

Care Network Solutions Limited

Clarence House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Clarence House provides accommodation and personal care for up to 11 people who have a learning disability and complex behavioural or mental health related support needs. At the time of this inspection, there were 9 people living at the service.

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

Right Support:

People were positive about the support they received and told us staff listened to them. People were engaged in varied activities of their interest, including activities to enhance their skills and learning.

Risks to people's care were assessed and managed well. Medication was managed safely. The service followed safe recruitment practices and we found enough staff were available to support people. At the time of our inspection, there was an outbreak of COVID – 19 at the service. We found the provider was following current guidelines in relation to infection prevention and control and visiting, although some staff had to be reminded at times by the registered manager to wear their personal protective equipment appropriately.

Right Care:

People had to request staff's support to access some areas at the home. We discussed with the registered manager if people's movements were being restricted and what measures were in place to prevent this happening unnecessarily. We were reassured by the evidence reviewed and feedback gathered from people, relatives and staff this was not an issue and appropriate measures were in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider completed person-centred assessments and care plans were updated when required. We found some areas of people's care plans were not always written from people's point of view. We discussed this with the registered manager and saw evidence of this being immediately reviewed.

Right Culture:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was a person-centred culture at the service. Support provided promoted

people's choice and control. Communication plans had been developed to ensure staff communicated well with people. We observed positive interactions between people and staff. People told us they were able to lead fulfilling lives and develop their interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about how risks to people's care were managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clarence House

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 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 2 inspectors 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 care service.

Service and service type

Clarence House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Clarence House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including the previous inspection report and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team and commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with 3 people using the service and 2 relatives of people using the service. We requested feedback from 1 healthcare professional who regularly visited the service. We spent time observing care in the communal lounges.

We spoke with 4 staff members; this included the registered manager and care workers. We looked at the care records for 2 people living at the home and 4 medication records. We looked at training for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional evidence requested.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's care were well managed.
- People were supported to take positive risks to maximise their independence. For example, 1 person enjoyed doing their own shopping but due to an incident related with their health this had stopped. The registered manager explained to us how this person's care arrangements were reviewed to ensure they could restart doing their own shopping and how relevant risks were being managed.
- Accidents and incidents were recorded, and we saw staff followed interventions that were intended to positively manage people's behaviours. Staff used proactive approaches before considering the use of medication to manage people's behaviour or physical intervention, as per their care plan.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- During this inspection, we found examples when people had to request staff to support them to access some areas at the home, such as the kitchen or garden. We discussed with the registered manager and we were assured measures were in place to ensure people's movements were not restricted unnecessarily. The registered manager explained their ongoing plans to use technology to support people to access these areas, while at the same time, managing safety risks to other people.
- We reviewed evidence confirming people's mental capacity to make these specific decisions had been completed appropriately.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place. The manager knew about their responsibilities in this area.
- Safeguarding incidents had been reported when required.
- Staff had completed relevant training and knew how to identify and report any safeguarding concerns.

- People told us they felt safe living at the service.

Using medicines safely

- Medication was managed safely.
- People's medication was always available, administered on time and there were no gaps in the medication administration records. For example, 1 person required rescue medication to manage a health condition in case of emergency. We saw staff supporting this person had this medication with them all the time, including when accessing the community. Relevant care plans and protocols for this medication were in place and were known to staff.
- Staff responsible for administering medication had been trained and their competency regularly assessed.
- Medication audits were being completed and when issues were identified, an action plan was put in place.

Staffing and recruitment

- The provider had a robust system in place to recruit new staff. Staff personnel files included references from previous employees, identity checks and Disclosure and Barring Service (DBS). DBS checks provide information including details about any convictions and cautions held on the Police National Computer.
- Staffing levels were determined by the level of support people required.
- We saw examples of how staffing levels were managed and allocated to support people on a one-to-one basis, for example during outings or holidays.
- Some staff told us there were enough staff but when agency staff were on shift, it was sometimes hard to manage the workload. We discussed this with the registered manager and they told us about the additional processes in place to induct agency staff and their ongoing recruitment programme.
- People and relatives did not raise concerns about staffing levels at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 relatives told us they were satisfied with the care provided. One person told us they enjoyed living at the service, because they felt "all [were] good people, staff and residents."
- People told us, and we saw evidence confirming, they were engaged in activities of their interest, including activities to enhance their skills and learning. One person told us, "[Name of staff member] helped me apply for a job at [restaurant]." Another person commented on the various outings and holidays they had been on, "Town, shops, seaside Blackpool, Scarborough, [I] went to a caravan park" and added, "we used to go abroad [before COVID – 19 pandemic] to Benidorm and Tenerife."
- There were systems in place for gathering the views of people using the service. Regular meetings with people using the service were conducted and relevant areas were discussed.
- The systems in place promoted effective communication with staff, including handover meetings and staff meetings. Records we looked at demonstrated this happened regularly.
- There was an open culture within the service. People, relatives and staff told us the registered manager was supportive, they could raise concerns with them and they were listened to.

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

- In our review of people's care, we found although person-centred assessments and care plans were in place, some areas of people's care plans were not always written from their point of view. In our conversations with people, relatives and staff, as well as in our observations during the inspection visit, we were assured this was a recording issue. We discussed this with the registered manager and it was actioned immediately.
- The provider had several quality assurance systems in place. When required, action plans were generated to drive improvements. This ensured there was good oversight of the service.
- During this inspection, we received positive feedback from people, relatives and staff in relation to the registered manager and other members of the management team being very approachable and supportive. Comments included, "If I have any concerns, [name of registered manager] is very open, very supportive, we sit and talk" and "[Name of deputy manager] is very good."
- The registered manager understood their responsibilities under the duty of candour and were open about

any lessons that needed to be learnt as a result of incidents.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team such as district nurses and social workers.