

Shelley Park Limited

Clarendon 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

Clarendon House is a care home registered to provide care, rehabilitation and support for up to eight people who are living with acquired neurological conditions. The building has been adapted and is accessed over three floors by stairs. There were seven people living at the home at the time of inspection.

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

Improvements were needed to the governance systems within the home. The systems for monitoring and checking that the home operates in a safe way were not effective. The home did not seek formal feedback from people, their relatives, staff or professionals they worked with. The registered manager and provider accepted that this was an area for improvement and had started to make plans to improve.

People had risk assessments, but some needed to be more detailed; this had not had an adverse impact on people as staff knew them well. There was a process for accident and incident reporting, but this had not been consistently followed to ensure the home learnt from events and used this learning to drive improvements. The registered manager and provider had started to devise a plan to improve this. We have made recommendations about risk assessments and learning lessons from events.

People received their medicines as prescribed. However, improvements were needed to ensure safe management of medicines which people took occasionally. We have made a recommendation about medicines.

People felt safe living at Clarendon House, feedback was positive, and staff were confident they were supported to have the best life possible. 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.

Infection control procedures were robust and operated well within the home. People and staff worked together and followed guidance to keep safe from COVID-19. Everyone we spoke with were positive about the management of the home and felt proud to work with people and their colleagues at Clarendon House.

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

Rating at last inspection

The last rating for this service was good (published 27 October 2017).

Why we inspected

We received concerns in relation to environmental safety, medicines and the management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

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.

We have identified breaches in relation to the management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Clarendon 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clarendon 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.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and to ensure people living at the home could be informed of our visit.

What we did before inspection

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, operations manager, team leader, senior care workers, care workers and maintenance officer. We made general observations of interactions between people and staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from four professionals who work with the service, but we did not receive a response.



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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People had risk assessments in place for their care and support. However, assessments were not always detailed enough to ensure actions were taken to reduce the risks for people. For example, one person's assessments did not include all of the risks present when they were outside of the home. The registered manager addressed this during the inspection and arranged a full review.
- Environmental risk assessments, fire safety and equipment safety checks were not always carried out on time or consistently. There was no system to identify when expiry dates occurred. There had not been a negative impact on people. However, this increased risks for people living at Clarendon House.

We recommend that the provider ensures all necessary risk assessments and environmental safety checks are completed on time and systems in place are robust to ensure people's wellbeing.

- Accidents and incidents were recorded. However, the providers policy was not followed to ensure they were recorded in a consistent way. This meant the service did not learn from events within the home. The registered manager told us it was difficult to review and analyse them. The provider told us they would immediately address this with the staff team to ensure the policy was followed.

Using medicines safely

- People received their medicines as prescribed. However, guidance was not in place for medicines people took occasionally. This meant the provider could not be sure they were given in a consistent way. The registered manager told us they would address this shortfall.

We recommend the provider seeks guidance from a reputable source to ensure all medicines are administered in a consistent way.

- Medicine Administration Records (MAR) were in place for each person. This included a photograph of the person, known allergies and the GP details. Records showed medicines were given in accordance with medical advice. Staff responsible for giving medicines were trained and had their competency assessed.
- There were safe arrangements for storage of medicines. Fridge and room temperature checks took place daily. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book completed accurately.

Staffing and recruitment

- There were enough staff on duty. Staff told us they felt supported and able to do their job. Due to the

needs of people living at Clarendon House they work with a small, consistent staff team. People told us that staff were there if they needed them.

- Recruitment procedures were robust. Checks made demonstrated that staff had the skills, knowledge and character needed to care for people. Staff files contained records of appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to internally and externally. There was information displayed on safeguarding people. A staff member said, "If I had any concerns about abuse, I would report to my line manager. I would also contact the police, CQC and maybe the council if needed."
- The registered manager told us they have worked with the safeguarding team earlier in the year and that this was positive. They feel confident to ask for advice and guidance.
- People, their relatives and staff told us Clarendon House was a safe place to be. There was confidence in the registered manager that any concerns would be followed up. A person told us, "I feel safe here, if I have concerns, I can raise it and it is looked into." Another person said, "I feel very safe here, the staff make me feel safe. If I had a problem, I feel confident in the staff."

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Quality assurance systems did not always operate effectively. The range of audits were limited and did not ensure oversight of the whole service. Audits that were carried out by the registered manager had not identified the shortfalls found within the inspection in regard to risk assessments, environmental safety and medicines management.
- Actions identified within audits were not managed. Actions were not always completed, and there were no timescales or responsible person to undertake the action.
- The provider did not ensure that they had oversight of the home. There were no additional checks in place at a provider level to ensure compliance in the areas identified within this inspection.
- The service did not seek formal feedback from people, their relatives or other stakeholders to ensure they were continually learning and improving the service they provided. The registered manager told us they would seek to rectify this immediately.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded during and after the inspection to address the shortfalls identified.

The provider responded immediately during and after the inspection. They confirmed improvements were being made to governance systems including oversight at provider level.

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

- People and their relatives told us they felt involved in Clarendon House in an informal way. Staff told us the home operated around the people living there. Everyone we spoke with enjoyed the home and the people they shared it with.
- Staff supported people to be involved in their community. However, restrictions brought on by the COVID-19 pandemic had meant changes to their usual routines. With the easing of restrictions people and staff told us access within the community will increase.
- Records showed a good balance of working relationships with external professionals. The registered manager and team leader told us they worked well with professionals for the good of the people they supported.

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

- Staff felt proud to work at Clarendon House. They were complimentary about the home, the people they support and their colleagues. Some of their comments included: "I am indeed very proud to help people in the bad moments of their life and see them getting better every day", "Clarendon House treats residents with dignity and respect at all times", "I take pride in my job of what I do for our residents. I do work hard and I am proud of what I do for them every day I work", "I love sharing life moments with our residents, laughing with them, asking their advice, getting to know them as friends as well as residents", "Clarendon House is special because of the people. It is an incredible place and I am proud of the work that we do."
- We received positive feedback about the management of the home. Comments included: "The registered manager [name] is a great manager. They always listen and find a solution", "I feel appreciated by the registered manager [name]", "The team leader [name] is very conscious of making sure my loved one [name] has a good quality of life", "I am impressed with the team leader [name]", "The registered manager [name] has not been in post for a long time but I do like their way of dealing with things."

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies.
- The registered manager and provider were open and receptive throughout the inspection and keen to address the shortfalls and make the required improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure their governance arrangements were robust and operated effectively. This meant people were at an increase risk of harm.</p>