

Cephas Care Limited

Clarence House Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Clarence House Care Home is a residential care home that provides personal care. It is registered to provide care and support for up to 41 older people. At the time of the inspection 31 people, some of who lived with dementia, were receiving personal care. Accommodation was over three floors of a period building which had been adapted.

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

The provider's quality monitoring and auditing systems were not robust enough to identify and rectify the concerns we found at this inspection.

Areas for improvement identified during the last inspection were not all rectified. This meant the provider had not implemented the right changes to ensure improvements were made.

The registered manager was not always aware of areas of concern about peoples' care needs. This had placed people's health and safety at risk. This had been due to poor documentation and also guidance within care plans.

Staff did not always report, document and monitor people's needs as required to ensure appropriate care and support were in place. This meant that people were at an increased risk as we could not be sure if appropriate actions such as repositioning had always taken place.

Charts used by staff to monitor people's care and support were not always completed. These included repositioning charts for people with poor skin integrity and fluid charts for people at risk of dehydration. This placed people's health at risk of harm because the provider could not be assured that the appropriate care was being delivered by staff as required. People may not have received care and support to keep them safe.

Medicines were not always being managed safely at the home. We could not be sure that people were always receiving their medicines as prescribed.

People told us staff provided good care. However, there were not always enough staff to ensure people's needs were met in a timely manner. This had an impact on people's dignity and did not meet their care and support needs. This included supporting people's independence to be able to go to the toilet when they needed or to have a shower when they wanted.

People's care plans we looked at, lacked detail and information to ensure people were kept safe. We found where risk assessments were required for people's known risks, these had not always been completed. This meant that people were placed at unnecessary risk because there was no guidance for staff to support the risks.

People lacked regular good interaction from staff due to staffing levels. People were not always involved in decisions about their care.

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 4 April 2019) and there was a breach of regulation 17 good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm that they had met the legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The inspection was prompted in part due to concerns received about staffing levels, medicine errors and several safeguarding's raised with the local authority in relation to poor care.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to inadequate. 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.

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 have identified breaches in relation to the safe management of medicines and care, Staffing, good governance and reporting incidents to CQC as required. This puts people at an increased risk of harm.

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 set up a meeting with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, 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 rating, 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?

The service was not safe.

Inadequate ●

Is the service well-led?

The service was not well-led.

Inadequate ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 four inspectors. One inspector did not visit the care home, they contacted staff and family members by telephone to gain their views about the service

Service and service type

Clarence House is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (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 a short period notice of the inspection because the inspection was announced prior to us entering the home so we could ensure that measures were in place to support an inspection and infection control. The provider was not aware of our inspection prior to our visit on 1 October 2020.

What we did before the inspection

Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important

events which the provider is required to send us by law.

We also viewed the information sent to us by stakeholders. Feedback was requested from the local authority quality assurance and safeguarding teams.

A Provider Information Return (PIR) is key information providers are requested to send us on their service, what they do well and improvements they plan to make. This information helps support our inspections. We did not request a PIR for this inspection.

During the inspection

We spoke with five people who used the service, eight staff and five relatives. In addition, we also spoke with the registered manager, deputy manager and two area managers who were there supporting the registered manager.

We reviewed the medicines administration record (MAR) charts records. We also reviewed the care records for three people and other records associated with the management of the service. Records were also requested from the registered manager to assist with our inspection.

After our inspection

We asked the provider for further documents and these were received within the requested timescale. These were reviewed and were included as part of our inspection.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

At the last inspection we found care plans lacked information to help staff support people with their risks and a lack of written risk assessments. At this inspection care plans were still incomplete and lacked relevant detail to support staff with the guidance around people's care and risks. For example, guidance around people's pressure care prevention needs.

Assessing risk, safety monitoring and management

- Risk assessments and guidance for staff to support people safely, were not contained in all care plans. For example, one person who was at risk of falls, the care plan noted staff to view mobility plan for guidance. The mobility plan was not completed at the time of the site visit. The registered manager confirmed that the mobility care plan was completed shortly after our visit.
- Guidance provided by the hospital for one person in relation to preventing pressure sores was not detailed within their care plan. This meant staff did not have the appropriate guidance in place to support the person with pressure sore prevention care. Staff had failed to recognise, and report changes to the person's skin. The person developed a pressure sore.
- We found that completion of care notes such as fluid charts and repositioning charts were not always completed to demonstrate the care had been provided. Where they had been completed by staff, they were not always as prescribed. For example, one person who required repositioning every two hours, we found records that demonstrated this was frequently longer with one record for three and a half hours between repositioning. This meant that the person did not always receive appropriate support as needed to meet their health needs.
- One person at high risk of their catheter blocking had daily monitoring in place for fluid input and output. However, records reviewed for seven days showed five days input and output had not been documented. This meant we could not be sure if these important checks were completed by staff.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and reporting potential abuse. However, we found staff had not ensured people were safe. One person developed a grade four pressure sore. Staff had not identified, reported or documented this. This meant they had not followed good guidance to ensure the person had received safe care.
- Staff who were asked about this, believed this was a bruise. Information about changes to people's skin should be reported and documented, staff failed to do this. The registered manager was disappointed that this had not been identified and had implemented further training for staff.

Learning lessons when things go wrong

- Lessons were not always learned for example incomplete care plans were an issue identified at the last inspection. However, at this inspection not all care plans had been completed.
- Staff meetings highlighted issues around staff documentation. However, these issues were still evident during the inspection.

This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The service carried out regular audits of medicines and reported when errors were made with people's medicines. However, during the inspection we identified gaps on people's medicine charts that were unexplained including for medicines prescribed for topical application such as creams and emollients. Therefore, records did not always confirm that people received their medicines as prescribed.
- We noted that there were some medicines remaining in people's medicine cabinets that had previously been discontinued by prescribers. This presented a risk that they could be given to people by staff in error. Where we identified this, we asked staff on duty to remove the medicines for safety.
- Written guidance to help staff give people their medicines prescribed on a when required basis (PRN) was available for some but not for all medicines prescribed in this way. In addition, some of the written information about this and people's risk assessments about their medicines had not recently been reviewed. This meant that staff did not always have up-to-date information available to give people their PRN medicines appropriately and consistently.
- Records showed that when medicated skin patches were applied to people they were not always applied to different areas in rotation. This is to avoid the possibility of adverse skin-contact effects that might occur when patches are frequently applied to the same position.
- The service was unable to provide recorded evidence that confirmed; contact with prescribers when changes were made to their medicines or contact with prescribers when people consistently refused their medicines to ensure further advice was obtained.

This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service had a system in place that mitigated the risk of employing staff not suitable to work with the people who used the service. The registered manager told us that recruitment was an ongoing process that had been difficult.
- We found that staffing levels did not meet people's needs. There were not enough staff to respond in a timely way to support and assist people with their personal needs.
- We noted some call bells were sounding in excess of 20 minutes. One staff member told us, "We are often short staffed. For example, "When people ask you to go to bed I have to say sorry, we are just rushed off our feet".
- During the inspection a CQC inspector checked on one person to ensure they were okay as their call bell had been sounding for a time. The person had been waiting for staff to support them to use the toilet. However, the person had not been able to hold on for staff. They told the inspector this happens because staff are very busy. People's care and support were not met in a timely way to meet their daily needs.

- One staff member told us, " Staffing levels have been horrendous. People are not getting the care they need. We are doing the basics, but I have had to raise this with [Registered manager]. The impact is that some people, despite regular checks can be wet or soiled in bed by the time we get around to them. It is difficult to keep an eye on everyone for that sort of thing. Not everyone can use a call bell. I have worked for months without a full staff team".
- We were given examples when staff had to ask for support from a staff member responsible for supporting people with their medicines as they were so busy. One staff member said, "I do medicines administration. I don't get the time I need to do this without being disturbed such as to help with a double up [repositioning]." This does not follow best practice and could lead to medicine errors.
- One staff member said, "I came in to work last week and it was 6.35pm. The day staff were just sat [exhausted] in the lounge and told us it had been a very hard day. There were call bells going constantly. I had nine call bells to answer before I could even think of starting the night routine. There was rubbish in people's rooms and soiled continence pads, used crockery and cutlery as well as half-drunk drinks to clean up."
- Another staff member told us, "Sometimes we don't get time for a chat or wellbeing time with people. [One-person told the staff member], "I haven't seen a soul in ages except from when I need my toileting. I have given up using my call bell and asking for [staff] help." [name] just doesn't get listened to. The lift is broken, and it is harder than before when people would be in the lounge. They are just getting more depressed due to a lack of stimulation and time with staff."
- The registered manager was in the process of opening lounges on each floor to deal with this issue and since the inspection has confirmed that these areas are now open and in use.
- We spoke with the registered manager about staffing levels, they told us that they had frequently asked for more staff However, these requests were not always addressed by the provider. Since the inspection the registered manager confirmed they are now getting better staffing levels. The deputy manager also confirmed that staffing levels were improving.

This is a breach of regulation 18(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider failed to have an effective system in place to assess, monitor and improve the quality and safety of the service and the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Continuous learning and improving care

- The provider had quality monitoring systems in place to monitor care and drive improvement. However, this had not been effective at identifying and rectifying issues previously found by the provider and during our inspection. Where issues had been identified these were still ongoing.
- Staff had not always reported or documented appropriately as required. For example, to ensure people's changing needs were reported and updated within their care plan. Staff did not ensure all charts for monitoring people's care were appropriately completed.
- The Provider had not ensured that accurate and complete records were maintained for each person using the service.
- The registered manager had failed to ensure care plans contained appropriate information and guidance to keep people safe.
- Staff meetings held July 2020 noted the importance of staff documenting fluid properly. A staff meeting held in September 2020 noted fluid and food intake documentation needed to improve. At this inspection we found there were still issues in these areas and necessary improvements not made.
- The registered manager confirmed they needed more staff. We saw from governance meetings that the registered manager had raised concerns regarding staffing ratio from February 2020. They did not feel the home was sufficiently staffed to keep people safe.
- They also stated in the governance meeting in May 2020 'I am now seriously concerned that the staffing levels in the afternoon and night are causing some of the falls as the bells are not being responded to quick enough.' The provider had failed to ensure suitable staffing levels.
- We were informed during the inspection by the management team that they had identified times of higher need for staff and that extra shifts were added to the rota to support the busier times identified. However, the registered manager confirmed they had not been able to consistently cover these shifts.
- The deputy manager was responsible for updating people's care plans. However, they were allocated 18 hours a week for admin tasks. The Deputy Manager confirmed that 18 hours a week was not sufficient as

they were also responsible for managing the rota's, ordering and checking the medicines plus other administrative tasks.

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

- A positive culture was not supported. During the inspection we observed a lack of engagement between staff and people who lived at the care home. People told us that staff were lovely and helpful, but they were very busy. We observed staff were task orientated and lacked the time for good quality interaction. However, staff confirmed they were task driven and the situation was made worse due to the lift being out of action.
- Good outcomes for people were not always achieved and we noted during the inspection that care plans and guidance for staff along with poor reporting and documentation had resulted in poor care being received.

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

- People were not always involved with decisions about their care and support or their wishes respected and fulfilled. One person who wanted to have at least two showers a week was not supported with this.
- One member of staff entered a person's room. They did not knock or engage with the person and then left. The staff member had not attempted to engage the person in conversation to support human contact and to give the person an opportunity to talk. We observed that there had not been good interaction to promote people to live as they would like. Staffing levels meant staff did not always have the time to support people's emotional needs.
- Family members we spoke with were all very happy with the home and felt that staff were wonderful and kind. Compliments we viewed evidenced that people were supported with birthday parties and other activities. However, this was not the experience on the day of our visit.

This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Services are required by law to report certain events to CQC, one of which is any allegation of abuse.
- Several safeguarding's were raised with the local authority by the nursing team in relation to poor care. The registered manager failed to notify the Care Quality Commission without delay of these incidents.

This is a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009

Working in partnership with others

- Records showed, relatives told us, and a professional confirmed the registered manager and staff team worked in partnership with a range of external professionals. One relative told us how staff had arranged for the GP to come out to their relative due to issues with their legs. They said, "The community nurse comes out to see [them] 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

- Relatives told us they felt staff had informed them of what was happening at the service particularly during COVID-19 lock down. A relative said, "If I ever need to speak with the [registered] manager, I just call them."

- Another relative told us, "If we have anything, we want to ask we just speak with [name of deputy manager]. They enable us to visit safely about twice a week."
- People were supported with contacting their relatives using technology. One relative said, I call [name] by video, [named different types of social media platforms used] I book this through the care staff. We used to visit outside in the better weather but now there is a portacabin, so we can still visit. "
- Staff confirmed they felt the management team were approachable if they had any suggestions or 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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to notify the Care Quality Commission (CQC) of incidents that should be reported to CQC.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risk to the health and safety of service users. they failed to do all that is reasonably practical to mitigate risks. The provider did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (a) (b) (g)</p>
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 failed to have an effective system in place to assess, monitor and improve the quality and safety of the service and the risks relating to the health, safety and welfare of service users.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(b)(c)(f)</p>

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure sufficient numbers of suitably qualified staff to enable them to meet the needs of people who use the service at all times and other regulatory requirements.

Regulation 18 (1)