

Cherry Garden Properties Limited

Clare Hall Nursing Home

Inspection report

Ston Easton
Radstock
Somerset
BA3 4DE

Tel: 01761241626

Date of inspection visit:
25 April 2023
27 April 2023

Date of publication:
28 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Clare Hall Nursing Home is a nursing home providing personal and nursing care for up to 57 people aged over 65 years. At the time of our inspection there were 40 people using the service. Clare Hall Nursing Home provides accommodation in one large, adapted building.

People's experiences of using the service

Since the last inspection there had been changes in the management team and the service had a new registered manager and compliance manager. New systems and processes had been introduced to monitor the service. However, the new processes were still not fully effective in identifying and addressing all of the shortfalls in a timely way. These new systems required more time to embed into practice and to drive improvements. However, staff knew people well and knew how to support people. During the inspection we observed positive interactions between staff and people.

The registered manager and nominated individual were responsive to our feedback and took action to address the issues identified during the inspection and following our visit.

People were supported by enough staff who were recruited safely. Staff told us the atmosphere and communication in the home had improved. Staff felt supported by the registered manager and told us they were approachable. The service employs several overseas workers and uses agency staff regularly. The service was in the process of starting a comprehensive risk assessment of overseas workers who live onsite. The service is currently embedding robust inductions for all agency staff.

There was mixed feedback from people and their relatives. People and their relatives told us they felt safe. There were some comments about the service being short staffed.

Staff spoken with understood how to protect people from poor care and abuse, where safeguarding concerns had been identified lessons had been learnt.

Medicines were stored and administered safely, and protocols were in place for the administration of 'as required' medicines.

The home was undergoing a refurbishment programme which meant that bedrooms were being decorated and equipped with wet rooms in most cases.

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.

Rating at last inspection

The last rating for this service was good (published 16 August 2021).

Why we Inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Please see the report below for more detail

Requires Improvement ●

Is the service effective?

The service was not always effective

Please see the report below for more detail

Requires Improvement ●

Is the service well-led?

The service was not always well led

Please see the report below for more detail

Requires Improvement ●

Clare Hall Nursing 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 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 carried out by 2 inspectors and an Expert by Experience who spoke with relatives by telephone. 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

Clare Hall Nursing 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 Hall Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

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.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

What we did during the inspection

We spoke with 12 people who used the service and 12 relatives. We spoke with 8 staff including the registered manager and nominated individual.

We reviewed a range of records. This included 7 people's care records and several medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and health and safety checks 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.

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. At this inspection the rating has changed to 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

- We reviewed risk assessments relating to different aspects of people's care, including the risk of falls, choking, and skin damage. All assessments had been reviewed regularly. However, some care plans did not always consistently provide detailed and person-centred information for staff on how they needed to help people be safe and daily records did not always show that staff followed care plan guidance. The provider's action plan had identified record keeping as an area that needed improving and they were working to improve this.
- We looked at the moving and handling plan for one person where the guidance for staff was, "Transferred with assistance of two and a stand aid." During the inspection we observed staff transferring the person using a hoist. When we discussed this with a member of staff they said the person's needs had recently changed; however, the care plan had not been updated to reflect this. The handover sheet we were provided with had also not been updated. We raised this with the registered manager who addressed this during the inspection.
- The service had a number of overseas workers living onsite. The provider was in the process of starting a comprehensive risk assessment to ensure any risks were mitigated as far as can be possible.
- There was mixed feedback from people and their relatives if the service was safe. A relative told us, "Three times to my knowledge he has been in wet clothing the last couple of weeks, the staff asked if it was alright with him if they left him wet whilst he had lunch, he said no." Another relative told us, "I think she's safe, so far so good, staff are lovely they always answer my questions." A person told us, "It's lovely always nice and clean."
- The registered manager met people living at the service weekly to ask if they had any concerns with their care and if they felt safe living in the care home.
- During the inspection we saw evidence of how the management team at the home were working to embed better care practices within the staff culture. For example, daily observations of staff had been introduced to reflect and improve on care delivered. This included the recording of information. The service in recent months have moved from paper records to electronic records, the use of this new system was still being embedded into practice.
- Regular health, environmental and safety checks were carried out to monitor the safety of the service.

Using medicines safely

- Some people had been prescribed transdermal patches. Although patch records were in place, the records did not show that staff consistently followed manufacturer guidance around rotation of patch application sites. Some of the transdermal patches prescribed needed to be rotated at each application. Although some people's records showed this took place, it was inconsistent. No one had come to harm as a

result of this.

- Some people had been prescribed topical medicines such as creams or lotions. Records for topical administration were in place but some had not been consistently signed by staff to show they had been applied. This had been identified in the service action plan and the action plan was being reviewed and updated regularly.
- Medicines were stored safely, and ongoing stock balance checks were carried out. Temperature of storage areas were monitored.
- Some people had been prescribed additional medicines on an as required (PRN) basis. In these instances, PRN protocols were in place, and these were personalised and informed staff when and why people might require additional medicines.
- We looked at the records for one person who was receiving their medicines covertly. This is when medicines are disguised within food or drink. The documentation in place showed clearly who had been involved in the decision-making process and how the medicine should be administered. This included the GP, the pharmacist and the person's family.
- Staff responsible for administering medicines completed medicines training and had their competencies regularly checked.
- Regular medicine audits were carried out.

Systems and processes to safeguard people from the risk of abuse

- The provider's records showed they responded to and investigated any concerns. Action had been taken to mitigate and prevent future risk of harm to people. The service and registered manager raised safeguarding alerts with the local authority safeguarding team as appropriate.
- Staff had received safeguarding training. Where there had been a safeguarding concern that had not been acted on appropriately by staff, the registered manager and provider had learnt from this and implemented changes to the way staff assessed risk and escalated concerns.
- Staff we spoke with understood their responsibilities to keep people safe. A staff member said, "People are safe living here. We have a very good team of staff, we all get on, we all support each other. I monitor the floor as I go round, I'm in and out of people's rooms so I keep an eye on things."
- Staff said they felt confident raising concerns about poor care. A staff member said, "I would raise concerns with [registered manager] and I know she would sort it."

Staffing levels

- Safe recruitment processes were in place. The provider completed checks on the suitability of potential staff. This included obtaining references and checks for right to work in the UK and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- There was enough staff on duty to meet people's needs. Staff did not appear rushed and were available when people needed them. A staff member said, "I think we're quite good for staffing levels. If someone calls in sick, we will continue with current staff levels, but I think the levels are good."
- There was mixed feedback from people and their relatives about staff levels. A relative said, "There are more staff now, but at weekends it is still all agency staff." Another relative told us, "There are less staff at night." A person told us, "There are enough staff, the carer's are good."
- The registered manager told us they had recently employed 6 new staff who were due to start work at the service over the coming months.

Preventing and controlling infection

- The environment was visibly clean. A relative told us it was, "Spotlessly clean."
- There were cleaning schedules in place which staff signed to confirm they had completed housekeeping

tasks.

- 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 preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- There was enough personal protective equipment in place for staff to access.
- 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.
- The laundry room was clean and tidy. Dirty linen was kept separate from clean items to reduce the risk of cross infection

Visiting in care homes

- The care home was following government guidance at the time of inspection.

Learning lessons when things go wrong

- Staff reported accidents and incidents. There was a review, investigation, record of who was notified and any learning for each incident. The registered manager completed an evaluation of incidents.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans in relation to people's health were not always clear and informative.
- For example, wound care plans specified the type of wound dressing to be used and the frequency of wound dressings. However, measuring tools had not always been used in photographs of wounds. This meant it would be difficult for nurses to easily assess if wounds were improving or deteriorating. This was of relevance because of the high use of agency nurses. A staff member told us measuring tools should have been used for each photograph.
- Diabetes plans described the signs and symptoms of high and low blood sugar, and the steps staff should take if this occurred.

Supporting people to eat and drink enough with choice in a balanced diet

- It was not always clear how staff monitored people's fluid intake. There were fluid intake charts in place that showed people did not always receive an adequate fluid intake. However, we were informed that not all these people were supposed to be having their intake monitored.
- We looked at the fluid intake records for one person who had recently been admitted to hospital with a urinary tract infection. The records had been inconsistently completed. For example, records showed on one day the person had 60mls of fluid all day and on another day no fluid intake was recorded.
- Staff told us this person's fluid intake was not being monitored despite the care plan stating the person was, "At risk of malnutrition and dehydration" and, "Oral intake can be inadequate and can decline food and fluids. There was nothing recorded to indicate if staff had noted the poor fluid intake or if this had been escalated to the nurse in charge. A staff member said, "Documentation is not where we would like it to be."
- Fluid monitoring had been identified as area of improvement in service audits. The provider had an action plan in place to address fluid and nutrition monitoring and how to escalate concerns for individuals identified as at risk. The action plan was being reviewed and updated regularly.
- We saw minutes from a staff meeting on 02 February 2023 where fluid intake recording was raised as an issue and a member of staff told us staff training around documentation had been carried out recently.
- Kitchen staff were made aware of people's dietary needs and preferences. We saw that 1 person who had particular tastes had their own menu they could choose from.
- A person told us, "There is choice of food, I like kippers for breakfast." A relative told us, "[Name of person] is coeliac, and they are very accommodating as regards his food he gets home made cakes and biscuits and bread."

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service completed mental capacity assessments and best interest decisions for people in line with the principles of the MCA. Some lacked information and we discussed this with the registered manager during inspection. The service had recently changed from a paper system to an electronic system. A staff member told us they were still updating the electronic system. The provider had an action plan in place to address this.
- The provider made appropriate referrals to the local authority for DoLS assessments.

Staff support; induction, training, skills, and experience

- Staff told us they were very well supported and provided with opportunities to learn, and progress. Records we reviewed showed staff supervision and appraisal sessions were used to identify areas for development, learning opportunities, and to recognise positive contributions.
- Staff received training relevant to their roles and to the people they supported. Training records we reviewed included manual handling, dementia awareness, diabetes, and fire safety
- All the staff we spoke with said they felt supported in their roles. Comments included, "The company is very supportive. They're helping me to thrive and have made me believe I know what I'm talking about" and, "I feel supported here. [Registered manager] is approachable, and any issues we can go to her, and she listens."
- Staff had the opportunity to complete the Care Certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records we reviewed showed staff had an induction to the service. The provider had recently introduced a robust induction for all agency staff. This was important because the service used agency staff on a regular basis.

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

- Staff told us they had positive working relationships with external partners, physiotherapists and occupational therapists. The GP carried out weekly visits to the home.
- The registered manager said they had good input from health services, with a professional from the local health partnership delivering training for staff.
- People were supported to attend health appointments and access health care. The care home had regular input from the GP and the Integrated care team.

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

- The home was adapted to meet people's needs. People had access to outdoor space and the grounds were well maintained. A person said, "It is a nice place, the grounds are lovely."
- People's rooms were personalised with personal effects such as photos, furnishings and books.
- The provider showed us an improvement plan they had for the home, this included refurbishing rooms with some including wet rooms.

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 changed to requires improvement. This meant the service was not always consistently managed and well-led. Leaders and the culture they created did not always support the delivery of high-quality, person-centred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to monitor the service provided. These included audits for care plans, nutrition, and call bell response times. Audits had been completed at their prescribed intervals. However, these checks did not always identify and address where there continued to be concerns with the recording and communicating of important information about people's needs.
- For example, although fluid monitoring had been identified as an area of improvement there was a lack of oversight monitoring fluids for some people which meant there was a risk that some people were not always supported to have enough to drink.
- The provider had a system in place to monitor staff training and supervision. Supervisions took place regularly and included group supervisions around themed areas such as safeguarding. Where concerns with practice had been identified with staff this was being addressed with individuals through the appropriate routes to improve practice.
- The Care Quality Commission had been notified by the provider and registered manager of incidents which had occurred in line with their legal responsibilities.
- The home had quality assurance systems in place that checked the recording of incidents and accidents including analysing any trends.
- Staff had daily handover meetings to communicate important changes and to ensure continuity of care for people. Staff were able to read the handovers to keep up to date in respect of the welfare of people.

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

- Regular staff meetings took place. We saw minutes of these meetings which showed that staff were kept informed about changes and improvements and that lessons learned were shared.
- Regular resident and relative meetings took place. Actions arising from these had been completed. For example, we saw that people had complained food was sometimes not served as hot as they would like. Microwaves had been put in place on each floor so that staff could heat food if needed.
- Regular surveys were carried out. Positive feedback had been received from people and staff. Comments included, "I am more supported now than the previous year", "The home seems a lot calmer since new management in place" and "Atmosphere much better, staff morale is improving."
- Staff spoke highly of the management changes. A member of staff said, "As soon as [registered manager] came, things changed in a positive way. She is so supportive and if I need any advice, I can go to her. She's always got time for me, and always says, 'we will sort it'." Another member of staff said, "The atmosphere

here is much better now. We [staff] were disheartened with the job, but now, we're swimming along quite nicely."

Continuous learning and improving care

- The registered manager and her management team undertook daily walks around the home to monitor the day to day running of the service. They had introduced changes to systems and process when improvements were identified. This meant they were continually looking to improve the service and the care people received.
- The registered manager was working on broadening the training available for staff this included training around risk management, first aid for all staff and mental capacity act training for all staff.
- The registered manager held bimonthly professional discussions with clinical staff to discuss any issues with clinical care. Lessons learnt from accidents, incidents and safeguarding were fed back in meetings to staff, and actions were followed up.
- The service had introduced new competency checks through regular observations of staff practice.
- The provider had an action plan in place to improve the service, this was regularly reviewed and updated. Staff we spoke with were aware of the plan to improve the service. A staff member said, "We've made a lot of improvements in the last 6 months. We're not perfect, but we're getting there."

Working in partnership with others

- The service had a good working relationship with the local GP services and other local health care providers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the management team were open and transparent and had clear visions and values for the home. They told us the main aim of the home was to provide a high standard of care to people.
- The registered manager supported staff's wellbeing and helped them feel valued. The staff team celebrated staff birthdays and the registered manager encouraged staff development. The registered manager had introduced staff recognition for those who go above and beyond in their line work.

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 and the provider understood their responsibilities under the duty of candour.