

Paul Clarke (Staffordshire) Community Interest Company

Paul Clarke Home

Inspection report

Chatterley House
Chatterley Road
Stoke On Trent
Staffordshire
ST6 4PX

Tel: 01782834354

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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. Seven people were living at the service though one was in hospital 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:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Improvements were required to systems and processes in place to ensure that quality and safety was monitored and any areas for improvements were identified and acted on swiftly.

Staff knew the people that lived at the home well and knew how to safely meet their needs. However, there were gaps in staff training and the provider had not monitored this effectively or acted swiftly to ensure the right training was available to staff. Staff did feel well supported and had access to regular supervision and support.

We have made a recommendation about recruitment procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People's independence was supported and encouraged.

People felt safe and happy. They had choices and were supported to communicate effectively and express their views, which were listened to. Staff knew people well and catered for their preferences. Care plans were personalised and gave staff the information they needed to safely meet people's needs.

Staff treated people with kindness and there was a positive, inclusive atmosphere in the home. People and staff had good relationships.

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

Rating at last inspection: This is the first time the service has been inspected under this registration.

Why we inspected: This was a scheduled inspection based on the time since the service first registered with us.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will seek an action plan from the provider to show us how they will become compliant and by when. We will continue to monitor the service and inspect again within 12 months of the publication of this report.

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 two inspectors.

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 did not have a manager registered with the Care Quality Commission. The provider was acting as the manager until recruitment of a registered manager was complete. Registered managers 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 also sought feedback from commissioners of the service, social care professionals and the local safeguarding adults' team.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements.

During the inspection, we spoke with six people who used the service. We did this to gain their views about the care and to check that standards of care were being met. We observed how staff interacted with people in communal areas and we looked at the care records of three 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 senior member of care staff and briefly spoke with the acting manager, who was also the provider. 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.

Following the inspection, we asked the acting manager and provider to send us some additional information that was not available during the inspection, including a quality improvement plan. We received this information after the inspection visit.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels and recruitment:

- There were enough staff to meet people's needs. People told us they received the support they needed, when they needed it.
- Staffing levels were kept under review and adjusted if people had particular needs for support, for example, to attend an appointment. Staffing was flexible to meet people's needs.
- When staff were recruited, the provider carried out checks to ensure staff were safe and suitable to work with people who used the service. This included a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. When a staff member had a conviction, although the risk had been considered, a suitable risk assessment had not been kept on file to show how the provider had considered the risk and any actions taken as a result.
- We recommend that the service seek advice to ensure their recruitment procedures are robust.

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

- People felt safe. One person said, "I feel safe. I can speak to the staff."
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified and taken appropriate action to protect people.

Assessing risk, safety monitoring and management:

- People's risks were identified and assessed and there were clear plans in place to reduce risks to people.
- For example, a person had diabetes. There was a plan in place that explained the condition, the professional support the person received and explained what signs may be of concern and what action staff should take.
- Staff understood how to minimise risks for individuals and we saw they followed plans in place.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff who were administering medicines had been trained to do so safely.
- Protocols were in place to ensure that there was sufficient guidance for staff to follow when administering 'as required' medicines. There were also body maps in place to show staff where to apply prescribed creams.

- Medicines stocks were closely monitored to ensure administration was safe and that if people's stock was running low, action could be taken to ensure they had the medicines they required available to them.

Preventing and controlling infection:

- The home was clean and free from hazards.
- Staff understood the importance of infection control and we observed them following safe practices during the inspection, such as using personal protective equipment (PPE) when required.
- The provider employed domestic staff with responsibility for infection control practices and we saw them safely carrying out their role during the inspection.

Learning lessons when things go wrong:

- The manager and provider were keen to learn lessons. When professionals visited the home, the manager asked them for their feedback and used this to help improve the services. For example, a professional had commented that 'as required' medicines protocols would benefit from more detail. The manager had acted on this and we saw that 'as required' protocols were detailed and fit for purpose.
- The provider was working to an action plan to make improvements. The provider had developed the action plan following an external consultant assessment of the home, which the provider had arranged.

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

The effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience:

- Staff induction procedures did not ensure staff were trained in the areas the provider identified as relevant to their roles. New staff had started to work with people and completed an induction but this induction did not include any training. For example, the provider could not be sure staff were skilled in supporting people with learning disabilities, as they had not provided staff with any training in this area.
- The provider had a training matrix in place to ensure staff training was kept up to date. However, this was not being used effectively and some staff on the rota were not included on this matrix. The staff not included on the matrix had received some training in previous roles but the provider had not checked their competency before adding them to the rota to work with people.
- Some people who used the service had specific health conditions. The provider had not ensured that staff were trained to help manage these conditions. However, staff had clear guidance and the provider had recognised the need to introduce training to ensure staff delivered care in line with best practice.
- Staff felt supported and received regular supervision which gave opportunities to review their individual work and development needs. Staff told us training they had requested was in the process of being arranged.
- Following the inspection, the provider told us they had already signed up with a new training provider which would provide additional training to staff. This showed the provider had plans in place to make improvements in this area.

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 had been supported to consent to their care when they were able to. Decision specific assessments of people's capacity had been carried out when required.
- When people were being deprived of their liberty, this had been recognised by the provider and the

necessary application for authorisation had been requested. One person had an authorised DoLS at the time of the inspection. There were no conditions attached.

- Though the provider had followed the MCA and DoLS, they had not consistently trained and prepared their staff in understanding the requirements of the MCA in general, and the specific requirements of the DoLS. Some staff told us and the provider's training matrix confirmed that not all staff had received training in this area. Staff could demonstrate only a basic understanding of the MCA but demonstrated how they supported people to make their own decisions and protect their freedom.

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

- People's needs were assessed, planned for and regularly reviewed to ensure they received support that met their changing needs.
- However, some improvements were required to ensure that people's diverse needs were assessed and planned for, including consideration of protected characteristics under the Equalities Act 2010. People's sexuality had not been considered so it was not clear what support people needed in this area, for example to meet new people or pursue a relationship.

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

- People were supported to eat and drink enough to maintain a healthy diet and staff maximised their choice and involvement.
- When people had particular needs or risks relating to food and drink, staff were aware of these and followed the plans in place to ensure people received effective support.

Staff working together and with other agencies to provide consistent, effective, timely care:

- Staff attended handover sessions at the start of each shift and these were effective as they ensured staff had the information they needed to provide effective care.
- A staff member said, "Staff all work well together, we are all supportive of each other. We come in 15 minutes early for handover, we have a specific file where we keep all the information and this makes sure we have all the information we need to support people."
- People were referred to other agencies for support when required. Some people had recently been referred for a social care review and subsequent Occupational Therapy assessment following a change in their needs.

Supporting people to live healthier lives, access healthcare services and support:

- People had timely access to healthcare services when required.
- One person told us how staff supported them to the dentist for some treatment.
- People had hospital passports in place which were up to date and regularly reviewed to ensure hospital staff had the important information about people that would be required should they need to attend at hospital.
- People were offered the seasonal flu jab and were encouraged and supported to be involved in the decision about whether to accept it.

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

- People were involved in decisions about the premises and environment and individuals' preferences,

culture and support needs were reflected in adaptations or the environment.

- People were able to personalise their bedrooms and proudly showed us their space and possessions.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were treated with kindness and compassion by staff. People were happy with the care they received and the way staff treated them.
- People's comments included, "I like it here. I like the people who look after you," and "I don't just like it here, I love it!"
- People had positive relationships with staff and we observed a positive atmosphere where people laughed together and enjoyed each other's company. One person said, "All of us and the staff are friends."

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

- We saw people were offered choices and staff adapted their communication style to meet individual needs. For example, one person was given a short list of options and given time to think and communicate their choice. They were then able to choose what they wanted.
- Staff supported people to access advocacy services when required and one person had been referred to an advocacy service to help them make an important decision.
- A weekly meeting was held with people where they were supported to express their views and be involved in decision about their care, such as meal planning and activity scheduling.

Respecting and promoting people's privacy, dignity and independence:

- People could choose when they wanted to spend time alone and this was respected by staff.
- We saw staff knocked on people's bedroom doors before entering, respecting people's privacy.
- Some people chose to have a key to their room and to keep it locked when not inside. This was facilitated and respected by the provider.
- People's independence was respected and promoted. People took pride in their involvement in the running of the home and we saw people were supported to develop independent living skills such as washing dishes, preparing meals and budgeting.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us and their records confirmed they were involved in planning and reviewing their care, to ensure their preferences were identified and met. For example, one person did not want to be checked on during the night as this disturbed their sleep. This was recorded in their care plans and they confirmed their preference was met.
- People had access to activities they enjoyed. One person said, "There's always stuff going on." We saw a team game was being enjoyed by people and staff.
- People could choose how to spend their time and were supported to follow their interests. One person said, "I go out when I want to, sometimes with staff, sometimes on my own." Another person said, "I like to spend time in the garden and I like to spend a lot of time in my room. I like watching television." Other people told us of holidays and music concerts they were supported to attend.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns:

- There was a suitable complaints policy and procedure in place and an accessible version was displayed at the service to aid people's understanding and involvement.
- Staff knew how to respond to any concerns or complaints that were raised with them.
- No recent complaints had been received however there was a suitable system in place to investigate and learn from complaints.

End of life care and support:

- At the time of the inspection, no one was receiving end of life care.
- Some advance discussions had taken place to consider people's end of life wishes, and relevant people had been involved in these discussions.

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

Service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support:

- There had not been a registered manager in post since April 2018. The provider was acting as manager until they had recruited a registered manager. The provider wanted to embed new systems and processes prior to the appointment of a manager. The provider told us they would apply to become registered manager for a temporary period as it is a condition of their registration, to have a registered manager.
 - The provider is required by law to notify us of certain events including any authorised Deprivation of Liberty Safeguards (DoLS) authorisations. This ensures we can check that the provider is taking appropriate action. We found one person had an authorisation in place and the provider had not notified us. This was a breach of Regulation 18 (1) Care Quality Commission (Registration) Regulations 2009.
 - Improvements were required to the governance systems in place to ensure the quality and safety of the services was monitored, and action taken to make improvements when required. For example, the training matrix used by the provider showed multiple gaps in staff training and most staff had not completed any training in Equality, Diversity and Human Rights. Steps had not been taken to ensure that staff had completed the required training in a reasonable timeframe and the training matrix was not being used effectively to ensure a robust approach to staff training and competency. Following the inspection, the provider told us additional training had been arranged for staff but this did not cover all gaps.
 - There was an audit schedule in place which detailed which audits needed to take place and at what intervals. However, these were not consistently being completed.
 - The manager and provider had a quality improvement plan in place. They had identified areas for improvements and had plans in place to address these. However, these plans had not always ensured that timely action was taken to address improvement actions. For example, a robust quality assurance system was still not being operated.
 - The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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- There were other areas of positive practice where the provider had identified a need for improvement and the planned actions had been successful. For example, improvements to medicines management had been identified, actions were in place and we saw these had been completed and were successful as medicines were well managed. However, there was not a systematic approach to recognise and address areas that required improvement in the home.

Engaging and involving people using the service, the public and staff:

- People were engaged and involved in the service. They were given opportunities to share feedback on an individual basis and in weekly meetings. The provider had further plans in place to maximise people's involvement by introducing a newsletter and 'you said, we did' board to share actions taken with people.
- There was a positive culture within the home. Staff felt well supported and listened to. A staff member said, "[The manager/provider] is really good. Usually she's here and she's lovely. I feel supported." Another staff member said, "Management are very supportive, I've always felt supported here. I love it, it's my staying place."

Continuous learning and improving care:

- There was a culture of learning and improvement and the provider demonstrated a desire to continually improve the service and outcomes for people.
- The manager told us they planned to "skill up" the staff so that they could complete audits and quality monitoring and they planned to introduce lead roles dependent on staffs' particular interests and skills.
- The provider had made a number of improvements to the service following feedback from professionals. For example, care plans were now up to date, personalised and reflected people's individual needs.

Working in partnership with others:

- The service worked in collaboration with other professionals, which ensured people received support in all areas of their lives. For example, people had access to a wide range of health professionals.
- The provider worked in partnership with others to share good practice and participated in forums and local meetings to keep up to date and encourage continual improvement.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider is required by law to notify us of certain events including any authorised Deprivation of Liberty Safeguards (DoLS) authorisations. This ensures we can check that the provider is taking appropriate action. We found one person had an authorisation in place and the provider had not notified us.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements were needed to the governance systems in place, to ensure the quality and safety of the service were monitored and areas for improvements were identified and timely actions taken when required. Systems needed to be operated effectively to ensure compliance with regulations including notification of other incidents.</p>