Clarex Limited

Clare House Residential Home

Inspection report

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Date of inspection visit:
22 February 2022

Date of publication:
25 March 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Clare House Residential Home is a care home registered to provide personal care for up to 25 older people including people living with dementia. At the time of the inspection there were 19 people residing at the service.

People's experience of using this service and what we found
Environmental factors placed people at risk. Not all windows had working restrictors on, water temperatures were too high, and wardrobes were not attached to the walls. All of these issues were rectified after the inspection.

Records were not always kept up to date and detailed. We found missing recording in cleaning schedules, daily tasks, meals and pressure care.

Medicine management required improvement. Peoples medicine administration records were not always completed fully.

Oversight of the service had improved since the last inspection; however systems and processes were not always effective in identifying risks to people.

People were supported by staff who knew them well, had been safely recruited and had the relevant training and skills to meet individual needs.

The environment appeared clean and hygienic and processes protected people from the risks of COVID-19. Staff, people and visitors were tested regularly for COVID-19. The provider had a decoration action plan in place and work had started to improve the environment.

People, relatives and staff were asked to feedback on the service and felt listened to by the registered manager.

People, relatives and staff were positive about Clare House and the support offered to people living there.

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

Rating at last inspection and update.
The last rating for this service was requires improvement (Published 30 April 2019) and there was a breach of regulation. 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.

Why we inspected

We received concerns in relation to safeguarding, records and oversight. 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.

The overall rating for the service has not changed from requires improvement, based on the findings of this 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. This included checking the provider was meeting COVID-19 vaccination requirements.

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.

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 oversight and risk management at this inspection.

Please see the action we have told the provider to take at the end of this 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Clare House Residential 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
The inspection was completed by one inspector.

Service and service type
Clare House residential Home 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. Clare 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.

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
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers.
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● People were at risk of scalding. Water temperatures in bedrooms and bathrooms were above the health and safety executives recommended temperature of 44°C. We observed temperatures of between 48°C and 50°C. People did not have any risk assessments regarding water temperature risks. The registered manager implemented strategies immediately after the inspection to reduce this risk.

● People at risk of falls did not have risk assessments in place to evidence the risk of them pulling a wardrobe over had been identified or mitigated. We observed wardrobes had not been attached to the walls. This put people at risk of harm. The registered manager attached all wardrobes to the walls immediately after the inspection.

● People were at increased risks of skin pressure damage. One person required support with repositioning to reduce the risk of skin pressure damage. However, the timescales for repositioning support had not been identified or recorded. Two people had nothing recorded to evidence staff had checked their pressure mattress settings for the past 11 days. This put people at risk of pressure damage.

● Staff did not always have the information required to ensure they could support people safely. For example, epilepsy information did not contain type of seizure or rescue medicines used. People at risk of constipation did not have their 'normal' bowel movements recorded to support staff to understand when additional support was needed.

● People were at risk of malnutrition. Records did not evidence when a person had a fortified meal or milkshake and some people did not have three meals a day recorded as offered.

We found no evidence of harm. However, the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. These are a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● Injuries had not always been recorded in detail to identify the size, shape or colour of the injury. This information would support staff in understanding when follow up healthcare may be required. The registered manager agreed to implement changes immediately.

● Staff received training on safeguarding people and understood how to report and record any concerns and how to recognise signs of abuse. People told us they felt safe at Clare House. One person said, "I am very safe here. Staff keep an eye on me."

Using medicines safely

● Medicine recording required improvement. When people had 'as required' (PRN) medicines prescribed, or

when staff recorded a code on people's medicine administration records (MAR). There was not always a reason recorded or identified. However, we found no evidence that people did not receive their medicines as prescribed.
● Staff administering medicines had the relevant training and had their competencies checked.
● When people had PRN medicines prescribed, staff had the information regarding when and how these medicines should be administered.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules were in place. However, records did not evidence continued cleaning after 3pm on multiple days.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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 registered manager followed the current government's guidance to facilitate visits safely. During the active COVID-19 outbreak people were supported to stay in touch with their relatives via video and phone calls.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment
● The rota evidenced there were sufficient staff on duty. People told us staff responded to their needs. One person told us, "Staff always get me what I need, when I need it." A relative said, "I have always seen many staff on duty and have not been concerned in any way in regard to low staffing."
● Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.

Learning lessons when things go wrong
● The registered manager monitored and reviewed incidents and accidents to identify if there were any trends or patterns. This information was shared with staff to ensure lessons were learnt.

Requires Improvement

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the services being provided. This was a breach Regulation 17 (Good Governance) of Health and the 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.

● Systems and processes to ensure the environment was safe were not effective. This put people at risk of harm from hot water, falling from a height and furniture falling on them. However, these issues were rectified immediately after inspection.
● Systems and processes were ineffective in identifying when records had not been completed. For example, we found gaps in the recording of repositioning tasks, pressure mattress settings, injury recording, cleaning schedules and daily notes. The registered manager had identified gaps in the auditing processes. However, due to some staffing issues the registered manager had prioritised supporting people and care rather than ensuring audits were completed in a timely manner.
● Systems and processes were not in place to check and monitor the recording of nutrition. This put people at risk of malnutrition. The registered manager agreed to implement improved systems to review and monitor records.
● Systems and processes were not in place in case of staff shortages or the registered manager not being at work. The provider's contingency plan did not include actions to be taken in the case of a COVID-19 outbreak and/or staff shortages.

We found no evidence of harm. However, the provider had failed to ensure adequate systems and processes were effective to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives were very positive about the registered manager. One relative told us, "[Registered manager] always welcomes us, talks to us and let's us know how [person] is getting on. [Registered manager] is very

accessible and I would say, is a brilliant manager. [Registered manager] is on top of everything and has dealt with the last two years (pandemic) very well. I have every faith, and am so glad that [person] is in Clare House."

● The registered manager understood their responsibilities to regulatory requirements. The registered manager submitted notifications to CQC appropriately.

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

● The registered manager apologised to people, and those important to them, when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Relatives were kept up to date with information regarding their loved one. One relative told us, "I am kept up to date with any changes or health concerns regarding [person]. Staff always ring me [Person] has any health problems and I have been kept informed."

● People, staff and relatives were asked to feedback on the service. This information was used to develop action plans to improve the service.

● People and staff had the opportunity to engage with the service through meetings. Meetings were recorded and actions taken in response to people's views.

Continuous learning and improving care; Working in partnership with others

● The registered manager was committed to improving the service and was open to all feedback given on inspection.

● The registered manager and staff worked closely with healthcare professionals to ensure people's needs were met. One health professional told us, "The staff are great here, always enough staff and they will willingly help as needed."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided