Clarkson House Residential Care Home Ltd

Clarkson House Residential Care Home

Inspection report

56 Currier Lane
Ashton Under Lyne
Lancashire
OL6 6TB

Tel: 01613084618

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

Clarkson House is situated in the Tameside area and has access to local bus routes into Ashton Town Centre. The home provides 24 hour residential care and support for up to 28 older people. Some of those people have dementia care needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was first registered in October 2010.

At the last inspection of December 2017, the service was found to be in breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. This was in respect of Regulation 10 10(1). Privacy and dignity. Regulation 12(2)(a). Risk assessments were not undertaken to a sufficient level to protect people. Regulation 18(2)(a). Staff were not adequately trained and Regulation 17(a), (b), (c) and (e). Governance and record keeping processes were ineffective in monitoring people's needs and preferences, assessing the safety of the premises, medicines and acting on people's feedback. The service sent us an action plan to show how they were going to meet the regulations and we found that the regulations were met at this inspection. At this inspection we found further breaches in the regulations and we have told the provider what action to take in the body of the report.

The home was clean, tidy and homely in character. Not all equipment was maintained to a safe standard.

Not all notifications had been made to the Care Quality Commission in a timely manner.

We recommended that the service look at best the best practice guidelines of the National Institute for Health and Clinical Excellence (NICE) for the administration of medicines.

Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and helped ensure new staff were safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and we saw all records had been suitably maintained.
Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection which helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and they told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care were individual, person centred and reviewed regularly to help meet their health and social care needs.

We observed people were treated with respect and dignity.

People's age, gender, sexuality and religion were respected.

We saw that people could attend activities of their choice and families and friends were able to visit when they wanted.

Audits, meetings and surveys helped the service maintain and improve their standards of support.

People told us they thought the deputy manager was approachable and supportive.

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.

Some aspects of the environment were a risk to the health and well-being of people who used the service.

The recruitment of new staff was robust and helped ensure new staff were safe to work with vulnerable adults.

There were systems to ensure the management of medicines was safe.

Is the service effective?

Requires Improvement

The service was not always effective.

The Care Quality Commission had not received all notifications which are required to be sent by the provider.

People were given sufficient food and drink to maintain their nutritional and hydration needs.

The induction, training and supervision of staff was being undertaken.

Is the service caring?

Good

The service was caring.

We observed staff were kind and had a good rapport with people who used the service.

We saw that people were offered choice in many aspects of their lives and encouraged to remain independent.

People were encouraged to maintain in contact with their family and friends.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns and people told us they felt confident they could raise any issues.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service cannot be rated as good in well-led if there are breaches in any other domain.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Clarkson House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and was conducted by two adult social care inspectors on the 28 June 2018.

We asked for and received a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We used this information to help with planning the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with four people who used the service, two relatives, the manager, deputy manager, two care staff members and the cook.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for two people and medicines administration records for six people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. During the tour of the building we saw some radiators were of a type that could burn people because they did not have a protective guard. We asked the provider to conduct an audit and the number of unguarded radiators totalled eight. The provider has since informed us that radiator covers have been made for three of the radiators and they were waiting for the rest. We were informed that the three covers will be fitted on the 10 July 2018 and the remaining when they arrive. The provider has told us they will inform us when the covers have been fitted.

We checked water outlet temperatures and found they were safe except one bath which was recorded at 52 degrees centigrade which had the potential to scald people. We asked the provider to attend to this promptly and this was rectified shortly after the inspection. There were uncovered hot water pipes in room seventeen and the downstairs bathrooms. We pointed out the dangers of unguarded hot water pipes and asked the manager to conduct an audit of any other pipes in the building that needed attention and cover them to protect people. The provider told us they will inform us when the work has been completed.

When we went into some of the bedrooms we noted that the door locks were of a type that people could deadlock from the inside. This meant that people, especially those who had a dementia related illness could lock themselves in and the door would have to be removed forcibly. This was unsafe for people who used the service. The provider told us the deadlocks were removed following our visit.

We also noted that not all windows had a device that restricted the opening. This meant that people were at risk of falling out. The provider checked on the day of the inspection. There were twelve windows without restrictors although this included windows on the ground floor which did not pose a threat to people's safety and were included for security purposes. The provider told us they had ordered the devices and they have since been fitted.

These were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (2) (d). Safe care and treatment.

A person who used the service told us, "I feel safe." A relative said, "I feel my relative is safe and I have no concerns."

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. The staff we spoke with were aware of safeguarding issues and how to report them. There had been two safeguarding referrals. One did not concern the service and the second was unsubstantiated. However, we saw the deputy manager had appropriately responded to the

issues. People we spoke with said they felt safe at the home and two family members both thought their relatives were well cared for.

We looked at four staff files and saw that there had been a robust recruitment procedure. Each file contained two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. This meant staff were suitably checked and helped ensure they were safe to work with vulnerable adults.

We looked at the numbers of staff on duty and when we arrived on the day of the inspection there was a deputy manager, three care staff (one senior), a cook and a domestic. The registered manager arrived later in the morning. The deputy manager said these staffing levels were normal for the service. Staff we spoke with said there was normally enough staff on duty except in unusual circumstances, perhaps when staff called sick in at short notice.

We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing, the lift and fire alarm system. We checked some water temperatures and hot water outlets and they were safe except in the one bathroom.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the fire procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a business continuity plan which showed how the service would react to unforeseen emergencies such as a gas or power failure.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked to help ensure the safety of people who used the service.

On the day of the inspection we toured all communal areas of the home and several bedrooms. We saw the home was clean, uncluttered and did not contain any odours that people may find offensive.

There were policies and procedures for the control and prevention of infection. The training records showed most staff had undertaken training in the control and prevention of infection. The laundry was sited away from food preparation areas. The laundry was too small to provide a system for separating clean and dirty laundry. There were hand washing facilities in the laundry to prevent the spread of infection. The registered manager had ordered some new bags which would safely handle contaminated laundry. The washing machine had the capability to safely wash soiled linen.

Staff had access to personal protective equipment including gloves and aprons and there were hand washing facilities around the building for staff to use to help prevent the spread of infection. The registered manager conducted infection control audits and checked the home was clean and tidy.

At the last inspection risk assessments did not always protect the health and well-being of people who used the service. We looked at two plans of care during this inspection. There were assessments for tissue viability, nutrition and moving and handling. We saw that the assessments were detailed and showed how the service minimised the risks to people in these areas.

We looked at the systems for the administration of medicines and the medicines records (MAR) for six

people. There was a medicines administration policy which staff could refer to for good practice issues. The MAR charts had been completed to show when people had received their medicines and there were no gaps or omissions.

The medicines trolley was attached to the wall in an office. Staff were reminded to ensure the door was locked when they left the office to administer medicines. The temperature of the office was recorded to ensure medicines were stored to manufacturers guidelines. There was no separate fridge for the storage of medicines that needed to be kept cold. The fridge in the kitchen would be used for any medicines of this type. We recommended that the provider look at best practice for the administration, storage, recording and disposal of medicines to see where the service could improve upon medicines administration. NICE guidelines are considered best practice for medicines management.

The service retained information leaflets and had a reference book to look for any side effects or contra-indications of when medicines should not be given. There was a controlled drugs cupboard and register for any person who required these stronger types of drugs. Nobody was prescribed controlled drugs.

We saw that topical (skin) creams were administered and signed by the member of staff who applied them. The medicines system was audited by staff weekly and managers regularly to check for any errors. Staff who administered medicines had been trained to do so. The training records showed staff were up to date with this training.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). We saw that people's mental health and capacity were assessed in the plans of care.

Seven people had been assessed and were subject to a DoLS. The service had applied for the DoLS using current guidelines. We saw the manager and registered manager used a system to track when DoLS needed to be applied for or when they were due for renewal. However, the DoLS had not been notified to the Care Quality Commission (CQC). All seven have since been notified to us and we have seen that they are now recorded on our system.

There was also one safeguarding notification which had not been reported to us but this was made by a district nurse and was not substantiated.

However, not notifying the CQC of the DoLS is a breach of Regulations 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents. The provider must inform the CQC of any events that affect the well-being of a person who uses the service or any restrictions placed upon them. We did see that where possible people signed their consent to care and treatment, observed how staff asked people what they wanted and waited for their consent before providing any support.

We saw that accidents were recorded and there was a section for managers to complete to try to minimise any future occurrence. We looked at the last few months accident records which were minor and did not require notification to the CQC. We had been notified of all deaths.

People who used the service told us, "The food is very good. If I don't like it they will change it. There is an alternative" and "You couldn't get better food at the Waldorf."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure

their health care needs were met. The plans of care contained details of any special needs a person had with their intake of food and drink and specialist help and advice sought where needed, for example a dietician had been contacted for one person.

The main meal was served at lunch time and we saw people told us they could have an alternative. People had what they wanted from the usual range of breakfast foods including a cooked option. There was a lighter tea and a supper was served in the evening. Drinks were served at regular intervals and we saw that jugs of cold drinks were left out for people to help themselves. We saw staff encouraged people to have a drink to keep hydrated. There was a regular check on people's weights and there was a record of what people ate at each meal to ensure people were not gaining or losing too much weight.

We looked in the kitchen, which was clean and tidy. There were sufficient supplies of fresh, frozen, canned and dried foods, including fresh fruit which was served from the drinks trolley. The dining room contained sufficient seating for people to take their meals in a social setting and there were condiments for people to flavour their food. People could also take their meals and drinks in their rooms if they wished and we saw two people sat outside in the good weather with their drinks.

We spoke with the cook who was aware of any diets people were on. We found the cook to be knowledgeable about the diets especially around people who had diabetes and how to fortify food to provide more calories if people needed them. We did see that the food served was not always what was on the menu. The cook said they were in the process of changing the menu's and the new menus would better reflect what was provided.

A person who used the service said, "My room is nice and comfortable." We toured the building on the day of the inspection. People were happy with the décor and facilities and there was a homely atmosphere. Bedrooms we visited had been personalised to people's own tastes.

There was an option of a bath or shower and equipment to assist people who had a mobility problem.

The garden was secure and provided seating for people to use in good weather. We saw that the garden was utilised on the day of the inspection.

New staff received an induction when they commenced work. The induction included showing staff around the building, introducing them to staff and people who used the service, the fire procedures and key policies and procedures. We asked the registered manager if he knew about the Care Certificate for staff who were new to the care industry and he said they were planning to introduce it to new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support. Staff at this service had mostly worked at the home for many years.

At the last inspection training was not always being undertaken. We looked at the training records for the staff team. Staff had been trained in key areas which included safeguarding, moving and handling, food hygiene, health and safety, infection prevention and control and fire awareness. The records showed staff were up to date with their training. Staff told us they felt they were encouraged to complete any training.

Staff received supervision around every two months and a yearly appraisal. The supervisions and appraisals gave staff the chance to discuss any needs they had and managers the opportunity to discuss their performance. There was a space on the forms for staff to make any comments, including any training needs they thought they had.

We saw the service liaised well with other organisations and professionals. Each person had their own GP and had access to professionals such as specialist nurses, hospital consultants and speech and dieticians. People were also supported to attend routine appointments with opticians, dentists and podiatrists. We saw a member of staff supporting someone to attend an appointment on the day of the inspection. The member of staff was not a member of the team on duty and had come in to take the person to their appointment.

Good

Is the service caring?

Our findings

People who used the service said, "The staff are good and know what they are doing" and "The staff are nice. They are all kind. This is a good place to live." Two relatives said, "It is spot on. The staff are lovely and I have no concerns. It is a really good place" and "It is a family orientated home. The staff are kind and respectful." Staff we spoke with were happy working at the service.

Through our observations we saw staff were kind and attentive. We did not see any breaches of people's privacy during the inspection, which was observed at the last inspection. We saw that where people could they were encouraged to do tasks for themselves to help them retain some independence. For example, two people decided they would spend time in the garden and took a book and newspaper to enjoy.

People were given choice in what they did, what they wore or what they had to eat and drink. One person said, "I go to bed and get up when I want. I like to sit in the conservatory and read my war books and listen to the radio." Plans of care recorded the level of people's abilities and their known preferences to enable staff to offer them suitable choices. We saw that people were clean and well presented.

Staff were taught the principles of privacy and dignity to ensure people were treated with respect.

We saw that staff had time to sit and talk to people on a one to one basis and no tasks we saw staff assist people with were hurried.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection. Staff were also informed about not putting confidential information on social media.

People could attend one of the two religious organisations who attended the home to practice their faith if they wished. This included the taking of Holy Communion for those who wanted to. The deputy manager said they had contacts with local faith organisations they could call on to meet people's religious needs if they had a different religion from the two organisations who visited the home.

The manager also said people could choose the sex of the member of staff if they wished. There was no person accommodated at the home who had any ethnic needs.

The deputy manager met with people who used the service to discuss their views about the home. People had a chance to bring up topics they needed and we saw that from one meeting a music and exercise session was held twice a week. The deputy manager asked people what they thought of the home, food, activities and comfort. In the cold weather spell people were asked if they were warm enough which showed the deputy manager was aware of people's needs.

We saw the compliments that families or people who had used the service had sent to the service. Comments included, "Thank you for the loving care you gave our [relative]"; "Thank you so much for all the care you gave our [family member] and for making us all so welcome"; "I really enjoyed my stay here. Thank

you very much for all your care" and "Our relative was treated with the utmost respect."

We spoke with relatives on the day of the inspection. There were no restrictions to visiting. We saw relatives engaged with their family members and other people who used the service including them in their hobby of gardening. This visitor helped maintain the flower tubs.

Good

Is the service responsive?

Our findings

People we spoke with on the day of the inspection did not have any concerns about the service. A person who used the service told us, "I have not had to make a complaint, ever." Relatives said, "I have never had to make a complaint but I would know how to" and "I have no concerns. I have never had to make a complaint. Its lovely."

There was a complaints procedure in the hallway which gave people the information to raise a concern if they wished. Whilst the complaints procedure told people how to complain, who to complain to and the timescales they would respond to we did ask the registered manager to make it clear as to who was responding to the complaint. It was not quite clear if it was the service or the CQC. The complaints procedure did give people the contact details of the CQC. There had been one complaint made against the service which we saw had been investigated and a resolution suitable to the complainant found. This showed the service responded to any concerns raised.

A person who used the service said, "I like to read gardening books. I sit in the garden it is very quiet. I have a friend here and we do things together." We saw there were activities provided and a record of who attended which activity. Activities included one to one discussions with people who did not want to or could not contribute to activities, reading, watching television, ball games, aromatherapy, puzzles, arts and crafts, going into the garden and gardening, shopping, going out to places of interest, aerobics, pamper sessions, music and exercises. On the day of the inspection one person went out and others enjoyed the garden.

We saw a handover session which staff had at the start of their shifts. These sessions gave staff the chance to pass on any relevant information about a person to each other to ensure there was good communication around any appointments and/or report on a person's well-being.

A family member said, "They keep us informed if they are worried about her."

We looked at two plans of care on the day of the inspection. Prior to someone being admitted to the home each person was assessed by the registered manager. Information was gained from the person if possible, relatives and professionals involved in the person's care. We saw that the assessments were thorough and enough information was gained to decide if the home could meet the person's needs.

The plans of care were person centred and reviewed regularly. Plans of care showed us what level of support people needed and how staff should support them. Each heading, for example personal care, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. Each person's day was recorded. We saw that people had access to professionals if it was noted that a person's needs were changing. We saw in one plan a person had required input from a dietician and another a district nurse.

Plans of care informed staff of the abilities of each person and what they could do for themselves and what they needed assistance with. People were encouraged to perform the tasks they could manage to remain

independent where they could.

We asked the deputy manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that none of the staff had received any formal training apart from the deputy manager and that was many years ago. We were told that when caring for people at the end of their life, the home received good support from the Macmillan Team, the district nurses and the local GPs.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was first registered in October 2010.

We asked people who used the service, relatives and staff if they thought the service was well-led and if managers were approachable. Everybody we spoke with said the service was well-led and comments about the deputy manager included, "[Name of deputy manager] is very nice and comes around a lot"; "Yes, I am happy here and I have a lot of respect for him (the person pointed to the deputy manager)" and "The deputy manager is supportive."

Staff could attend regular meetings to discuss the running of the home. Staff were kept up to date in any new developments or any care items on the agenda. At the last meeting staff discussed the menus, completing medicines records, training and a few rules of working at the service. We saw that information was passed on, for example the cooks were informed of who needed to be assisted at mealtimes. From one of the meetings cooks came in earlier on their shifts to help provide breakfast for people who liked to get up earlier. On the day of the inspection the deputy manager had met with the night staff in the morning to keep them informed of any changes and discuss any issues with them

At the last inspection there was a breach around the lack of audits for record keeping processes which were ineffective in monitoring people's needs and preferences, assessing the safety of the premises, medicines and acting on people's feedback. The registered manager now undertook regular audits to check how the service was performing. The audits included general maintenance, people weight, the environment, health and safety issues such as possible hazards, infection control and cleanliness, bedroom temperatures, medicines administration, care plans and care charts, supervisions, accidents and incidents and fire safety. The deputy manager used the audits tom help maintain and improve standards.

We looked at some policies and procedures which included confidentiality DoLS, equal opportunities, safeguarding, whistle blowing, health and safety, moving and handling, infection control and medicines administration. Staff were able to access policies and procedures to follow good practice.

There was a statement of purpose available to read which gave people the details of the facilities and services provided at the care home. The latest CQC rating was displayed at the home and on the services web site as required in the regulations.

The service cannot be rated as good in well-led when breaches have been found in other domains.

We saw the results of quality assurance surveys. People were asked questions around the quality of food, personal care and support, daily living such as getting up and going to bed, premises, management and complaints they may have. The results were positive with one person satisfied their heating had been fixed

which showed the service responded to people's needs.

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 18 Registration Regulations 2009 Notifications of other incidents Registration Regulation 18. DoLS notifications had not submitted to the Care Quality Commission.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2) (d) A device to prevent falls was not fitted to all upstairs windows. Not all pipes and radiators were covered to prevent burns. Locks were not suitable to protect people's safety and a hot water outlet could scald people.