

# Clarendon Court (Nottingham) Limited

# Clarendon Court Care Home

## Inspection report

13-15 Clumber Avenue  
Sherwood Rise  
Nottingham  
Nottinghamshire  
NG5 1AG

Tel: 01159691681

Date of inspection visit:  
16 February 2022

Date of publication:  
07 September 2022

## 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

Clarendon Court Care Home is a residential care home providing accommodation and personal care for up to 54 people, including people living with dementia. At the time of the inspection 38 people were living at the service. The service is in a residential area of Nottingham city, in one adapted building set out over four floors.

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

We found significant concerns around how the service was managed, there was ineffective risk management and oversight of people's care. Infection control was not robustly implemented across the service, leaving people at risk. Medicines management was not safely managed, leaving people at risk of not receiving their medication as prescribed. Care plans and records for people were inconsistent and in need of review. There was a risk people may not receive consistent safe care due to low staff numbers, poor record keeping and a lack of guidance for staff.

People living at the service were not always receiving their medicines safely and as prescribed for them. Systems and processes in place to manage medicines safely were inadequate.

People were not protected from the risk of infection. We found poor infection control practice at the service. Staff were not adhering to current guidance in infection prevention and control.

There were insufficient numbers of appropriately trained staff deployed to ensure people's safety and wellbeing. Relatives and staff told us they felt there were insufficient staff within the service to support people effectively.

Staff were not recruited safely. We found a lack of appropriate recruitment checks prior to staff commencing their employment.

There was a lack of robust managerial oversight of the home. There were no effective audits of some aspects of care delivery. Care and support plans for people were not person centred or reflective of people's current level of needs.

Staff we spoke with were knowledgeable about people as individuals. We observed people to be happy living at Clarendon Court, supported by kind and caring staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 February 2021) This was a focused

inspection to check whether the provider had met the requirements of the previous breaches found in Regulation 12 (Safe Care and Treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regards to concerns we found at the previous inspection in relation to staff deployment, assessing and managing risks and governance of the service. We were unable to follow these up in a timely manner, due to the Covid-19 pandemic. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations 12, 17 and 18. We found a breach in regulation 19 at this inspection.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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. The provider took immediate action to mitigate some of the risks identified during this inspection; ensuring COVID-19 best practice and government guidance was implemented. Training and guidance from external teams was sought.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Inadequate based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff deployment and recruitment, safe care and treatment, assessing and managing risks and governance of the service. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Clarendon Court Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors on site, with one inspector carrying out telephone calls off site to relatives of people who use the service.

#### Service and service type

Clarendon Court 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. Clarendon Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider did not complete the requested Provider Information Return (PIR) prior to the inspection. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. 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 contacted Healthwatch for information regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

### During the inspection

We observed staff interaction with people during the site visit. We spoke with the registered manager, provider, two administrators, two senior care staff, three care staff, one domestic member of staff, a member of laundry and kitchen staff and the cook. We spoke with five people who lived at the service and six relatives of people who use the service. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including the staff rota.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current staffing information, training data, policies and procedures and meeting records, audits and checks.

# 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 Requires Improvement. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people's individual care needs had been met, the administration of medicines and infection and prevention control measures were not effectively managed, which increased the risk of harm. This was a breach of Regulation 12 (Safe care and Treatment) 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 12

- Risk assessments and care plans for people were not always personalised or regularly reviewed and some were incomplete. Although staff knew people well, some people may not receive care that was appropriate to their specific needs.
- There was a lack of robust risk assessments in place for people using the service, this placed people at risk of harm. Two people were at risk due to their cognition and associated behaviours. We found a lack of clear guidance for staff on how to support them safely. One person's risk assessment stated that they required 'assistance with all aspects of daily living from two staff'. We observed this person on several occasions during our inspection to be alone, in a corridor, attempting to open doors, with no staff present. Another person was observed to be expressing anxiety and in a state of undress at several times during the day, leaving them with a lack of dignity.
- One person was required to be supported at all times in a communal area by staff when mobilising due to their risk of falls. We did not observe this person being assisted at all times on the day of our inspection. We discussed the staffing levels of the communal areas with a member staff who told us, "There are just not enough of us, we try as much as we can."
- Risk assessments relating to the environment were not robust enough to mitigate risks for people. This included Personal Emergency Evacuation Plans (PEEP's) for use in case of an emergency. There were insufficient staff on site, particularly at night, to safely support the evacuation of people in the event of a fire. This left people at risk in the event of an emergency.

### Using medicines safely

- Medicines were not stored or administered safely. Staff involved in administering medicines had not received recent training around medicines. After the inspection, the registered manager ensured the appropriate staff were trained and assessed as competent to support people with their medicines.
- Medications were not always administered in a safe way for people using the service. We found some errors in the way these were recorded. Some medicine administration records, (MARS) were incomplete. For example, some people took 'as and when required' (PRN) medicines and there were gaps in the information



recorded for some people. This meant the provider could not evidence medicines were administered as prescribed.

- The medication round we observed was given in a timely manner, with people given the correct doses of their medications at the correct time. However, this was not safely managed, as people were given their medicine by a staff member with nowhere to cleanse their hands between each person.
- We discussed the timings of the morning and lunch time medication rounds with the registered manager and the senior member of staff to look at ways of improving these. It was clear that due to the lack of trained staff available, some people had experienced a delay in receiving their medication in a timely manner.
- Not all of the MARS sheets had a recent photograph of the person, which could lead to medication administration errors when a service relies on high usage of agency staff. This increased the risk that people may not receive their prescribed medicines safely.

### Preventing and controlling infection

- People were not protected from the risk of infection. We found significant areas of concern in relation to poor infection control practice at the service, placing people, relatives and visitors to the service at risk of exposure to infection
- We were not fully assured that the provider was preventing visitors from catching and spreading infections, due to the lack of robust implementation of infection control practices at the service.
- We were not fully assured that the provider was meeting shielding and social distancing rules. We did not observe any appropriate shielding or distancing measures in place in the service. between people or staff.
- We were not fully assured that the provider was using PPE effectively and safely. Some staff were not wearing PPE correctly and. there was no designated PPE donning and doffing area for staff. We found used PPE disposed of in a bin in a communal area. The registered manager had arranged an appropriate donning and doffing room for staff by the time the inspection ended.
- We were not fully assured that the provider was accessing testing for people using the service and staff. There was ineffective testing and vaccination status recording processes for staff, relatives and visiting professionals to the service. As per the guidance in place at the time of our inspection. The registered manager assured us that they would ensure this was recorded and appropriately checked in future.
- We were not fully assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- Although the provider's infection prevention and control policy was up to date, safe practices were not being followed or monitored by the registered manager.
- We were not assured that people were prevented from infection risk, as we were not asked for proof of a lateral flow test on our visit or proof of vaccination.
- We were assured that the provider was admitting people safely to the service.

### Visiting in care homes

- We were not fully assured the provider was facilitating visits for people living in the home in accordance with the current guidance, although we saw that the registered manager had discussed and recorded the essential care giver role with relatives of people.
- Some relatives provided feedback that they did not feel they had been kept updated throughout the pandemic or had been able to contact or visit their family as they would have wished. One relative told us, "The reaction from the home is slow in informing relatives if there is an outbreak. We only find out when ringing to book an appointment. They need to improve on their communication. I found out from my relative, I would be worried if my family member lacked capacity"

The failure to ensure people's individual care needs, the administration of medicines and infection and prevention control measures were effectively managed increased the risk of harm. This was a continued breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff deployment was sufficient in meeting people's needs safely, which placed people at increased risk of harm. Regulation 18 (Staffing) 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 18

- There were not enough staff employed to support people safely.
- The dependency assessment to calculate staffing did not accurately reflect the needs of people using the service to allow the registered manager to plan the staffing rota. For example, there were eight people identified as requiring the support of one or two staff to meet their care needs and ensure safety. The staffing levels were not adequate to meet people's needs and keep them safe.
- Although people told us staff were kind and caring towards them, and we observed staff being positive in their interactions with people. Low staffing numbers left people at potential risk. One relative told us, "There are not sufficient staff, and very short staffed at the weekend. They use a lot of agency staff." This relative felt the lack of staff had impacted on the time allocated to their family member
- Staff we spoke with told us they felt frustrated that the low staffing numbers left them without the time to provide the high quality of care they would wish to for people.
- Relatives we spoke with told us that the registered manager and staff were friendly, kind and approachable. However, one relative told us they felt the limited number of staff had impacted on their relative's ability to access the community or be provided with meaningful activities. The service did not employ an activity co-ordinator, there was no evidence of an inclusive activity plan for people using the service.
- Staff did not have all of the training necessary for their roles. The registered manager had failed to ensure staff had regular competency and supervision for their roles. For example, the training matrix showed there were a limited number of staff who were trained in diabetes awareness, yet we were informed there were two people who lived with insulin dependent diabetes and other people who had diet controlled diabetes living at the service. This placed people at risk of being supported by staff without appropriate training.

The provider failed to ensure there were enough staff deployed was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been recruited without appropriate references and disclosure and barring service (DBS) checks being in place prior to their appointment. This placed people at potential risk of harm due to the lack of a thorough recruitment process. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The failure to ensure the employment of fit and proper persons was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training in safeguarding vulnerable adults. However, staff we spoke with knew how to recognise and protect people from the risk of abuse.
- The registered manager worked with the relevant safeguarding team at the local authority to ensure inquiries were investigated appropriately when an incident occurred.

Learning lessons when things go wrong

- Systems and processes to review incidents and analyse these to reduce further re-occurrence were ineffective. This meant the service did not learn from events and take action to improve safety. For example, although we saw there was a policy in place, there was no evidence of the monitoring of call bell analysis to reduce further risk to people in relation to improving falls management.

# 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 Requires Improvement. At this inspection the rating has changed 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.

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

At our last inspection the provider had failed to effectively and consistently assess, monitor and mitigate risks which placed people at increased risk. 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.

- Quality management systems were not effective, and the provider oversight of the service was poor. We saw a lack of evidence at our inspection that the provider had identified these shortfalls and were not assured that the provider had made and sustained the required improvements at the service.
- The provider had failed to identify they had insufficient staff. The provider had ineffective systems and processes in place to review dependency in order for them to assess the required number of staff required to meet people's needs.
- The provider had failed to follow safe recruitment processes. This left people at risk of being supported by appropriate staff who placed vulnerable people at risk.
- Although quality monitoring systems were now in place to monitor areas such as incidents and safeguarding concerns, other areas lacked oversight, for example, infection control processes.
- The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety in relation to the risk of infection. The registered manager was not ensuring that staff were following current guidance in the wearing of PPE.
- There were no robust management audits or checks in place, to ensure people were in receipt of good quality care and to ensure good provider oversight.
- We found the registered manager had failed to identify medicines management issues through medication audits. An external medication audit had been carried out by a Community Pharmacist on 9 February 2022, and we found the issues identified in this had still not been addressed.
- The registered manager failed to ensure that people's care notes were kept secure and stored in a safe place. We found care notes stored in an unlocked cabinet in a communal area. The registered manager told us these would be secured during the inspection, but we found these remained accessible to anyone in the building.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager did not seek regular feedback from people, relatives or staff about the service. They had not fully considered if people or their relatives had any concerns or wanted to review their care and support plans. One relative told us, "There have been no review meetings. I don't have a clue what's in my family members care plan."
- There were no regular surveys or meetings carried out to engage people, relatives or staff in understanding their views in shaping the future of the service. One relative told us, I think I should have a point of contact at the home with a staff member who knows my family member and their needs, that does not happen."
- There was a lack of information available to support people who did not have English as their first language or who may live with communication challenges. The service had not fully considered the use of accessible information. This could be through the use of flashcards or particular forms of technology.
- There was no pictorial guide for the lunch menu, to assist people who may struggle to understand the written menu information.

#### Continuous learning and improving care

- The registered manager was unable to demonstrate they had learnt lessons or improved care when issues were identified. For example, we saw that they had reviewed recommendations from a safeguarding outcome, but not looked at lessons learned or identifying if further training was required for staff.

Systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We saw that accidents and incidents were documented, and reported to the relevant safeguarding authorities..
- The registered manager had met their registration regulatory requirements of notifying the CQC of appropriate information through statutory notifications.
- We received a mixed response from relatives we spoke with in relation to how well they felt informed by throughout the current pandemic by the registered manager. Some relatives told us they had not been informed about the Covid-19 status of their family members and felt the service could improve their communication with relatives.

#### Working in partnership with others

- The registered manager had a positive relationship with community health professionals who supported them with the health needs of those using the service. We saw evidence of prompt referrals for people to health and social care teams to ensure people received appropriate and timely treatment or equipment when required.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have effective recruitment procedures in place. The provider had failed to ensure the employment of fit and proper persons.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to effectively assess and mitigate risk to ensure people receive safe care and treatment, to have robust medication procedures and to have effective infection prevention and control measures, put people at increased risk of harm. Regulation 12 (1) (2) (a) (b) (c) (g) (h)

### The enforcement action we took:

Warning notice issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Failure to have robust government systems and processes to effectively assess, monitor and review quality and safety, increased the risk to people's safety. Regulation 17, (1) (2) (a) (b) (c)

### The enforcement action we took:

Warning notice issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Failure to deploy sufficient numbers of competent and trained staff, increased the risk to people's safety. Regulation 18, (1) (2) (a) (b)

### The enforcement action we took:

Warning notice issued