

United Care (North) Limited

Clumber House Nursing Home

Inspection report

81 Dickens Lane
Poynton
Cheshire
SK12 1NT

Tel: 01625879946

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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

About the service

Clumber House is a care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

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

People received their medicines as prescribed. However, clear and accurate records were not kept in relation to controlled drugs and medicines prescribed to thicken fluids. Recommended actions relating to fire safety and legionella had not been carried out. People told us they felt safe at Clumber House and staff were aware of safeguarding procedures. Staffing levels at the home were good.

People and relatives complimented the food at Clumber House. People were provided with appropriate modified diets, but specifics were not always recorded in care plans in line with best practice. The provider was reviewing seating arrangements to ensure people were not unnecessarily restricted in deep chairs, whilst still meeting their needs and preferences. Staff had not been recently trained to administer rescue medicines prescribed for epilepsy. The general manager arranged this training immediately.

People and their relatives were very positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. Clumber House staff could provide people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

Care plans had recently been updated and people received person-centred care which was responsive to their needs. People's communication needs had been assessed. The manager managed people's concerns and complaints appropriately. Staff told us they had not been trained in end of life care.

We have made a recommendation about end of life care

A new general manager had been in post for three weeks on the first day of the inspection. The manager was in the process of registering with us. We identified shortcomings in quality systems and processes. These were being reviewed to improve all aspects of the service and required embedding over time. Records were not always contemporaneous relating to the monitoring of fluid intake. People, relatives, staff and professional visitors had confidence in the new management structure.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 22 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe medicines management, health and safety and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

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 advisor in dementia care and a specialist advisor in medicines.

Service and service type

Clumber House Nursing 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 Care Quality Commission requires a service of this type to have a registered manager. This means that that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided. Clumber House's registered manager had recently left the service and was in the process of deregistering. A new general manager had started the registration process at the time of the inspection.

Notice of inspection

This inspection was unannounced.

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, Healthwatch and professionals who work with 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 and observed the care of six people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the general manager, the deputy manager, the administration manager, a nurse, the chef, the kitchen assistant, a domestic and three care staff. We also spoke with three health and social care professionals who visited the service during the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training data and health and safety records sent to us.

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 remained the same. 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; Preventing and controlling infection

At our last inspection the provider had failed to mitigate risks relating to falls. 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 in relation to falls management at this inspection. However the provider was still in breach of regulation 12.

- Actions from the last fire safety risk assessment in October 2018 had not been completed within the recommended time frame. However, weekly and monthly fire safety checks and servicing had been carried out by the home.
- The service had not arranged to have a legionella risk assessment carried out despite receiving professional recommendations issued in May 2019. However, recommended sampling and checks had taken place.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm because recommendations had not been actioned. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded to our findings and immediately took steps to rectify these issues.

- Weekly health and safety checks were completed by staff.
- 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.
- Staff had access to equipment to prevent the risk and spread of infection including disposable gloves and aprons. We observed that staff used personal protective equipment as required and understood how to reduce the risk of infection spreading when supporting people with personal care.
- The home was clean and tidy. Corridors and communal areas were kept clear of obstacles and trip hazards.

Using medicines safely

- Medicines administration was safe on the day of the inspection. However, best practice was not always followed in relation to medicines given by Percutaneous endoscopic gastrostomy (PEG).

- Records relating to controlled drugs were not completed accurately or legibly.
- Medicines prescribed to thicken fluids were not recorded.
- Staff had not had their competency checked to administer medicines.

People had been placed at the risk of harm from poor medicines management. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded to our findings and immediately took steps to rectify these issues.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One relative commented, "[Name] is safe because there are plenty of staff around." A staff member said, "I would report any concerns immediately. I know people well and think I would spot anything untoward."
- The management team were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.

Staffing and recruitment

- Staffing levels were high at the home and people and relatives told us they could always find a member of staff to speak to or help them.
- Staff recruitment systems were robust.

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 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.
- Any serious incidents were escalated to other organisations and investigated.

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

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

- Details of people's nutritional and individual dietary needs were written in their care records and people requiring a modified received the correct meals. However, care plans and information provided for the kitchen staff had not been updated with the latest terminology to meet national guidelines. We spoke to the registered manager about this who arranged to update the information and source appropriate training for staff.
- People were provided with a choice of food and drinks and people told us the food was very good quality.
- The manager planned to create a bistro area to improve the dining experience for people. Relatives told us they were able to stay and enjoy a meal with their loved ones.

Staff support: induction, training, skills and experience

- Staff had not received recent training to ensure they followed best practice in PEG nutrition or epilepsy rescue medicine administration. We discussed this with the manager who arranged this before the end of our inspection.
- Other essential staff training was up to date or had been planned.
- Staff had received recent supervision and performance appraisals were planned.
- People and relatives told us they felt in safe hands with the staff at Clumber House and were confident that staff had the appropriate skills to provide quality of care.

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

- People's needs were fully assessed with their involvement before they moved to the home. This helped the provider and person to decide if the home was likely to meet their needs and preferences.
- Assessments contained the information staff required to deliver personalised care and support to people. Information contained in people's assessments was linked to their care plans and risk assessments.
- People made choices and received the care and support from staff that they needed and wanted.

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

- The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
- Adapted bathrooms included hand rails and adjustable baths to meet people's care needs.
- A programme of refurbishment had commenced at the home. The manager described their plans to improve the environment to ensure it was more accessible to people living with dementia. The corridor area

of one unit was being redecorated featuring a dementia friendly design to assist with orientation.

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

- People's health and support needs were regularly reviewed with their involvement and updated in their care records. People had access to the healthcare services they needed.
- People's care records showed health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect treatment where this had changed.

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.

- Some people were seated in bucket chairs that could restrict their movement. The manager planned to review the seating arrangements to ensure people were not unduly restricted. People could choose to keep their bucket chair if they preferred to and the decision was recorded in care plans.
- Care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Best interest meetings had taken place for people who were unable to consent to treatment or restrictions such as bed rails. These records showed all potential options had been explored and key professionals and family members had been involved in making the decision.

Is the service caring?

Our findings

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 has now 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

- Feedback received from people, relatives and health professionals confirmed people continued to be treated with kindness and compassion. The manager had introduced a booklet and consulted with people to ask them what terms of endearment they liked to be referred to. We observed positive interactions between people and staff.
- We reviewed cards sent to staff to thank them for their kindness. Staff ensured people could celebrate their birthday. Relatives and friends could book out a private room to celebrate with their loved ones if they wished.
- The general manager understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. They confirmed equality and diversity training was included within staff training.

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

- People and their relatives were involved with planning and review of their care. People's care records showed they had provided detailed information about their needs, preferences and background.
- People were supported to make everyday decisions and choices including when they wanted to get up and what they wanted to wear. The care plans for people with communication difficulties included guidance for staff on how to support them in making choices.
- Residents and relatives meetings took place. Minutes of these meetings showed information about the service was shared and discussed. People had expressed their views about a range of matters to do with the service including maintenance, staffing, activities and catering. Records showed action had been taken to address the issues raised at these meetings.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us independence, privacy and respect were always considered. One person told us, "Staff always knock before they come in."
- Independence was promoted throughout the home. Care plans detailed what people were able to and wished to do for themselves. A new drinks station had been situated in the main lounge, so people and relatives could help themselves to drinks.
- Relatives told us they were welcomed and encouraged at the home. Feedback included, "I can visit any time at all and am often offered food with my relative" and, "We can eat here whenever we like. I doubt you get that everywhere."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- End of life nursing care was provided safely and with compassion at Clumber House. We saw a number of cards had been sent from families who had lost their loved ones at the home, thanking the staff for their care and support.
- The service had explored end of life wishes with all the people who wished to do so and their families.
- Staff demonstrated knowledge and awareness around end of life care and support. However, they had not received any formal training in this area.

We recommend the provider consider current guidance and arrange refresher training to staff in this area.

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

- Care files captured people's specific needs and how these were to be best met. The general manager told us, "Staff knew people well but this was not always reflected in care plans, so we have updated them all."
- Care files captured people's life history. This supported genuine engagement with people. The general manager told us they planned to enhance the care files in this area further.

Meeting people's communication needs

Since 2016 onwards 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.

- The assessment process included a review of people's communication needs. These were recorded within the care plans and included practical tips like ensuring hearing aids were used adjusted and were working.
- Staff demonstrated they responded and took account of people's communication needs. Care plans identified each person's communication abilities and difficulties. For example, one person used pictures to communicate. This was captured in their care plan.

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

- People's social, recreational and meaningful relationships were assessed to inform the care and support provided.
- People had access to a variety of meaningful activity and entertainment to people was given priority within the service. Activities were a key element in promoting people's general and emotional well-being.

The activity coordinator was currently off work so staff were currently planning activities with people.

- Staff were motivated and engaged with people individually and in groups. They tailored activity to the interests of people. One the first day of the inspection some people enjoyed a massage and aromatherapy session. A 1950s themed event was planned for the next week.
- Staff explored how they could enable people with different disabilities to feel motivated and involved. They also worked with people who spent all or most of their time in their rooms to prevent social isolation.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make complaints. They told us they would be confident to speak to the management team or staff if they were not happy or had issues and any concerns would be dealt with.
- A record of complaints documented where complaints had been investigated and action taken to address the concerns. There were systems to provide oversight of complaints and analyse this information for themes and trends.

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 remained the same. This meant the service management and leadership had changed since the last inspection and we wanted to ensure that planned improvements were implemented and sustained.

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

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 not been made at this inspection and the provider was still in breach of regulation 12.

- Internal provider audits had identified shortfalls in care planning, medicines management, auditing processes and monitoring. The new general manager had been in place for three weeks at the time of the inspection and had immediately formulated an action plan to address the concerns. We plan to review the effectiveness of these changes when we next inspect Clumber House.
- Current quality systems failed to identify that essential health and safety actions had not been completed and that up to date records were not always kept in relation to people's care. For example, fluid charts had not been completed accurately.

The provider did not have effective systems and processes in place to ensure compliance with the regulations. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded to our findings and immediately took steps to rectify these issues.

- The general manager told us, "The provider has been very supportive and is fully on board with the improvements we are planning here at Clumber House. We are currently making some changes to the management team so we hope to see the impact of the improvements we are making as quickly as possible."

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

- The manager welcomed people, relatives and staff into the office at any point in the day to speak to them

about anything they wished.

- Staff were optimistic about the new manager. They told us; "I feel confident that [general manager] will soon improve how things are done"; "I think [general manager] has some great new ideas"; "I do have faith in the new management team" and "[General manager] seems to know what they are doing."

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

- People and relatives knew who the manager and provider were and said they would be happy to speak to them at any time.
- A relative told us, "We had this meeting and [general manager] seemed to take the issues on board. There is already a great staff team here anyway."
- The manager was visible in the home, completing a minimum of two daily walk rounds to speak to people, relatives and staff and have oversight of the environment.
- The 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.

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

- The new management team had invited people and their relatives to a meeting to discuss concerns and contribute to the new action plan.
- People could leave feedback in the comments box available in the lobby of the home.
- Regular staff meetings took place and staff told us they could raise suggestions as to how the service could be improved.

Continuous learning and improving care; Working in partnership with others

- The management team worked with the local authority commissioners and had been receptive to advice and guidance to improve the service to effectively meet the needs of people.
- The general manager had designed new regular in-house audits meant to capture all aspects of the service. These would be used to identify areas to improve and to develop the service.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- The management team and staff worked effectively with health and social care professionals to ensure a holistic approach to people's health. A health and social care professional told us, "I have no concerns about the care here at Clumber House. The staff are always responsive and caring."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not do all that is reasonably practicable to mitigate the risks to the health and safety of people receiving care or treatment. Regulation 12 (1) (2) (b)</p> <p>Staff did not follow policies and procedures about managing and recording medicines and had not had their competency to administer medicines assessed. Regulation 12 (1) (2) (g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Regulation 17 (1) (2) (b)</p> <p>The provider did not maintain an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided. Regulation 17 (1) (2) (c)</p>