

United Care (North) Limited

# Clumber House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Clumber House Nursing Home is a residential care home providing personal and nursing care to 39 people at the time of the inspection. The service can support up to 41 people.

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

People felt safe at Clumber House Nursing Home. People and relatives told us staff were kind and attentive. Medicines were managed safely. Risk assessments were carried out and incidents and accidents were investigated.

The provider had developed a robust policy to strengthen the infection prevention and control (IPC) practices in the home. Staff complied with the requirements to wear protective personal equipment (PPE) and regularly washed their hands. The home was clean and tidy.

Care plans had been updated and transferred onto the provider's care planning paperwork, so they reflected people's current needs. 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.

Staff knew about the safeguarding and whistleblowing procedures and were confident about speaking up. An appropriate number of staff were on duty to meet people's individual needs and new staff were recruited safely. Staff were well supported and received the training they needed.

The general manager had developed a range of effective audits and systems to monitor the quality of care at Clumber House Nursing Home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2019) and there were two breaches 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 improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about safety. A decision was made for us to inspect and examine those risks.

We received concerns in relation to moving and handling safety. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clumber House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Clumber House 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Clumber House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager that had applied to register with the Care Quality Commission. This means that when registered 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

The provider was not asked to complete a provider information return prior to this inspection. 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 in this report. We reviewed information we had received about the service since the last inspection. We also gathered information that the local authority and Healthwatch held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and eight relatives. We spoke with 14 staff members including the manager, the head of care, two nurses, a housekeeper, the laundry supervisor and 8 care staff. We reviewed a range of records. This included health and safety records and six people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also reviewed records relating to the management of the service, including audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The general manager completed risk assessments in key areas to identify and mitigate risks to people. For example, the lift was faulty at the time of the inspection and could not reach the top floor of the home. The provider had completed a risk assessment to ensure people could be supported safely down a short staircase if required.
- The provider had effective procedures to manage individual risk. Each person had a risk assessment and risk was managed and addressed to ensure people were safe.
- A full a health and safety audit had been completed by an external agency prior to the inspection and a new maintenance team were ensuring any essential work was completed.
- Personal emergency evacuation plans (PEEPs) were up to date and readily available to staff and others in an emergency.
- Weekly and monthly health and safety checks were completed by staff.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines management was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely. Nurses who administered medicines were competent for this role and supported people in a caring and patient way. Records showed that people received their medicines as prescribed.
- Medicines that are controlled drugs (subject to stricter control because of the risk of misuse) were stored and handled safely.

- Protocols describing when to administer any medicines prescribed 'when required' were kept with people's medication administration records (MARs). Protocols were up to date. Medicines prescribed 'when required' to relieve pain or agitation were used appropriately.
- The medicines storage room was untidy. The general manager took immediate action during the inspection to ensure the area was cleared to support with safe administration.

#### Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at Clumber House and staff knew how to report concerns appropriately. A relative told us, "I feel that my relative is safe in this home. I am so much happier now they are at Clumber House."
- Staffing levels were good on the day of the inspection and there were plenty of staff to meet people's needs. People told us they did not have to wait for care. A relative said, "I do think there are enough staff. Many of them go above and beyond with what they do for the residents."
- Staff recruitment was robust. Staff were subject to screening to ensure they were suitable candidates to work in the care sector. Candidates were expected to complete scenarios and a sample of the home's documentation during the interview process to ensure they could sustain a high quality service.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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 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.

#### Learning lessons when things go wrong

- The management team were receptive and responsive to the feedback given during the inspection.
- Accidents and incidents were documented and recorded. Staff understood the importance of recording all incidents and accidents and were encouraged to report these. Incidents were reviewed by the general manager and the provider to ensure appropriate follow up action was taken. This included an update to risk assessments and care plans to reduce the risk of future accidents.
- The general manager reported incidents with transparency and liaised with other organisations where required.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People told us they enjoyed the food and they had a wide variety of drinks available. There was a 'pub type' menu available daily so people could choose from several options every day.
- There was an onsite shop where people could access drinks, snacks and gifts for their loved ones. One person came into the shop with a staff member to choose some snacks. The general manager told us, "We have found that people are likely to increase their food intake if they can come to the shop and pick something they fancy that day."
- Staff monitored the food and fluid intake for people who were at risk of malnutrition or dehydration. Care plans contained appropriate information about people's nutritional needs and preferences. Staff monitored people's weights regularly and referrals were made to appropriate health and social care professionals if additional advice was required.
- People were supported appropriately with personal care, oral healthcare, pressure care and continence care.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff worked with other agencies to provide a holistic model of care. One relative told us, "When [Name] came out of hospital she came with an end of life care plan. With the support of her local GP and constant communication with the hospital and the home, the care was excellent. We were kept fully informed every step of the way."
- One person had decided they liked it so much at Clumber House Nursing Home that they wanted to stay permanently. They told us "The staff here are great and I have everything I need. I could have gone back to my flat, but I get well cared for and have company here."
- Staff at Clumber House Nursing Home had supported another person to regain their independent living skills so they could return home after a stay in hospital.

Staff support: induction, training, skills and experience

- Staff had received training relevant to their role. New starters completed a thorough induction whilst shadowing more experienced staff members. New staff demonstrated their competence before they started to work autonomously.
- Staff completed annual competencies in areas such as moving and handling and medicines management. Staff had bespoke training plans in place and could set their personal goals. The general manager said,

"Every staff member has a mentor so that they are able to support them through their development and national vocational qualifications in care."

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

- People were supported to receive visitors in an outdoor pod in line with government advice which helped them stay connected to loved ones. One relative said, "We able to book video calls in advance which means we have been able to keep in touch. Before the latest lockdown we were able to visit in a pod outside."
- The home had been decorated with dementia friendly decoration and signage. For example, bedroom doors were easily identifiable in different colours and were numbered, and a lounge area had become a 'pub' for residents to enjoy.

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 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team ensured that people were not unduly restricted. They had made the necessary applications for people subject to DoLS restrictions.
- Care plans contained detailed and individualised information about people's capacity to make decisions about their care and support. Best interest meetings had taken place for people who were unable to consent to treatment. People, family members and health and social care professionals had been involved in decision making.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to maintain up to date records in respect of each service user and the provider did not have effective systems and processes in place to ensure compliance with the regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The general manager had developed a range of audits to ensure standards were maintained in line with the providers expectations. An external company also came into the home to carry out independent compliance reports.
- Staff completed detailed records about people's care which were audited by the management team. Actions identified through the audit system were addressed appropriately and in a timely way.
- The general manager had started their registration process with CQC.
- The general manager was passionate, and the staff team were fully committed to working towards becoming an outstanding care home.
- There was significant improvement made in the last year in relation to activities and training. A relative told us, "The activities coordinator (now the 'head of care') really goes above and beyond what would be expected. Not just doing things with residents but keeping families updated with texts, phone calls and photos of things the residents are doing.

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

- The general manager and provider wanted to promote a culture where staff felt valued. They recognised that caring for people in a person-centred way was a highly skilled and responsible role.
- The management team had made great efforts to accommodate visits and make special arrangements for people. For example, they had organised an early Christmas event so that one person who loved the festive season, could share a special day with their family.
- People told us they liked the staff. One person said, "They are a good bunch and they work hard." Another person said, "Staff are caring and considerate, they make sure I have everything I need."

- The provider had developed a new in-house training model to support staff with their learning needs. One new staff member told us, "The standard of induction and training here is really high. I will be shadowing as an extra member of staff until I get to know people properly, and I feel confident that I can meet their needs."

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 general manager was visible in the home, completing a daily walk rounds to speak to people and staff and have oversight of the environment. A relative told us, "The management of the home is really good. It is a caring environment."

- The general manager was aware of, and they and the provider had systems to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- The general manager had notified us, as required, of significant events which had happened in the home. This meant we could check they had taken appropriate action in response to incidents. The notifications showed the provider had acted on their responsibilities under the duty of candour, sharing information about incidents with appropriate people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The general manager involved people who used the service and their relatives in decisions about the home. The management team also kept relatives updated. One relative said, "The [general] manager is very good at keeping families updated." Another told us, "The quality of communication is really good and very person centred so no one is left out of the system."

- The service worked in partnership with relevant external stakeholders and agencies to support care provision consistent care for people. The general manager and staff team had positive relationships with GP's and other external professionals. This meant people received appropriate support when they needed it.

- We received positive feedback about the home from the local authority quality assurance team about the care at Clumber House Nursing Home.