Clarkson House Residential Care Home Ltd

Clarkson House Residential Care Home

Inspection report

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Tel: 01613084618

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Clarkson House Residential Care Home is a residential care home providing accommodation and personal care for up to 28 people aged 65 and over. At the time of the inspection there were 17 people using the service.

People's experience of using this service and what we found
At this inspection we found the evidence supported the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Safe systems of recruitment were in place. There were sufficient staff to meet people's needs and staff received the training and support they needed to carry out their roles. Risks to people were identified and well managed. Care records were person centred, reviewed regularly and updated when people's needs changed.

The provider was meeting the requirements of the MCA and people were involved in decisions about their care. The home was clean, some areas of the home needed repair and redecoration. There was a planned on ongoing programme of redecoration and updating of furnishings.

Medicines were managed safely. People were positive about the food on provided and were supported with their health needs.

People were positive about living at the home. They told us staff were kind and caring. Staff and managers knew people well and we saw interactions were warm and friendly. People enjoyed the activities on offer and improvements were being made to the range of activities.

Everyone was positive about the way the home was being managed and the recent improvements that had been made. There were good systems in place to monitor the quality of the service provided.

There was a system for dealing with complaints. The provider had notified CQC of significant events such as DoLS authorisations and safeguarding concerns.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published August 2018).

Why we inspected
This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarkson House Residential Care Home on

our website at 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was 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?

Good

The service was well-led.

Details are in our well-Led findings below.

Clarkson House Residential Care 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
The inspection was undertaken by one inspector, an assistant inspector 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. The second day of inspection was completed by one inspector.

Service and service type
Clarkson House Residential Care 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 had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they 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. Inspection activity started on 23 July 2019 and ended on 29 July 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We also asked Healthwatch Tameside for their views on 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and two visitors about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers and the cook. During the inspection we also spoke with a visiting local authority staff member.

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

Good

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 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.

Action had been taken to address the risk identified at our last inspection and enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Health and safety checks in the home had been carried out. There was an ongoing programme of maintenance to the building and servicing of equipment used. People told us that repairs had not always been carried out immediately. We saw that improvements were being made to how concerns or repairs were dealt with. The provider had a maintenance book where required repairs were recorded, and records were kept of when they had been completed.
● Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
● Assessments of need were completed, and risk assessments were in place including falls, moving and handling and nutrition. They guided staff on what needed to happen to keep people safe. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of harm, abuse and discrimination.
● Staff had received training in safeguarding people from abuse. They were confident that any concerns they raised would be dealt with appropriately.
● People who used the service told us they felt safe living at the home. People said, "I'm not frightened living here, I get well looked after" and "I can see that the staff know what they are doing, and I feel safe when they get me up using the stand aid."

Staffing and recruitment
● There was a safe system of staff recruitment in place. We looked at three staff files. They contained the necessary checks and documents to ensure fit and proper people were employed. Staff files included proof of identity but the three files we reviewed did not contain photographs of the staff as is required. The deputy manager told us this was because up to date replacement photographs had been arranged. These arrived on the second day of our inspection.

● People we spoke with, review of staff rotas and observations during the inspection showed there were enough staff to ensure people received the support they needed in a timely manner. People said, "I use my buzzer if I want to go to the toilet or need a drink. Generally, they come within a few minutes. The only time I have to wait a little bit longer is if the night staff are busy, but it's only a little bit longer" and "I use the buzzer sometimes, but I don't have to wait very long."
● The service had policies and procedures to guide staff on what was expected of them in their roles. The new manager was in the process of reviewing all policies and procedures.

Using medicines safely
●There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. The administration of thickener in drinks was not being recorded by the care staff where administration took place. We discussed this with the deputy manager. They immediately arranged for administration records to be kept by care staff on fluid recording charts.
● Medicines were stored safely and securely. Stocks of medicines we checked were accurate.
● We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

Preventing and controlling infection
● The home was visibly clean and there were no unpleasant odours.
● Staff had received training in infection prevention. There were policies and procedures for the prevention and control of infection to inform staff of good practice issues. Staff wore personal protective equipment e.g. disposable gloves when supporting people with personal care.
● Suitable facilities were in place for the laundry of people's clothes. However, this area was small and did not have a clearly defined dirty to clean pathway. We discussed with the provider the importance of keeping this under review, particularly if resident numbers increased. People told us their clothes were kept clean. One person said, "They take clothes away at night, clean them and I get them back the following day. It all works very well."

Learning lessons when things go wrong
● Records were kept of accidents and incidents that occurred to people who used the service and to staff.
● The deputy manager kept a log of all incidents to identify any patterns or lessons that could be learned to prevent future occurrences. These were discussed every week with the registered manager.

Good

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 improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records included an assessment that was completed before people started to live at the home. These included information about the support people needed and how those needs were to be met. It included peoples personal, social and medical histories. This helped to ensure people were appropriately placed and the home could provide people with the support they needed.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- Records showed staff completed a range of training the provider considered mandatory. One staff member said, "The online training has been really good."
- Staff told us they felt supported, had regular supervision and told us they could always speak to a manager.

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.

- We found the provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed and conditions on authorisations were being met. Where needed mental capacity assessments and best interest meetings had been completed.
- Staff we spoke with had a good understanding of MCA and were able to give good examples of how they

gained people's consent and involved them in decisions about their care.

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

● We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a four-star food hygiene rating.

● The cook had a good knowledge of people's likes and dislikes. Care records included guidance to staff on the support people needed; such as cutting their food up so that they could eat independently. During our inspection we observed a lunch time meal. Staff offered people choices, people were gently encouraged to eat and drink and were helped where necessary. People requiring a softer diet were having their needs met.

● People told us their preferences were respected and staff would always offer an alternative if they wanted something that was not on the menu. People told us, "The meals are delicious, A1. I couldn't get any better at the Waldorf it's my kind of stuff cooked perfectly and plenty of it", "There could be more variety in the food but it's not bad. If I don't like something they offer a jacket potato or something like that. The Sunday roasts are very good" and "I can't grumble about the food it's first class."

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

● We found that some areas of the home were in need of repair and redecoration. One person said, "Those two roof windows in the conservatory area are cracked and they leak when it rains, you can see stains on the wall. It needs sorting out. They have had some new carpet and some new blinds, but I think the place needs some money spending on it." We discussed this with the provider who showed us a detailed plan for the programme of works, including completion dates. We saw this included work that had already been completed and identified redecoration and replacement of carpets and furnishings throughout the rest of the home, both in people's bedrooms and communal areas. On the second day of our inspection we saw that work had started on the broken windows.

● The home had various adaptations designed to improve the experience and independence of those living with dementia. This included contrasting coloured toilet seats and handrails and pictorial signs indicating what was behind doors.

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

● People were supported with their health needs and had access to a range of health care professionals. Records showed these included; district nurses, chiropodists, G.P.s, and opticians.

● A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety. This would help ensure important information staff might need was transferred with the person if they went into hospital.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People were positive about living at the home. People and their relatives were complimentary about the staff and the care that was provided. People said, "I can have a laugh with the staff and they say good morning and good evening to me", "The staff are brilliant, and I can have a laugh and a joke with them" and "I have a lovely room, the food is delicious, and the staff are very kind and helpful. Relatives told us, "The care is brilliant. It's very homely like [the persons] own home. The staff are brilliant and very caring. [Person] wants to stay here rather than (pass away) in hospital"

● During our inspection we observed interactions between staff and people who used the service were warm and friendly. Staff were very attentive and sensitive to people's needs. One person said of the staff, "They are kind caring and very friendly." A staff member said, "I just like working here."

● We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service.

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

● Records showed that people, or where appropriate their representatives, had been involved in decisions about their care. A staff member said, "It's about making sure you communicate clearly so people can understand, make sure they have options and don't just assume what they want." One person said, "I am fully aware of what is in my care plan and at the moment I get everything I need."

● Peoples religious and spiritual beliefs were respected. At the time of our inspection there were no religious services at the home as previous churches had stopped providing them. Those wishing to attend religious services had been offered support to go to local services.

Respecting and promoting people's privacy, dignity and independence

● Care records we saw, and our discussions with people who used the service and staff, showed that staff understood the importance of maintaining people's independence. One person told us, "I can have a bath or a shower every day if I want and when they help they ask if everything is to my satisfaction. Sometimes I start dressing myself, but if I need help they will assist."

● People's right to confidentiality was respected. Care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential

information.

● People told us their relationships with family and friends were respected by staff. People said, "I have a friend who comes to see me and takes me out for a pint occasionally or up to the hills. My [relative] also comes to visit" and "My [relative] comes to visit me and they make him feel welcome and make us both a cup of tea." A relative told us, "When we come to visit they make us feel welcome and offer us tea and biscuits."

● People were supported discreetly. A person who used the service said, "Staff are lovely with me when I have a bath or a shower. No problems and they always make sure the door is shut." Relatives told us, "They are very patient with [person who used the service] and we have no concerns about how [person] is being looked after" and "We come at various times of the day and we can see that they are doing a proper job and they give [person] a bath or shower and a shave every day."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● The deputy manager had started to complete new care records. We saw these were very detailed and included risk assessments and care plans. They included information about the person, their likes and dislikes and personal care needs. They gave sufficient information to guide staff on the support people needed and how that support should be provided.

●Care records were reviewed regularly and updated when people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

● We saw there were activities on offer within the home. There was also a hairdresser who came weekly. People told us they enjoyed the activities. People said, "It was armchair music today and they have skittles, and last week someone brought some Husky dogs in. it's not every day, but I enjoyed the music today she comes in 2two days a week." We saw that people were given a vote each month to decide a specific activity that would be brought into the home. We saw that recently people had voted for a group of therapy dogs to visit. People had really enjoyed stroking and hugging the dogs. We saw several people also had toy pets that they appeared to enjoy holding and stroking. The next visit was planned to be a singing and dancing act.

● During our inspection we saw an armchair aerobics session. The person leading the activity was enthusiastic and encouraged people to join in. Staff were also joining in and dancing with people. Everyone clearly enjoyed the activity. We saw a new four-week plan of activities had been arranged and activity equipment had been purchased.

● Some people commented that they would like more activities, including trips out. One person said, "It was music today and last week it was Huskies but there's not much else and there are no trips out." The deputy manager and the provider told us they had plans to develop community-based activities such as going to local parks, pubs and cafes. Staff time was being identified specifically for supporting people in community-based activities. This was planned to start in the weeks following our inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● We discussed with the deputy manager, they told us no one currently using the service needed information in alternative formats, but important information could be made available in large print, pictorial, easy read and written formats. We saw that a service user guide had been developed which included pictures.
● Care records included information about how the person communicated and if they needed any communication aids to enable them to be able to express their views or concerns. People were wearing hearing aids and glasses as required.

Improving care quality in response to complaints or concerns
● There was a complaints procedure and system in place to log any complaints received. We saw that complaints were investigated, and people were provided with a response in line with the complaints policy. Records showed that matters had been explored and responded to accordingly.
● People who used the service knew how to raise any concern or complaints. People who used the service told us, "I've no complaints and if I need anything I just ask the carers."

End of life care and support
● Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life.

Good

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 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.

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

At our last inspection the provider had failed to notify CQC of DoLS authorisations. This was a breach of Regulations 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

At this inspection we found that action had been taken and improvement had been made and the provider was no longer in breach of regulation 18.

● The management team kept an overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned. The provider had notified CQC of significant events such as DoLS authorisations and safeguarding concerns.
● The registered manager, who is also the provider was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It .
● It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People said of the staff, "I would say overall that the staff are good, and I am quite happy here. The staff are my only means of communication apart from when my family visit. Nothing is too much trouble for them. If I ask for something they do their best to get it done" and "Staff are 1st class." Relatives said, "We are confident [person who used the service] is safe here and being well looked after and if there is anything wrong they get in contact to let us know like if they have to call a Doctor" and "Improvements have been made since March, the care plans, the support, the training, the look of the home and the atmosphere in the home. It was good before, it has just got better."

Registered managers and staff being clear about their roles, and understanding quality performance, risks

and regulatory requirements

● Since our last inspection there had been changes in the management of the home. A deputy manager was now in post to support the registered manager with the day to day running of the home. The registered manager split their time between Clarkson House and another home they owned. The registered manager and deputy manager told us they worked closely together and were in daily contact with each other. People were very positive about the new deputy manager and how the service was now run and organised. They said "[Deputy manager] seems very nice" and "[Deputy manager] is very nice and very approachable." A relative said, "[Deputy manager] is very good and things have got better since [deputy] came."

● Staff were very positive about recent changes at the home. They said, "Excellent, I can't praise [deputy manager] enough", "[Deputy manager] is really good, understanding and is straightforward. [Deputy] has really turned this place around."

● The provider and deputy manager had been working closely with the local authority quality improvement team. We found there were now good systems of daily, weekly and monthly quality assurance checks and audits. Overviews of the findings were shared with the provider.

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

● There was a service user guide and a statement of purpose. These gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.

● We saw that to ensure people were aware of important events a newsletter was now produced and given to people who used the service and their visitors.

● Relatives and family meetings had been held. People told us, "[Staff] are always asking me if everything is okay and if I am happy with the way things are", "They have residents' meetings every six weeks where any problems are discussed like meals or laundry and they try to sort it all out. Mainly when something gets lost" and "I think they do have residents' meetings but I don't attend them. They are always asking me if everything is okay. If I want anything I just talk to the carers and they get it sorted."

● Team meetings showed that discussions were had with staff and learning shared such as issues of safeguarding and improvements to the home.

Continuous learning and improving care; Working in partnership with others

● The home worked with local authorities who commissioned the service and health care professionals to achieve good outcomes for people and ensured people were receiving the support they needed.