

Cephas Care Limited

Clarence House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Clarence House Care Home is a residential care home providing personal care to up to 41 people. The service provides support to older and younger people, some of whom may be living with dementia, a physical disability or a sensory impairment. At the time of our inspection there were 20 people using the service.

Clarence House Care Home is a converted period building overlooking the sea. Whilst the service can accommodate people over all three floors, at the time of the inspection, only two floors were being used. All rooms contain washing and toileting facilities and the home has several communal areas including gardens overlooking the sea.

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

We found significant improvements had been made at the service since our last inspection in March 2021. People who used the service, and their relatives, told us the care delivered was achieving positive outcomes for people. People told us they felt cared for and listened to and we saw several examples of where their health and wellbeing had improved.

The people we spoke with described an improved service that was caring, proactive and compassionate. The health and social care professionals who provided us with feedback described the service as responsive and the registered manager as professional and knowledgeable. There had been changes made to the governance systems and these had helped drive the improvements along with an enthusiastic management team who had encouraged an open and communicative culture.

Whilst risks were being managed in practice, we did find some concerns that required action. We found the provider had identified some of these via their own quality monitoring systems and actions were in place to address them. Where this had not been the case, we saw the registered manager acted promptly to rectify the issues following the feedback given.

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 inadequate (published 21 April 2021) and there were four breaches of regulation relating to safe care and treatment, staffing, safeguarding and governance. We took enforcement action and imposed conditions on the provider's registration meaning they had to submit monthly reports to demonstrate the actions they were taking to drive improvements. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The conditions we imposed were removed following this inspection.

This service has been in Special Measures since 26 November 2020. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the 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.

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?

Good ●

The service was 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.

Clarence House 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 Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 following the inspection completed in March 2021 where breaches to regulations were identified.

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 site visit was completed by two inspectors, a medicines inspector and an Expert by Experience. A second Expert by Experience telephoned the relatives of those people that used the service to seek feedback. 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

Clarence House Care Home 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 Care Home 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.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative. We spoke with four staff including the director of residential care services, the registered manager, a senior care assistant and a care assistant. We looked at the medicine's records for 10 people who used the service and the care records for nine people. Governance records were also viewed and included quality monitoring audits, accidents and incident records, maintenance and servicing records and the personnel files for two staff members.

After the inspection

An Expert by Experience spoke with an additional 11 relatives of people who used the service and we received written feedback from a further two relatives. Four more staff were spoken with and these included a senior care assistant, two care assistants and a cook. Written feedback was also received from two health and social care professionals. We contacted the registered manager to clarify information received and additional documents were supplied.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 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.

- The risks to people had been identified, reviewed and reduced.
- Where people had health conditions, care plans and risk assessments were in place to support staff in meeting those needs. We saw people received the health care they required to remain well.
- The risks relating to the premises and equipment had been identified and regular monitoring, servicing and maintenance was in place to ensure their safety.
- A business continuity plan was in place to address unplanned safety incidents such as loss of power or adverse weather. A fire risk assessment was in place and we saw that associated equipment had been regularly serviced with plans in place should an evacuation be required.
- The people who used the service, and their relatives, confirmed risks were managed and that they had no concerns in relation to safety. Through discussion, staff demonstrated they knew the risks to people and how to reduce them.

Using medicines safely

At our last inspection the provider had failed to fully assess the risks relating to medicines management. This was a breach of regulation 12 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.

- Members of staff handling and administering people's medicines had received training and had their competency regularly assessed. We observed staff giving people their medicines by following safe procedures.
- Records showed, overall, people were receiving their oral medicines as prescribed and staff carried out regular checks of people's medicines. We did identify some gaps in records for the application of people's

topical medicines and more guidance for staff about where on people's bodies their topical medicines should be applied was needed.

- There was written information to show staff how people were to have their medicines given to them. For some medicines prescribed to be given at the discretion of staff (PRN), we identified areas where further clarification and more detailed information was needed to ensure staff gave their medicines consistently and appropriately.
- We found medicines were stored securely and at appropriate temperatures.

Preventing and controlling infection

At our last inspection the risks relating to the spread of infection had not been fully assessed and reduced. This was a breach of regulation 12 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.

- 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.
- Whilst the service was meeting government guidance relating to COVID-19 and infection prevention and control best practice, the policies in place did not reflect this.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect the people who used the service from the risk of 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.

- The procedures in place helped to reduce the risk of people experiencing abuse and we saw that where concerns were raised, these were reported promptly to the appropriate stakeholders.
- The people who used the service told us they felt safe and that staff were kind, caring and compassionate. They told us they felt listened to and could comfortably raise concerns if needed.
- Through discussion, staff demonstrated they knew how to identify, record and report allegations of abuse and they had received training in safeguarding.
- We saw that safeguarding was a regular agenda item at staff meetings and that incidents were discussed in order to drive improvement and further reduce risk.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough suitably trained and competent staff on shift. This was a breach of regulation 18 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 18.

- There were enough safely recruited staff to meet the individual needs of the people who used the service. Since our last inspection, the provider had increased the staffing levels at night and people told us their needs were being met in a timely manner.
- One person who used the service said, "Oh yes, you can see staff around. If I press my bell they come quickly." Other people agreed with one person telling us, "I do what I want – get up and go to bed when I want."
- The relatives we spoke with told us staff were always available to answer their telephone calls and questions with one saying, "The staff are eager to please... they listen to my family member." Another relative told us, "There always seems enough staff around the building."
- Staff had been safely recruited and checks completed as required including a Disclosure and Barring (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The registered manager and staff worked proactively when things went wrong. For example, recommendations made by other stakeholders had been received readily and actioned.
- There was a service improvement plan in place for the home that filtered all findings from audits and stakeholder visits into one document. These actions were being worked through and we found improvements had been made across the service although further improvements were required.
- All the people we spoke with told us the service had improved and lessons had been learnt particularly in relation to the last inspection report. One relative we spoke with said, "I was concerned about the past history of the home but the conversations we have had with staff have eased that."
- Staff told us incidents and accidents were discussed with them and this was confirmed by the minutes from staff meetings. One staff member described the improvement in communication around learning lessons as, "Impressive."

Visiting in care homes

- Whilst the provider's visiting policy did not adhere to current government guidance, we had confidence the service was facilitating visiting as required, and had been, in relation to changing government guidance.
- The people who used the service told us staff supported them to maintain relationships with those that were important to them. One person described staff as, "Brilliant" in relation to supporting them through COVID and another told us, "I had phone calls from my relatives and the staff kept us cheerful."
- The relatives we spoke with agreed with one telling us, "The home seems to know the correct procedure." Another relative said, "The staff did a really good job over COVID-19. They 100% worked hard during this time and I take my hat off to them." The relative went on to say they had kept in contact with their relative throughout the pandemic.

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 that whilst improvements had been made, further embedding was required.

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 ensure effective governance systems were in place to assess, monitor and improve the quality and safety of the service. 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.

- The inspection identified that significant improvements had been made, in relation to the quality of the service people received, since our last inspection completed in March 2021. However, further embedding of the positive changes made was required.
- The improved quality monitoring system in place had mostly been effective at identifying concerns and rectifying them. However, we did find some environmental concerns that had not been addressed by the system. These included the need to further secure some heavy pieces of furniture and secure some accessible rooms.
- We found some records required further information or reviewing. For example, care plans and risk assessments generally contained person-centred information that helped staff meet people's needs. However, we identified some examples where further information was required or risks needed reviewing although these had been completed in practice. Whilst government guidance relating to COVID was being adhered to, associated policies did not reflect this.
- A service improvement plan was in place that had helped drive improvement. This consolidated findings from the quality auditing system and recorded actions that needed to be taken to further enhance the service.
- The people we spoke with told us the improvements made to the quality of the service were as a result of the dedication of the registered manager who they spoke positively about. One staff member described the registered manager's enthusiasm in making changes whilst another said both the registered and deputy managers worked hard, were approachable and resolved issues.
- The relatives we spoke with agreed and several described how the registered manager had provided assurances around the improvements being made. All the people we spoke with told us they had confidence in the management team.
- The registered manager demonstrated, through discussion, they understood their regulatory and role

responsibilities and safety incidents had been reported to CQC as required.

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

At our last inspection the provider had failed to assess, monitor and improve the culture within the service to ensure it achieved positive outcomes for people. 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.

- All the people we spoke with described a warm, caring and positive culture within the home that benefitted those who used the service, their relatives and staff.
- We found examples of where people's health and wellbeing had improved since living at Clarence House Care Home. One person who used the service said, "I cannot speak too highly of the staff; I'm so happy here." A relative told us, "Within a few days (of their family member moving in) we could see a huge improvement in their wellbeing and interaction."
- Staff told us they felt valued, appreciated and listened to. They told us they could raise concerns without fear and that issues were quickly resolved. One staff member said, "The managers are enthusiastic and their whole approach has picked me up – I am enthusiastic too now."

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 responsibilities around duty of candour and told us it was about being transparent with the people who used the service, their relatives and other stakeholders and saying sorry when things went wrong.
- The people who used the service, and their relatives, told us they were involved in the care provided, were consulted and kept informed of incidents.
- Staff told us the management team were good at discussing incidents with them for learning and driving improvement.

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

- All the people we spoke with told us they felt involved, listened to and consulted.
- The service sought feedback and encouraged involvement in several ways including meetings, formal surveys, social media and via regular conversations with people. All the relatives told us the staff were good at keeping them informed and seeking their views. One described staff as, 'Going out of their way to help.'
- We saw surveys had been completed with staff and those people that used the service and that they had been included in the planning of the care they received.

Working in partnership with others

- The service worked in collaboration with others and sought their advice and recommendations which were readily received and acted upon.
- For example, the local authority had been working closely with the service in order to make improvements and we saw that recommendations had been actioned which had improved the quality and safety of the service.
- A health and social care professional told us staff were responsive and informative in relation to the needs

of the people who used the service. They provided us with an example of where staff actions had improved the experience for a person who used the service. They described the improvement the home had made as, "Vast."

- The registered manager responded promptly to the feedback given on this inspection and ensured actions had been taken in response.