

## Paul Clarke (Staffordshire) Community Interest Company

# Paul Clarke Home

### Inspection report

Chatterley House  
Chatterley Road  
Stoke On Trent  
Staffordshire  
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Tel: 01782834354

Date of inspection visit:  
03 March 2020

Date of publication:  
05 May 2020

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Paul Clarke Home is a residential care home, providing accommodation and personal care. This service supported people with learning disabilities and/or autism. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Eight people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. Accommodation was provided in one residential house with a garden.

### People's experience of using this service

Systems were not always effective at identifying areas for improvement. Checks on the building were not always effective. Action was taken following feedback, but this was largely prompted by the inspection. An action plan in place had failed to fully encompass all areas for improvement. One notification had not been submitted to us, as necessary.

People did not always have their mental capacity assessed when needed, decisions made in people's best interest were not always recorded and one person did not have a Deprivation of Liberty Safeguards application made which put them at risk. The décor of the home was suitable for people living there, although building checks were not always effective. People were supported to have food and drinks of their choice, although we observed one person was not always being supported in line with their eating risks. People had their needs assessed. Improvements were made to weight monitoring following our feedback. Staff received training to be effective in their role. People had access to other health professionals and staff were kept up to date with changes in people's care in handovers.

There were enough safely-recruited staff to support people. People were kept safe as risks were assessed and planned for and staff were aware of these. Staff understood their responsibilities to safeguarding people, report concerns and knew how to report them. People were supported to have their medicines as prescribed. Infection control measures were in place so people were protected. Lessons were learned when things had gone wrong, accidents and incidents were reviewed and the provider had recognised they could get additional support from an external consultant.

People were supported in line with Registering the Right Support; they were supported to make decisions and be independent. People were supported by a kind and caring staff team who knew them well. People had their dignity and privacy maintained.

People were supported in a way they liked and had personalised care plans in place to guide staff. People could partake in activities of their choice and could access the community. People were supported to communicate in a way that met their needs. Complaints were investigated and responded to. No one was needing end of life care at the time of the inspection, but the provider was aware of their responsibilities to support people.

People and staff were positive about the provider and staff team. The provider was clear about their responsibility about duty of candour and the previous inspection rating was being displayed, as necessary. People and staff were engaged in the service. A new charter had been introduced to support people in line with their human rights and to make it a fun place to live and work. The service worked in partnership with other organisations to support people.

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 1 March 2019). We had found breaches of regulation in relation to governance and submitting notifications. At this inspection enough, improvement had not been made or sustained and the provider was still in breach of regulations and we found an additional breach about consent.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to consent, governance and the submission of notifications. 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 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Paul Clarke 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.

#### Inspection team

The inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

Paul Clarke Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The inspection was unannounced.

#### What we did

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns. We sought feedback from the local authority, and we asked Healthwatch for any information they wanted to share. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with four people who used the service, with three of those conversations being in more detail. We made observations in communal areas and we looked at the care records of four people who used the service, to see if their records were accurate and up to date.

We spoke with three members of care staff, a new manager who had been employed (but they were not yet working full time at the service) and the registered manager, who was also the provider. They have been referred to as the provider throughout this report. We also looked at records relating to the management of the service. These included three staff recruitment files, staff rotas, training records and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at building safety records, improvement plans and additional evidence of action taken by the provider following our feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing levels and recruitment

- There were enough staff to support people. People received support when they needed it and were supported to access the community with staff.
- Staff had a rota in place and there were shifts in place to accommodate people's needs and choices such as appointments and accessing the community.
- Staff were recruited safely as checks were made on their suitability to work with people who used the service. Checks included requesting employment history, references and checks on criminal records.
- The provider used a scheme where agency staff who had worked in the service could transition to become permanent members of staff. The agency would carry out initial checks such as on staff member's criminal records and identity checks, and we were told this evidence would be sent over once they became a permanent employee.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from intentional abuse; people told us they were well treated and felt safe. One person said, "Staff are always nice when they talk to me."
- Staff knew about different types of abuse, how to recognise it and what action to take.
- The provider reported concerns to the local safeguarding authority as necessary to keep people safe.

### Assessing risk, safety monitoring and management

- People's risks were assessed and planned for to keep people safe.
- For example, one person at times displayed symptoms as a result of their health condition, which staff would have to promptly respond to. A plan was in place and staff knew how to respond.
- Some people may experience agitation or could become upset. Plans were in place to guide staff how to respond and we saw staff supporting people in line with this.

### Using medicines safely

- People received their medicines as prescribed. Stock levels matched the Medication Administration Records (MARs). Records were clear and systems had been put in place to continually monitor medicines.
- Staff had been trained to administer medicines and had their competency checked to ensure they were able to do so safely.
- For people who had 'as required' medicines, there was guidance in place for staff to know when the medicines were required for those who were not always able to say when they needed their medicines.

### Preventing and controlling infection

- The home was clean and fresh.
- Staff understood the infection control procedures in place, one staff member said, "It's washing hands constantly, using PPE [Personal Protective Equipment] - we do it here." Staff had undertaken infection control training.
- Infection control audits took place regularly to ensure the home remained clean and free of infection. The provider had engaged with NHS infection control teams to ensure checks were thorough and complying with best practice. Checks were made on staff hand hygiene to ensure they were following infection control practices.

#### Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Accidents and incidents were reviewed and audited to look at themes and if further action needed to be taken.
- At the last inspection, the provider had engaged an external consultant who had developed an action plan to improve the service. At this inspection, the provider was still having support from an external consultant who provided us with an updated position about improvements they were planning on making.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. The effectiveness of people's care, treatment and support was inconsistent.

At the last inspection there were concerns about staff training, we found improvements had been made and staff had more training, and this was being more effectively monitored. However, we identified other issues in relation to supporting people with their mental capacity, weight monitoring and supporting a person in line with their care plan whilst eating.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People did not always have their capacity assessed when necessary, and those who did have their capacity assessed did not always have decisions made in their best interest documented. Therefore, we could not be sure people were always being supported in line with the MCA.
- Some people had consent forms signed by their representative, however they did not necessarily have the legal right to do this, and this had not been verified.
- One person had not had a DoLS applied for, despite it being considered necessary. This meant they were not being protected from unnecessary restrictions and this omission had not been recognised by the provider.

The above constitutes a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, decision-specific capacity assessments and best interest decisions were put in place and a DoLS application was made.
- Despite these concerns, people were asked for their consent prior to being supported and were offered

choice. One person said, "Staff always ask for permission, for example before taking the laundry from my room."

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the people who used the service. People were able to personalise their own rooms and people were keen to show us these.
- Checks made on the building to make sure it was suitable and safe were not always effective at identifying areas where improvements or repairs were needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care plans were reviewed to ensure they remained current.
- People were supported to monitor their weight to ensure they remained healthy. One person had gained a substantial amount of weight. Whilst it was positive they were not unintentionally losing weight, this had not been identified so they were at risk of becoming an unhealthy weight. Following our feedback, a weight monitoring system was put in place to check this more effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice of food and drinks and were supported to have enough to eat and drink.
- However, we observed one person who was at risk of choking being left alone with food, when their care plan stated the person should have staff with them whilst eating. Staff knew about this risk, however had not fully followed the care plan.
- Despite this, people had positive feedback about the food. One person said, "The food is all right, I can have anything I want, they [staff] ask me."

Staff support: induction, training, skills and experience

- The provider was now more effectively monitoring staff training. A matrix was still in use, but this was more up to date and the provider was able to see what training staff had completed and their score on their online accounts.
- Staff confirmed they received training; they also had training in relation to specific health conditions.
- Staff felt supported and had supervisions, with further plans to revise the supervision and personal development support which had been identified in the provider's improvement plan.

Staff working together and with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other health professionals and had plans in place regarding their health conditions. For example, people saw dentists, chiropodists, speech and language therapists, GPs and social workers.
- Hospital passports were also in use to ensure key information could be shared quickly with health services when needed. One staff member said, "I like reading the hospital passports because the main information is there."
- There were handovers in place to ensure staff were updated about people. One staff member said, "We have a handover before and after every shift, they're very good, we discuss everyone. Such as if someone is poorly, changes, what's been done, who had one-to-one attention. It's all written down as well." The provider explained that work was going to be done to further improve these, so a longer period of time was included in handovers to ensure staff who had days off would still be fully up to date.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a caring staff team. People told us they liked the staff; one person said, "The staff are brilliant." Other comments included, "Staff are good at their job, I like them" and, "Staff are good. I love them all."
- We observed a person making derogatory comments about themselves. Staff responded in a caring way and reassured the person.

Supporting people to express their views and be involved in making decisions about their care

- Staff communicated with people in a way that suited them, so people could make decisions. People were offered choices, such as what to eat and how they wanted to spend their day. One person said, "I decide what time I get up and go to bed."
- People were encouraged to make decisions each week and plan their meals and what activities they wanted to do and what days they wanted to go out into the community.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent and were treated with dignity and given privacy when needed.
- One person said, "Staff help me do a lot for myself. I need staff to go shopping with me, I prefer it as I feel safer." Another person said, when asked about being independent, "I tidy up the garden, brush outside. I take my washing to the laundry."
- People told us staff knocked on their door before entering, one person said, "Staff always knock before [they] come in."
- People were supported in line with Registering the Right Support; they were supported to make decisions and be independent.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans in place, and they were involved in developing these where they chose to. One person told us, "They [staff] ask about what I like."
- People told us they were supported how they liked, and staff knew them well. One person said, "They know me well, they talk to me about things years back." Staff told us they felt they knew people well.
- People's plans contained personalised details, so they could be supported how they liked. People also had key workers who they could choose so they were a point of contact for people and key workers and people got to know each other well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to partake in activities of their choice and go out in the community. One person said, "I love living here. We go out a lot. We can do what we want. I am happy here." Another person said, "We can sit outside, we go out, I've been out this morning."
- We observed some people went out independently and others were supported by a member of staff to go for a pub lunch. Some people stayed in the home and could choose where they spent their time. Some sat and looked through magazines independently.
- People were able to spend time in the privacy of their own rooms, and staff respected people's wishes to be able to satisfy their own sexual needs. People were also supported to engage in relationships and people told us about these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in a way that suited their needs. One person used visual tools to assist them to know what was happening each day, to enable them to choose what they did and which staff members they were going to be supported by.
- One person told us they had their care plan read to them as they needed this.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns and felt their concerns were addressed. One person said, "Sometimes I complain about other people. Staff listen and help."

- A complaints policy was in place. A complaint had been received, action taken, and the complaint responded to.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care. The registered manager was aware of their responsibilities to support people to have a comfortable and pain free death. They gave examples of in the past when people's needs had changed, they involved other health professionals to support people.

# 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 remained the same. Service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not always in place or being used to effectively monitor the service. At this inspection not, enough improvement had been made so the provider remained in breach.

- Systems were not effective at ensuring all building-related safety measures were in place and all omissions and areas for improvement were identified.
- The gas safety had not been checked since 2018, when it should be annually. When we discussed this with the provider, they explained it was due to having a gas hob in use. Therefore, a gas safe certificate could not be supplied as it was not felt to be satisfactory. Following our inspection, the gas hob was changed, and a gas safe certificate was issued. However, it took our inspection to prompt this action.
- A legionella risk assessment had been carried out which identified some high-risk actions that were needed, this included periodic testing of the water and there was no evidence this had been carried out. There was evidence that rarely used outlets were flushed through once in January and February 2020, however these should be carried out weekly and not just a periodic or monthly flush. This is guidance set out by the Health and Safety Executive 'Health and safety in care homes' document.
- The annual health and safety review had failed to fully identify issues. It stated a fire risk assessment had been completed, however this was not in place at the time of our inspection. Following our inspection this was arranged. The annual health and safety review also stated the fire alarm was professionally serviced annually, but this should be six-monthly. This meant there was a risk the alarm may not always be tested regularly enough. Despite this, the alarm had been tested within the six months prior to our inspection.
- The annual health and safety review and other environmental checks did not include the prompt to check for or failed to identify the condition and effectiveness of fire doors. We found one fire door was being held open, so it may not close if an alarm was activated, meaning this could pose a risk to people. Another door was damaged around the frame so would not have afforded enough protection. Following our feedback, these defects were corrected, and checks were made on all fire doors, however, this was prompted by our inspection.
- Systems had failed to identify that one person did not have all the necessary mental capacity assessments in place and a DoLS had not been applied for, despite their care files being reviewed. Other people also did not have interests taken in their best interests recorded. Representatives had signed consent without the legal right and this had not been recognised as inappropriate.
- Some audits were not being carried out. When we discussed this with the provider, they explained it was due to some staff departing from the service. Plans were in place to improve this, however as other audits

had not been fully effective, we could not be assured that these would identify and ensure improvements were made.

- The provider had a quality improvement plan in place in conjunction with the external consultant. This had identified that a diary system was needed to ensure checks on the building were carried out. However, the plan had not identified that improvements were actually needed to the check on the environment and the frequency of the fire alarm system tests had been recorded incorrectly, so there was a risk these may not be completed frequently enough.

The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was willing to continuously learn and attempt to improve care, although changes had not yet been effective at ensuring systems were fully effective and improvements were identified and made. An improvement plan was in place with a long-term vision for sustainable improvements such as analysing staff member's skills so they could support the service in line with their skills.
- There were some positive systems in place, such as infection control checks and the analysis of accidents and incidents which had been introduced.
- Staff had their medicine competency checked to ensure their training had been effective. Staff had also been supported to gain professional qualifications, as well as their standard training.

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

At the last inspection, there was a breach of Regulation 18 (1) Care Quality Commission (Registration) Regulations 2009 as the provider failed to notify us of the outcome of a DoLS application. At this inspection the provider had failed to notify us of an incident, so they continued to be in breach.

- We found one incident involving the police and a safeguarding referral had not been notified to us without delay. Following our feedback, this was sent to us. However, this was prompted by our inspection and the provider had still not recognised their responsibility to notify us of certain things.

The above constitutes a continued breach of Regulation 18 (1) Care Quality Commission (Registration) Regulations 2009.

- The provider was clear about their responsibilities around duty of candour. They said, "We're humans, we make mistakes, it's about transparency and what can we learn. It's about openness, it's about saying when things have gone wrong."
- The previous inspection rating was being displayed, as necessary.
- If accidents or incidents had occurred these had been reviewed by the provider to ensure appropriate action was taken.

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

- People and staff were engaged in the service. People had weekly meetings to discuss their meal planning and decide the activities they would like to do and when they would like to access the community.
- Staff had regular team meetings to discuss changes, things that needed improving and training.
- People and staff felt positively about the provider. One staff member said, "[The provider] is awesome, they are so open and friendly. They are so approachable. I can talk to [the provider] no bother and can have a laugh." Another staff member told us, "Yes, [the provider] has confidence in me. When I [went through a

difficult time], I felt supported and they helped me to get my confidence back. I can talk to [the provider] like part of the team, not like a boss."

- A new charter had been introduced which was displayed in the service. Staff were aware of it and felt it was positive, to ensure the service was a fun and enjoyable place to be. One staff member said, "I like it. It's good staff morale, everyone gets on." Another staff member said, "Even staff meetings are fun, we have them once a month. That's on our charter, it's about having fun. The residents want fun staff."
- The charter had human rights principles embedded in it. The provider told us in their PIR, "We are proud that we have incorporated the key Human Rights principles into our Charter. [They] demonstrate our commitment to fairness, equality, dignity and autonomy in the way that our home is being run."

#### Working in partnership with others

- The provider worked in partnership with other professionals and services. They sought support from the NHS, social care professionals and engaging an external consultant to support and provide additional oversight to the service.



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 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify us of a notifiable incident which had been reported to the local safeguarding authority and had resulted in the police being contacted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People were not always having their mental capacity assessed; DoLS were not always applied for in a timely manner and those without appropriate legal authority were signing consent on behalf of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not fully effective or sustained to ensure all improvements were identified and action taken to resolve issues in a timely way.