

Belgravia Care Home 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 effective?

Good 

Is the service well-led?

Requires Improvement 

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 14 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

The provider now carried out a range of audits, however not all systems and processes were in place for identifying and monitoring action taken in response to any issues found. We have found the provider in ongoing breach of the regulation.

Staff supported people safely however risks to people were not always documented. We have made a recommendation about assessing risks to people.

The provider had not taken timely action to address all fire safety risks. We have made a recommendation about this.

People's views on the service they received was captured and acted upon, staff working at the home and people living in the home were happy and told us they were well supported.

People received medicines from staff who were competent to do so and had been recruited safely. Staff protected people from the risk of abuse and neglect.

Staff were well trained and received an induction to their role once recruited. Team meetings and supervisions took place to support staff to meet people's needs. When people moved into the home information on their needs was captured quickly to ensure they were supported effectively.

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 22 February 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 most of the previously breached regulations. However, we found a continued breach of regulation 17 good

governance.

At our last inspection we recommended the provider reviewed the latest guidance for infection prevention and control and updated their practices accordingly. At this inspection we found the provider had acted on this and improvements had been made.

Why we inspected

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.

We carried out an unannounced comprehensive inspection of this service over four dates in October and November 2021. Breaches of legal requirements were found. We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. 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 the warning notices had been met and action had been taken to address other breaches found at the previous inspection, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

The inspection was carried out to follow up on action we told the provider to take at the last inspection and to check they had followed the action plan they had provided, to address breaches of regulation of safe care and treatment, safeguarding adults, suitably recruited and trained staff, gaining appropriate consent to care and treatment and having suitable oversight and governance arrangements in place. This inspection is to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on our findings at this inspection.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to governance and oversight of actions required and completed to address concerns at this inspection.

We have made three recommendations, one to ensure action is taken to risk assess fire safety in the building, another to ensure records reflect risk and how staff mitigate that risk and lastly to ensure a governance and oversight system is implemented.

Follow up

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

Special Measures

The overall rating for this service is 'Requires improvement' and will remain in special measures. We do this when services remain as 'Inadequate' in any Key Question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review. We will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well led findings below

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 found the provider had taken the appropriate action to address concerns identified within the warning notices. We expanded the inspection to a focused inspection to determine if action had been taken to address other breaches identified at the previous inspection.

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 completed by two 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 6 September and ended on 9 September. We visited the location's service on 6 and 8 September 2022.

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 all the information we held about the service and reviewed information in the public domain. We spoke with professionals and other stakeholders to gather recent views on the service. We used all this information to plan our inspection.

During the inspection

We spoke with six staff including the registered manager, registered provider, deputy manager, care staff and a domestic member of staff. We also spoke with seven people living in the home and two relatives. We looked at six care plans on the electronic system, medicines records and four recruitment files. We reviewed management information used to support service delivery and observed practice by staff. We looked around the whole home, including communal areas, bedrooms, the kitchen and laundry.



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 always safe and there was limited assurance about safety.

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

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 action had been taken at this inspection and the provider was no longer in breach of regulation 12 however, some improvement was still required in this area.

- Whilst staff knew people well and how to manage risks, new staff and agency staff did not have this information. Not all risks were recorded in people's risk assessment documentation. For example, how to manage distress and changes in people's mental health.

We recommend the provider reviews their systems and processes for assessing risks to people and updates their practices accordingly to ensure staff have this information.

- The registered manager had begun reviewing accident records and used this information to make changes to the support provided to people as required.

- There was delay in repairing the alarm system and the provider had not updated their fire risk assessment. They had not responded to risks identified by the fire and rescue service. We have made a further referral to the fire department identifying the areas we noted as concerns including the fire risk assessment.

We recommend action is taken to address the letter of fire safety matters.

- We found lifting equipment had not been serviced, we were told the lifting equipment was not being used but would be serviced ASAP

- 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems were either not in place or not followed to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act (regulated activity) Regulations 2014.

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

- People were protected from the risk of abuse. Staff had received suitable training in safeguarding and were confident discussing their concerns with the registered manager. The registered manager followed local safeguarding procedures to refer any concerns to the local authority safeguarding team.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff did not always have the competence, skills and knowledge to safely support people. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act (regulated activities) Regulations 2014

Enough action had been taken and the provider was no longer in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were well supported and trained to support people safely. They were knowledgeable about how to meet people's needs. There were enough staff on shift who could administer medicines safely, deliver first aid safely and support people in the event of an emergency.

At our last inspection the provider had failed to demonstrate staff had been recruited safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (regulated activities) Regulations 2014

Enough action had been taken at this inspection and the provider was no longer in breach of regulation 19.

- The provider now operated safe recruitment practices. They had carried out the necessary recruitment checks and sourced references to ensure applicants were suitable. Recruitment files contained suitable application forms, including a full employment history.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 (safe care and treatment) 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 12.

- Staff administered people's medicines on time and as prescribed. The provider used an electronic medicines system to log and manage medicines and stocks were correct.
- Staff had the information they needed to administer medicines prescribed "as required". This included how people wanted to receive their medicines.

Preventing and controlling infection

At the last inspection we recommended the provider ensured latest guidance on infection prevention and control was implemented.

At this inspection we found correct and current procedures were being followed.

- 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.

Visiting in care homes

The provider had no restrictions in visitors to the home. Visiting practices had changed in line with government guidelines.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to Good. 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

At the last inspection the provider was not gaining consent to care and treatment from people. Those people who lacked capacity were not supported by the principles of the Mental Capacity Act. This was a breach of Regulation 11 (need for consent) 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 11.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was now working in line with MCA. DoLS were now applied appropriately. The registered manager had completed mental capacity assessments to ensure applications were made only when required.
 - A mental capacity assessment and best interest decision had been made with one person's GP to legally administer medicines covertly.
 - People made choices and their preferences were respected. People had provided consent to care and treatment and for sharing information.
- Staff gained consent to support people in a dignified and respectful way.
Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately trained and supervised. This

was a breach of Regulation 18 (staffing) 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 18.

- Staff now received individual and group supervision and attended team meetings to maintain their competence. The registered manager told us this would give them the opportunity to discuss any concerns and ensure changes in practice were implemented. One staff member said, "The home has dramatically changed, I feel very well supported and everything is done to help me, management is supportive and accommodating and are even supporting me with further qualifications."
- New staff completed a comprehensive induction and had time to shadow more experienced staff on shift before working independently. A full staff mandatory training programme was in place and staff had attended courses as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection we recommended care plans and risk assessments were developed in a more timely way and included information about COVID-19 .

- The registered manager now completed risk assessments at the point of admission and care plans were developed quickly to show staff how to best support people. This included information about any COVID-19 associated risks, testing and consent to be vaccinated.
- The registered manager was knowledgeable about people's needs and made referrals to specialist services such as occupational health and the mental health team.

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

At our last inspection we recommended records used to support people at risk of malnutrition and dehydration were completed accurately. The provider had made improvements.

- Food and fluid records were now completed accurately for each person. The registered manager had given staff additional guidance to ensure people had enough to eat and drink and records were complete at mealtimes.
- People had a choice of food and the chef cooked meals to order if requested. On the day of the inspection one person requested and received a cheese omelette.
- Staff preparing food had information about people's dietary needs, such as when someone had diet controlled diabetes.

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

- The home had a number of communal areas where people could enjoy company, interactive games on the TV or sit in quiet.
- People's rooms were decorated to their choice and people were encouraged to bring familiar items from home. One person enjoyed painting and drawing, and these were exhibited in their room and in the home's hallways

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was still developing. Leaders were working towards creating a culture that supported the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

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.

Not enough improvement had been made and the provider was still in breach of regulation 17.

- Audits were now completed to accurately identify issues and concerns. However, accidents and incidents were not audited or analysed to determine if there were any unidentified risks that could be better managed.

- Where issues were noted they were captured on the audits, but action plans were not developed to allow for records of completion that could be measured and showed accountable persons.

- We had previously noted not all risk assessments were updated or developed to manage and mitigate risk to people's health and welfare

The provider had not ensured a system of governance and oversight was in place to monitor and measure continuous improvement. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act (regulated activities) Regulations 2014.

- Records held in people's care plans, handovers and in daily notes were contemporaneous and accurate. The registered manager was working with staff to refine the detail of what was recorded in these records to make them more 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.

- People benefitted from a passionate staff team. People told they were happy living at Clarence House. One person told us, "The staff are lovely, they really listen to me and do what they can to help me."

- Notifications were submitted as required to the Commission by the registered manager and they alerted relevant agencies as required.

- The previous inspection report was available in the foyer of the home.

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

- The provider has asked people for their views on a number of different topics including food and menus and what activities they liked to take part in.
- The provider and registered manager worked well with other agencies including the local authority quality team and contracts officers.