the concerns and complaints process with the families of people using the service.

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; Working in partnership with others

- The registered manager understood their legal responsibilities and had told CQC about incidents they were lawfully required to do so.
- The home worked in partnership with the local authority, safeguarding team and other professionals to meet the needs of people living at the home. The registered manager told us they felt they had a good working relationship with the local multi-disciplinary team to ensure people received the support they needed.