Avery Homes (Nelson) Limited

Clare Court Care Home

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
Clare Court is a residential care home providing accommodation, nursing and personal care to 65 people, most of whom were older people including those living with dementia at the time of the inspection. The home is set in a large purpose-built building which can support up to 80 people over three floors.

People's experience of using this service and what we found
Risks to people were not always assessed and some care plans were not up to date and accurate. Care plans were not always in place and not always accurate and followed. People did not always receive their medicines as prescribed and medicine storage was not always in line with NICE guidance.

People and relatives spoke positively of the home and staff. They told us people were safe and their needs known. Infection control procedures were in line with government guidance and staff continued to be recruited safely.

A lack of managerial oversight meant systems to monitor the quality and safety of the service were not always sufficient and had not identified the areas for improvement found at this inspection.

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

Rating at last inspection
The last rating for this service was Good (published 06 October 2018).

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 received concerns in relation to people losing weight and medicines not being properly administered. 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.
We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

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 Clare Court 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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe care of people and the oversight of documents and records 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Clare Court Care Home

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 one inspector and one nurse Specialist Advisor.

Service and service type
Clare Court 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
This inspection was unannounced.

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

During the inspection
We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the area manager, registered manager, nurses, senior care workers, care workers and the chef. 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.

We reviewed a range of records. This included six 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 stakeholder input and quality assurance records.

Requires Improvement

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; Using medicines safely

- Risks to people had not always been assessed. For example, we found risks from a person's known allergies had not been assessed to ensure they remained safe. All staff spoken with knew about people's allergies and the registered manager took immediate action to assess and mitigate the known risks.
- Care plans were not always in place to identify people's needs as a result of their diagnosed condition. Staff knew people well and understood their needs, however the home used a portion of agency staff who did not know people so well. The registered manager put the relevant care plans in place during our inspection.
- People's care plans were not always up to date and not always consistent with people's other records. For example, a person had a specialist low-profile bed to mitigate the risk of bedrails as identified in their risk assessment. However, their care plan identified the need for bed rails. This placed the person at risk of harm should bedrails have been used. The registered manager immediately made amendments to ensure records were clear and accurate.
- While risks from weight loss were known and understood by the staff and registered manager, sufficient action had not always been taken to manage identified weight loss in line with directives in people's records. The registered manager immediately addressed this and made a referral to the GP.
- We found risks relating to catheter care were not always mitigated. We found information regarding catheter care for some people was not always known. For example, size, type and dates when changed. The registered manager ascertained this information immediately and updated people's records.
- Time sensitive medicines were not always administered as prescribed. We found time sensitive medicines had been administered outside the timeframe prescribed on multiple occasions. The registered manager and nurses implemented a new system to ensure these medicines were administered timely as prescribed.
- Medicines were not always stored safely. We found prescribed thickener for drinks in a cupboard that had been left unlocked. This was immediately addressed by the registered manager.
- We found a sharps container was not stored at the appropriate height, and not signed or dated when brought into use as directed in NICE guidance. The registered manager addressed this concern immediately to make the container safe.

We found risks to people had not always been assessed and mitigated; and medicines were not always administered and stored safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Daily and weekly checks were completed in areas such as water temperatures, and emergency lightening and any actions required were taken promptly.

Staffing and recruitment

● We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.

● Sufficient staff were rostered to work, with the support of agency staff when required. However, staff and relatives told us they were short of staff on occasions due to sickness. A staff member said, "The managers always book the correct number but sometimes things happen at short notice." A relative told us, "They have lost staff due to the vaccine and COVID."

Systems and processes to safeguard people from the risk of abuse

● The provider had clear safeguarding and whistleblowing systems in which staff had received training and knew how to effectively use. One staff member told us, "If I had any concerns about people's safety, I would report to the senior then nurse then manager. We get lots of training including safeguarding and whistleblowing."

● People living in the home told us they were safe in their home. One person told us, "I do feel safe here they look after me well I'm horrible with names and I can never remember. I like the staff and they know me even if I can't remember their name." Another person told us, "I feel safe here the staff are only at the end of the buzzer and respond very quickly."

● Relatives we spoke to told us they felt their loved ones were safe and happy in the home. A relative told us, "I have no concerns whatsoever with Clare Court. The have been amazing throughout the pandemic." Another told us, "We have no issues at all with Clare court and my [family member] loves it. I rest well at night and we have no concerns at all."

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.

Learning lessons when things go wrong

● The provider had systems in place to record and monitor accidents and incidents that occurred at the service. Lessons were learned from the analysis of these records to prevent future occurrence.

● Staff understood their responsibilities to raise and report concerns.

Requires Improvement

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; Working in partnership with others

- The registered manager's medicines audits were insufficient to identify time sensitive medicines where not always administered timely as prescribed.
- The provider's systems and processes had not identified safe storage of medicines was not always followed. We found concerns with sharps boxes not being stored at the correct height in line with NICE guidelines and open date and signature were missing.
- The registered manager's audit systems did not provide sufficient oversight of people's care plans. Audit systems failed to identify some care plans were not in place and others were not up to date and accurate.
- We found care plans were not always followed in regard to weight management. When weight loss had been identified it was not always referred to professionals by the registered manager as detailed in people's care plans.

Governance systems failed to identify concerns with medicine storage and administration. Governance systems for care plans were insufficient. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager immediately began work to improve governance systems to provide better oversight of service delivery.

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

- The registered manager was visible and available to all staff and people living in the service which prompted an open inclusive and empowering culture. A member of staff told us, "[Registered manager] is great, I get more support than I ever expected. [Operations director] is also brilliant and always takes the time to support us."
- The provider had systems in place to ensure the home operated a person-centred culture. Our observations and conversations with people supported this.
- People and relatives were complimentary about the home and the management team. One relative said, "They [staff and management team] go out of their way to exceed the standard." A person told us, "The staff are very nice, and they know me well. They are busy but will have a chat, they are like friends as well as carers. If I have any problems, they sort it out as quickly as possible."

● The provider supported people and their families throughout the COVID-19 pandemic when they could not visit to include them in peoples care. A relative told us of how the staff and manager supported celebrations of their father's birthday and said, "They have been amazing throughout the pandemic."

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 their legal obligation to submit statutory notifications relating to key events as and when they occurred at the service. We saw examples where the registered manager kept people informed about complaints and other actions taken. People and their relatives were kept informed in an honest and open way.

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

● People and relatives told us they were involved in sharing their experience of the service however staff and resident meetings had not taken place since April 2021. One person told us, "I get to tell them what I need, and they listen to me and make it happen."

● People and relatives completed questionnaires seeking their views on the service provided to people. We saw the responses were all positive.

● The registered manager and provider included the staff team in the management of the home and people's care. One staff member told us, "[Registered manager] is supportive, and she works with us and listens to our concerns."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been assessed and mitigated; and medicines were not always administered and stored safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems failed to identify concerns with medicine storage and administration. Governance systems for care plans were insufficient.