Clarkson House Residential Care Home Ltd

Clarkson House Residential Care Home

Inspection report

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Tel: 01613084618

Date of inspection visit:
18 October 2016

Date of publication:
06 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 18 October 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting. The service was last inspected in 2014 and at that time was meeting the regulations we inspected.

Clarkson House is situated in the Tameside area and has access to local bus routes into Ashton Town Centre. The home provides 24 hour residential care and support for up to 28 people. Some people are living with dementia. On the day of inspection 20 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the registered provider.

Improvements were needed in the management of medicines. Risks to people arising from their health and support needs were not always assessed and risks to the premises and environment were not all in place. The registered provider kept records of accidents and incidents which had occurred. However, they had not monitored the accidents and incidents since May 2016.

Required test and maintenance certificates were in place, though the gas safety certificate was out of date. Fire drills were carried out but not all staff took part. The registered provider did not have personal emergency evacuation plans (PEEPs) in place for everyone who used the service, or a business contingency plan.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose.

The registered provider followed safe processes to help ensure staff were suitable to work with people living in the service. Gaps in employment were checked (but not recorded), references were sought and a Disclosure and Barring Service (DBS) was in place.

Staff did not always receive the training they needed to support people effectively, for example in areas such as diabetes and epilepsy care.

Policies were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were protected. Where appropriate, the service worked collaboratively with other professionals to act in the best interests of people who could not make decisions for themselves. However, there was no recorded evidence of who had a DoLS authorisation in place and when the renewal was

needed.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it. However there was no record of people's dietary needs, likes and dislikes in the kitchen.

The premises were clean and tidy, however needed updating in some areas.

Staff were not always treating people with dignity, respect and privacy. Staff supported one person to use the toilet however the door was open and exposed the person. Another staff member was supporting a person to eat but did not speak to this person once during their meal. The cook did not blend people's food separately which did not provide a dignified and appetising meal for people who required soft or pureed food.

Procedures were in place to support people to access advocacy services and four people were using this service at the time of inspection.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. We found care plans needed to become more person centred as they did not always record people's support needs and preferences.

There was evidence of activities provision. People were happy with the activities on offer in the service but expressed a wish to attend external activities.

The service had an up to date complaints policy. Complaints were recorded with a full investigation and an outcome for the complainant.

Staff told us they felt supported by the registered manager.

Quality assurance and governance processes were not always effective and had not identified the issues we found during the inspection. Feedback from staff and people using the service was not consistently sought or acted on.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

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.

Improvements were needed in medicines management.

Risk assessments were not always carried out consistently and when needed.

The service employed sufficient staff and carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

Is the service effective?

Requires Improvement

The service was not effective.

Staff did not always receive the training they needed, and the registered provider's supervision policy was not followed.

Policies and practice were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected. We did not always see evidence that consent was sought.

People were happy with the food that was on offer but not all dietary preferences were met.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always treated with dignity and respect.

People and their relatives spoke positively about the care they received

The service supported people to access advocacy services if needed.

Procedures were in place to provide people with end of life care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans needed to provide more information on person-centred care.

People were happy with the activities on offer, but people said they wanted to do external activities.

There was a complaints policy in place. Complaints were documented with an outcome.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Governance and record keeping processes were ineffective in monitoring people's needs and preferences, assessing the safety of the premises and acting on people's feedback.

The registered provider had not always made required notifications to the Commission.

Staff felt supported by the registered manager.

Clarkson House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016 and was unannounced. This meant the registered provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector 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 service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 11 people who lived at the service and one relative. We looked at three care plans, and three people's medicine administration records (MARs). We spoke with five members of staff including the registered manager, the deputy manager and the cook. We spoke with two visiting healthcare professionals. We reviewed three staff files, including recruitment and training records.

We also completed observations around the service, in communal areas and in people's rooms with their

permission.

Requires Improvement

Is the service safe?

Our findings

Risk assessments for people who used the service were not always in place. For example one person had a pressure sore and was being cared for in bed, therefore they were at risk of further pressure sores. This person had no risk assessment in place on written instructions on how to care for the existing pressure sore or mitigate the risk of further pressure sores developing. The deputy manager said that the district nurse supported this person three times a week and they used their own risk assessment. We questioned what happened on the other four days when the district nurse did not visit the person. The deputy manager acknowledged this was an oversight on their behalf and put a risk assessment in place at the end of the inspection day. Care records showed that one person needed to have their weight taken weekly, however they had not been weighed since August 2016. We discussed this with the registered manager and they confirmed that they had not considered monitoring the person's weight by taking arm measurements. Another person was at risk of falls and no falls risk assessment was in place and another person suffered with epilepsy but there was no information on this or a risk assessment in place. This showed that the registered provider was not taking appropriate steps to protect people who used the service against risks associated with the person or the home environment.

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

Records highlighting risks to people arising from the premises were not always in place. For example the single passenger lift had recently been repaired but would randomly not align itself with the level of the floor. A note on the lift stated if this happened the lift would have to go back up or down to realign itself. This was recognised as a trip hazard. The deputy manager said they had reported this with the lift servicing company, who assessed the lift and said since it only happened once every few weeks and there was no pattern to it, they were to monitor it and call them back out if needed. We were told that one person used the lift and they had full capacity and were aware of the issue and the risk of tripping. We spoke with this person who demonstrated full capacity and knowledge and was happy to use the lift. We asked to see a risk assessment for this but we were told there was not one. The deputy manager had a risk assessment in place by the end of the inspection day. We followed this up after inspection with the registered provider and we were told the lift was now in good working order and there had been no issues with the alignment of the doors since the inspection. The registered provider said they would remain vigilant in monitoring this and had sent a memo to staff to remind them of this.

Required certificates in areas such as electrical safety, firefighting equipment and hoist maintenance were in place, however the gas safety certificate was not available.

Records confirmed that monthly and weekly checks were carried out of emergency lighting, fire doors and fire extinguishers. Water temperature checks were taken weekly, however no record was made of what the temperatures were, there was just a tick to state they were at safe levels. The registered manager agreed to start recording the actual temperatures of the water.

Fire drills were not capturing every member of staff at least annually. We saw fire drills had taken place monthly but they had only included one member of night staff this year. The registered manager said they would make sure they captured all the night staff at the next fire drill.

We looked at the evacuation pack and individual personal emergency evacuation plans (PEEPS). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The plan should contain a summary of people's support needs and guidance on how they could best be supported in emergencies. We saw that individual PEEPs were in place but needed to be further developed to include information such as whether the person was hard of hearing or had the capacity to understand the process to follow in an emergency. The evacuation pack included PEEPs for people who were no longer at the service or not at the service at that time. For example one person came to the service for respite about three days a week, they were not in on the day of inspection but their PEEP was in place. If an emergency happened such as a fire, emergency workers would have been looking for these people. The registered manager agreed to review all the PEEPs immediately.

The registered provider did not have a business continuity plan. A business continuity plan would provide information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This meant that contingencies were not in place to keep people safe in the event of an emergency.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We observed medication being administered to people safely during a lunch time medicine round. The senior staff member followed safe practices and treated people respectfully. However the staff member used the same pot for every person's medicine. The pot was never used to swallow medicines but used to tip medicines into people's hands. We discussed this with the registered manager who agreed to start using separate pots.

The senior staff member explained that one person self-medicated their inhaler. We looked at this person's medication administration record (MAR) and saw that although staff were not providing this medicine or observing the medicine being taking, they were signing the MAR to say they had. We discussed how to complete a MAR for someone who self-medicates with the registered manager, they agreed to review their practice. We asked to see a risk assessment for this person who self-medicates and a competency check and we were told there was not one. This does not adhere to NICE guidelines, which state, 'Health and social care practitioners should carry out an individual risk assessment to find out how much support a resident needs to carry on taking and looking after their medicines themselves (self-administration).'

We looked at the storage and administration of drugs liable to misuse called controlled drugs. We saw these were stored in a locked cupboard in an office. However the cupboard also stored a bag of watches, residents' fund money and numerous other items such as keys and paperwork. The registered manager agreed that only controlled drugs should be stored in the CD cupboard and said they would rectify this straight away.

We saw that information was not always in place for people who were prescribed medicines 'when required' to detail when this medicine should be given and why. We discussed this with the registered manager and deputy manager who agreed to consider the current guidance on managing medicines that need to be administered 'when required'' and take action to update their practice accordingly.

Staff had been trained in how to administer medicines safely, however we did not see evidence to show that staff had completed competency checks. We discussed this and the requirements under NICE guidance to ensure staff are competent to administer medication with the registered manager. They told us they would take action to ensure competency assessments were completed.

We were provided with the current medicine policy the staff were using and a draft copy of a reviewed policy. For example the updated draft policy stated that a lockable fridge was used for medicines requiring fridge storage, however the service used the fridge in the kitchen was not lockable. It also stated that daily checks of the temperature of the room which stored items of medication were completed but there were no records to show this had happened. We would recommend the registered provider consults NICE guidelines to ensure their medicine management policy and procedures reflects recommended best practice.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the registered manager completed a monthly audit of medicine. However this audit had not highlighted the concerns we raised.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff demonstrated a working knowledge of safeguarding procedures and how to whistle blow [tell someone. They were able to describe types of abuse, the signs to look for and the correct action to take. During the inspection the registered manager told us the safeguarding policy was being updated, and we were sent a copy of this following our visit. This contained guidance to staff on the types of abuse that can occur in care settings and how they should be dealt with and reported. We were also sent a copy of the updated whistleblowing policy following our visit. This included guidance to staff on how they could raise any concerns they had.

People who used the service said, "I feel safe here." Another person said, "It has never entered my head to think about being safe here." The person meant that they had no reason not to feel safe.

We looked at the recruitment records of three care staff. We found there were gaps in employment histories. The registered manager could explain the reasons for the gaps but had not documented these. Files had a copy of the individual's ID and evidence this had been checked. Two references had been sought, including one from a previous employer. Files showed that a Disclosure and Barring Service (DBS) check had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults.

One relative we spoke with said, "There always seem to be enough staff." Through our observations we found there was enough staff to meet the needs of the people who used the service. At the time of the inspection there were 20 people who used the service and four staff members on duty. These were the deputy manager, senior care worker and two care workers. We saw another care worker coming on duty at 2:30pm. Staff rotas confirmed that there were always at least four members of care staff on duty during the day and two on duty at night.

As well as providing care for people, staff also did the cleaning and the laundry. Staff said they had plenty of time to do this.

Requires Improvement

Is the service effective?

Our findings

We looked to see if staff had the relevant training to enable them to carry out their role effectively. We asked to see the training matrix and matching certificates. The training matrix showed a lot of training was out of date, however we were provided with certificates for all staff that showed training was in date. This meant it was not easy to see what training staff had received as accurate and consistent records were not kept. Some certificates showed that training had taken place for DoLS however the training matrix showed only six out of 15 staff had received this training in 2014 and 2015. During a local authority performance visit in February 2016 it was recommended that all staff complete training in pressure area awareness. The training matrix showed that only one member of staff had received this training in 2013. The deputy manager said they had struggled to access this training and had requested help from the local authority. We were provided with evidence of this request for help.

Staff were caring for people with diabetes, epilepsy and learning difficulties however we could not see training had taken place in these areas. Competencies in medicine administration and safe moving and handling were not taking place. The deputy manager said they observed staff administering medicines but did not record anything. Staff we spoke with confirmed they had received training and were up to date.

However, we saw that some staff appeared to need more training and support to improve their practice. For example, we saw a couple of people required support with eating their meal. Two members of staff were providing this support. One member of staff helped the person to eat and did not speak to them throughout the support being provided. The staff member was called away during supporting the person with their pudding. We were not sure if the person received their pudding or not. The person eventually fell asleep at the table. The staff member came across very quiet and shy. We discussed this with the registered manager who said this staff member was very quiet but they would provide a training session on this.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

New staff underwent induction training. This covered areas including the registered provider's policies and procedures, health and safety and delivering care. However we saw no evidence the registered provider was encouraging provision of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics. The deputy manager said they were starting to implement the Care Certificate.

We looked at how staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We asked the registered manager how often supervisions were to take place. The registered manager could not clarify how many supervisions were to take place a year. Where supervision had taken place we could see that topics discussed were health and safety, concerns, shifts and attitude. We saw that all staff had received supervision but that the frequency varied. None of the staff received an annual appraisal. We asked to see the supervision policy and the registered provider sent this following inspection. The policy set out that staff

should receive 'formal supervisions at least six times a year' and an annual appraisal. This meant the registered provider's supervision and appraisal policy was not being followed.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw that the registered manager was not working within these guidelines. On arrival the deputy manager could not tell us how many people were subject to a DoLS authorisation. Later during the inspection day the deputy manager provided us with paperwork for nine people who had been granted a DoLS authorisation in June and July 2016. These had just been received from the local authority and at the time of inspection had not been looked at by the registered or deputy manager.

We observed a lunchtime meal. People seemed to have a preferred seat and choice of whom they sat with. All the meals were prepared by the cook. There was no menu available in the dining room. We did see a four weekly menu on a notice board outside the dining area however it did not match what was available that day. The cook knew peoples likes and dislikes and any special dietary requirements, however none of this was recorded. The deputy manager said this information was in a file in the kitchen. We had asked to see this file whilst in the kitchen and we were told there was not one.

We asked the cook how they supported people with diabetes. They said they did get sugar free jelly but other than that they just got the same as everyone else. On the day of inspection people with diabetes ate individual fruit pies and custard. However, we saw that not all dietary preferences were met. One person was a strict vegetarian and required blended food. We asked if they were provided with a vegetarian gravy to mix their blended food, the deputy manager stated they get the same gravy as everyone else, which they could not evidence was suitable for a vegetarian.

We saw some people were offered a substitute if they did not like the meal on offer. One person said, "I am having corned beef sandwiches for tea as I don't like what the rest are having." For tea it was sausage sandwiches and tinned tomatoes. Another person said, "I am finicky but they offer substitutes. The food is good."

Records showed that at least three people using the service who required build up supplements due to being at risk of losing weight. We asked the cook how they fortified people's diets. Fortifying foods involves the addition of nutrients to foods by using ingredients such as butter, full fat milk, cream or milk powder. The cook said they did not fortify people's meals. We discussed this with the registered manager who agreed to look into fortifying people's food.

People were complimentary about the food. People we spoke with said, "The food is amazing." Another person said, "The food is different every day, its lovely." And another person said, "The food is amazing, it is as good as the Waldorf Hotel." One person said the cook had lots of banter with them and they made extra portions of their favourite dishes.

People were supported to maintain good health; they had health action plans in place that were reviewed

on a monthly basis. We saw evidence that people were seen by health professionals such as dentists, opticians and chiropodists when needed. One visiting healthcare professional said, "I have no issues with this service, everything is fine." Another healthcare professional said, "They [people who used the service] all seem to be healthy on the whole." And, "There has been an improvement on some issues that were a problem with one resident; they have worked with us in doing this."

We had a look around the premises and found that it could benefit from some modernisation however it was clean and tidy. There was dementia friendly signage available. One bathroom we looked at needed a new end panel as this was missing. We discussed this with the registered manager who said they would arrange for it to be fixed.

Requires Improvement

Is the service caring?

Our findings

Throughout the day we saw that people were treated with kindness and staff clearly knew people well. Interactions between staff and people who used the service were friendly and caring. However we did observe that staff did not always preserve people's dignity and privacy.

Staff we spoke with said they gave all people who used the service privacy and preserved their dignity. During observations at lunchtime we saw two staff members supported a person to use the toilet facilities. However when the staff left the toilet they opened the door wide and exposed the person to everyone sat in the dining room and the inspectors. We discussed this with the registered manager who was very upset that this had happened and stated staff knew they should not do this and would be meeting them to go through dignity and privacy training.

We also saw that people's dignity was not always maintained at mealtimes. Dining tables were covered in a plastic tablecloth, no placemats were used and the tables looked bare. Drinks were poured out for people however no one was offered a choice of drink and everyone was given the same. We saw one staff member rushed round with white napkins, after people were seated and one person who used the service asked what they were for. People were sat at the dining tables for a long time before the meals were served.

We saw that people who required blended food did not receive their food blended in separate components. For example the food on offer was beef stew and dumplings, vegetables and mashed potato which was all blended together. This meant that the person would also get all their food blended into one taste. We asked the cook if they would blend each flavour and ingredient separately and they said "No we blend the food together."

These findings evidenced a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People who used the service and the relative we spoke with all expressed they were happy with the service and the care their relatives received. People who used the service said, "We are shown care and dignity, we can have a joke with them." Another person said, "I am well cared for." The relative we spoke with said, "They [staff] look after [relative] so well, they hug and care for her." and "They [staff] show extreme patience." Two external visiting professionals said, "Staff all seem fine, I have no issues." Another said, "They [people who used the service] all seem to be well cared for."

People were encouraged to maintain relationships with family and friends. Visitors told us they were able to visit at any time. One relative said, "I come here every day, they [staff] always offer me a cup of tea and make me feel welcome." A visiting healthcare professional said, "They [staff] are welcoming and helpful."

Meetings for people who used the service had taken place in February 2016. The notes from the meeting recorded that people were asked if there were any problems. They had also discussed getting a cat. Everyone at the meeting expressed they would really like to have a cat, one person stated they thought this

would be calming and therapeutic. All people at the meeting were happy with this idea. We asked what had become of this. The deputy manager said, "We were told that a cat needed a home and wanted to check with everyone before agreeing to this; however the cat must have gone elsewhere because we never heard anything else." We asked the deputy manager if they had discussed the fact the cat would not be coming to live at Clarkson House as everyone was very enthusiastic about getting a cat. The deputy manager said they had not but agreed to involve people in a follow up discussion about why the cat had not come to live at the service.

People using the service had access to independent advocates. An advocate is someone who supports a person so that their views are heard and their rights are upheld. At the time of inspection four people were using an advocate.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with were not aware of their care plan and seemed unaware if they had one. One relative we spoke with said, "I have never been involved but I like it like that, I can't be doing with the social workers and things."

People's support plans were not written in a person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Some information on people's preferences was recorded. For example, there was a record of people's history such as relationships, home life and working life. Staff we spoke with were very aware of people's history, likes and dislikes and their family relationships.

However, care plans did not always contain information on people's support needs and preferences. For example, we saw that one person's hair was very important to them and they liked to carry a hair brush with them. We asked the deputy manager if this person centred information was recorded in their care plan and were told it was not. Another person was cared for in bed and had a pressure sore, there was no care plan to cover this. Another care plan stated that staff were to observe the person's nonverbal communication, however there was nothing documented to say what the nonverbal communication was. We discussed adding more outcomes for the person and involving the person with the care plans with the registered manager and deputy manager. They agreed to do this immediately and in some cases had the information in place by the end of the inspection day.

We could not see evidence of formal reviews of people's care. Care plans were reviewed monthly; all care plans we looked at remained the same and stated 'none' on the record for any changes to the care plan. There was nothing recorded to document how the staff had come to find no changes had taken place.

We also saw that feedback from people was not always acted on. We saw a meeting had taken place in March 2016 to discuss food at the service. People were asked to review the menus. Seven people attended the meeting and three people expressed a wish for tripe to be included on the menu. We asked if this had been included and the deputy said that it had not due to not being able to get hold of any. There was nothing recorded to say that this was the case and if this had been passed on to the people who had originally requested this.

We also saw that not all care plans contained information about how people wished to be cared for if they were approaching the end of their life or in situations requiring emergency treatment. We discussed this with the registered manager who stated they knew things like who they would need to contact in this situation however none of this was documented. The registered manager said they would update the care files with this information straight away.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were happy with the activities on offer. On the inspection day people enjoyed an armchair exercise session. We observed staff joined in with this and people seemed to be thoroughly enjoying themselves. Even people who did not want to join in with the exercises were singing along to the music. We observed one person dancing and singing as they walked along the corridor.

We were told that people also enjoyed individual activities such as one person enjoyed colouring in and a few others enjoyed knitting. One person said, "Staff bring me wool in so I can knit I'm just knitting a cardigan." We were told that the mobile library visited weekly. One person said, "The library service is amazing the library assistant picks me six books a week and puts them in my room they had never give me the same one twice and they are all things that I like reading, including 50 shades of grey." And another person said, "I enjoy the flower arranging and painting."

One person we spoke with said they would like to visit a bowling green, they did not state a preference to indoor or outdoor. Other people were keen football fans. We asked the registered manager if people ever went out on visits. The registered manager said that no one had been out this year.

People we spoke with were confident to make comments to staff if they were not happy and said, "I would just speak to whoever was in charge if I needed to complain."

The service had a complaints policy and procedure which detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The service had received five complaints so far this year and we saw these were dealt with according to the registered provider's policy with a full outcome which stated that the complainant was happy with the outcome.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager who had been registered with the Care Quality Commission since January 2011. However from looking at the rotas and asking questions it seemed the registered manager worked mainly at the sister home and the deputy manager looked after Clarkson House. The deputy manager confirmed this was the case but said the registered manager was always available and visited Clarkson House regularly.

We found a lot of issues around inadequate record keeping. For example, the service had a record of any accidents or incidents that had taken place. However there was no record of these being analysed and reviewed for themes or patterns to why someone may have fallen since May 2016. The registered manager agreed to start recording and analysing accidents and incidents monthly.

Where people needed to be checked hourly during the night we saw records highlighted that this happened for six people. Although records showed these people had been checked, the records had prepopulated times so it looked like all six people were all checked at exactly the same time. We discussed this being physically impossible with the registered manager. The registered manager said they would adopt a new form where times were not pre populated and the staff member would have to enter the exact time the checks were taking place therefore making a more accurate record.

Quality assurance checks of the service had been undertaken monthly by the deputy manager. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found the audits that took place were more tick boxes and the registered manager was not using them to improve the quality of the service.

The audits did not highlight any of the concerns we found around inaccurate and inadequate record keeping. For example no record of accident and incidents monitoring, the training matrix not up to date, no risk assessments etc.

We also found that governance procedures were ineffective at organising required repairs. For example, we saw a reactive repairs worksheet for the gas boiler which had taken place in October 2015. This stated that a new heat exchanger could possibly be needed and was ticked to say the job was not completed (though heat and hot water was available). The registered provider said they were planning on getting a new gas boiler and this was to be installed in the next few weeks. We followed this up after inspection and the registered provider said they had received a quote to enable them to do this work however due to weather conditions they needed to wait until dry weather to have the work completed. This meant it had taken over a year to arrange work that had first been identified in October 2015.

We also found that though the cook had knowledge of people's dietary needs and preferences these were not recorded anywhere. The deputy manager said this information was in a file in the kitchen. We had asked to see this file whilst in the kitchen and we were told there was not one. This meant there would be no

record of people's dietary needs if the cook was absent.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The law requires that registered providers send notifications of changes, events or incidents at the home to the Care Quality Commission. The registered provider had not always made required notifications to the Commission as we were not notified of DoLS authorisations received in June and July 2016. This was a breach of Regulation 18 of the Care Quality Commission Regulations 2009, (notification of other incidents) and we will follow this matter up separately with the provider.

We asked staff if they felt supported by the registered manager. Staff we spoke with said they did felt supported. One staff member said, "I have recently had a personal problem and the managers have moved mountains to support me, changing shifts and getting time off, they are very supportive."

Staff were happy in their job and had a positive attitude about the care provided by the service. One staff member said, "I love it here, I won't leave until everyone is sorted and happy."

We asked the visiting healthcare professionals what they thought of management of the service. They said, "My overall feeling is they are willing to work with us." And another said, "I have not seen their record keeping and we keep our own so would not need to."

We saw a staff meeting had taken place on the 19 September 2016. This was to discuss daily tasks and staff deployment. The deputy manager said other staff meetings had taken place but they could not find anything recorded.

The registered provider did not carry out any relatives meetings. We asked the registered manager how they gained feedback from relatives or shared information. We were told this was done informally when relatives visited. The registered manager also said they hand out survey questionnaires to visitors. We were provided with four surveys from June 2016. The four surveys were all complimentary. However one person was not happy with the food. We asked the deputy manager what they had done about this. They said this person now received Farm Foods three or four times a week, which the person paid for and was happy to do this and it was their choice. However there was nothing recorded to suggest this.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's privacy and dignity was not always protected when they received support. Regulation 10(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not always assessed through regular risk assessments. Regulation 12(2))(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance and record keeping processes were ineffective in monitoring people's needs and preferences, assessing the safety of the premises, medicines and acting on people's feedback. Regulation 17(a), (b), (c) and (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always received the training needed to support people effectively. Regulation 18(2)(a).