

Clarex Limited

Clare House Residential Home

Inspection report

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Tel: 01327857202

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

Clare House provides residential care for up to 25 older people, including people living with dementia.

This inspection took place on 7 October 2016 and was unannounced.

During the last inspection on 29 April and 4 May 2016, we identified that the provider had not always operate effectively the systems for receiving, recording, handling and responding to complaints.

This was a breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan detailing the improvements they were going to make, and stated the improvements had been implemented.

We undertook this unannounced focused inspection on 7 October 2016, to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the requirement that had been made.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clare House Residential Home on our website at www.cqc.org.uk

A registered manager was in post. 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.

We reviewed the systems in place to respond to complaints and found they had been strengthened and the processes in place were more robust.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

We found that action had been taken to improve the safety of the service.

The systems and processes in place in respect of complaints management had been strengthened.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Clare House Residential 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.

We undertook an unannounced focused inspection at Clare House Residential Home on the 7 October 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 29 April and 4 May 2016 had been achieved. We inspected the service against one of the five questions we ask about services: is the service responsive? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During the inspection we looked at the providers' complaints policy and records of complaints that had been received since our last inspection. We spoke with the registered manager and the deputy manager.

Is the service responsive?

Our findings

During our inspection on 29 April and 4 May 2016, we identified that the systems to receive and respond to complaints was not operated effectively.

This was a breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had followed their action plan, to meet the shortfalls in relation to the regulatory requirements.

We observed that the registered manager and the deputy manager worked with people in an open and transparent manner. People appeared at ease approaching them to discuss any concerns they had. People also had opportunities to make constructive suggestions on how things might be improved through completing satisfaction surveys.

No complaints had been received since the last inspection. However the complaints recording systems had been improved to ensure that people could be confident that their complaints would be listened to, taken seriously and acted upon.

The complaints procedure specified how to make a complaint, who to contact and how their complaint would be responded to. It included the stages and timescales for the process, so that complaints were dealt with promptly and effectively.

We saw that letter templates had been created to acknowledge and respond to complainants to inform them of the investigation progress and their outcomes. This provided tools to communicate and document the actions taken with complainants so they knew what was happening with any complaints brought to the registered managers' attention.