

Burlington Care Homes Limited

Clipstone Hall & Lodge

Inspection report

Mansfield Road
Clipstone Village
Mansfield
Nottinghamshire
NG21 9FL

Tel: 01623636350

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Clipstone Hall and Lodge is a residential care home providing accommodation and personal care to up to 90 people. The three storey premises were purpose built and were surrounded by gardens. The service provides support to people over 65 years of age, some of whom were living with dementia. At the time of our inspection there were 53 people living the service.

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

Medicines were administered safely however gaps in stock reporting of controlled drugs were identified and not all paperwork for prescribed medicines was included in care plans.

Audits had failed to identify the issues we found on inspection however the manager took immediate action to rectify issues during the inspection.

Staff were recruited safely and had been trained and upskilled in areas such as medicines management and pressure care since our last inspection.

The provider worked in partnership with other organisations and was clear on their role and responsibilities. All the people and families we spoke with praised the staff, stating they felt safe and were treated with kindness. One person said, "The staff are my family, I can't praise them highly enough or ever thank them enough. There isn't anything they wouldn't do for any one of us."

Peoples care needs were assessed prior to admittance to the home and regularly reviewed. People and their loved ones were included in this process and they were encouraged to express their wants and outcomes from the care they received. Care plans were person centred and were reviewed and updated regularly.

Staff treated people with respect and promoted their dignity and independence. People were encouraged to express their views and make decisions about their own care. People and their relatives told us they were updated and advised of changes and included in regular reviews of care plans.

Staff were knowledgeable about people needs and received training that supported people living at the home. New staff were supported by an experienced member of staff prior to being allowed to work independently.

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 16 May 2022). 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.

This service has been in Special Measures since 16 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clipstone Hall and Lodge on our website at www.cqc.org.uk.

Follow up

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

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Clipstone Hall & Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a specialist advisor nurse and two Experts 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

Clipstone Hall and Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clipstone Hall and Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 September 2022 and ended on 8 September 2022. We visited the home on 6 September 2022. Phone calls were made to relatives on 8 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 10 people and 13 relatives of people who used the service about their experience of the care provided. We spoke with 12 members of staff including the manager, the managing director, deputy manager, senior care workers, care workers and maintenance. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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.



Is the service safe?

Our findings

Our findings - Is the service safe? = Requires Improvement

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure that medicines were administered safely. This was a breach of regulation 12 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.

- Improvements had been made in administering medicines safely to people, however we identified gaps in the recording of medicines stock levels. The manager actioned this immediately during the inspection and there had been no detrimental effect to people.
- At the last inspection we identified staff did not have access to all the information and paperwork they needed in order to support people with their medicines safely. At this inspection we found missing prescriptions for 'as required' medicines. The manager actioned this during the inspection and requested pharmacy support to rectify the missing documentation.
- Since the last inspection staff had been trained and upskilled to administer medicines safely and regular competency checks were completed. A relative told us, "Things are much better now, staff control [relative's] diabetes well and there hasn't been any flare ups since, [relative] always get their medicine on time now too."
- Audit processes had been put into place to ensure mistakes were identified and acted upon. The manager was open and transparent when things went wrong and shared findings with staff to ensure best practice guidance was followed.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff were trained and wore PPE appropriately however the disposal of PPE was not always in line with best practice guidance.
- At the last inspection staff were not clear of their responsibilities regarding cleaning and hygiene practices. Staff now took ownership of these tasks and had robust cleaning systems in place. The hygiene and cleanliness within the home was to a consistently good standard.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were deployed in such a way to meet people's needs and failed to ensure staff had the appropriate training. This was a breach of regulation 18 (Staffing) 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 18.

- Staff were recruited safely and there were always enough competent staff on duty.
- At our last inspection we identified people had to wait for assistance from care staff. People told us this had improved dramatically since the new manager arrived. One person said, "There is always someone around if I need them, I don't have to wait now which makes me feel safe."
- Previously staff had not been in trained in line with the providers own policies. At this inspection all staff had received the required training and the manager was upskilling staff to become 'champions' in areas such as falls and tissue viability to ensure people received consistently safe care.
- The manager described the homes participation in the Innovation Pilot, which involved working alongside the NHS to upskill staff. A professional working with the home on this pilot said, "The new manager is excellent, they are clear and realistic about what they want to achieve, and staff are passionate to learn."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse
- Staff were knowledgeable about safeguarding and were confident in reporting their concerns to management.
- A staff member said, "We are encouraged to raise everything no matter how small, this is how you stop things early on, so they don't develop and put people at risk."

Assessing risk, safety monitoring and management

- All care plans had been reviewed since our last inspection and now contained comprehensive person-centred risk assessments which ensured people remained safe.
- Information was shared at daily meetings to ensure all departments were aware of people's needs. For example, the catering team were given paperwork daily giving guidance on people's nutritional needs.
- People were supported and motivated to remain independent. For example, risk assessments had been completed for people who wished to improve their mobility. Care plans contained guidance on use of manual handling equipment needed for staff to support people's desired outcome safely.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation, which ensured people received consistent, effective care.
- Comprehensive assessments were completed and regularly reviewed. People's required outcomes were identified, and staff were given guidance on how to support people.
- Falls assessments and diabetic care plans contained personalised guidance for staff to identify risks and changes to people's conditions. Staff were supported by information on when and how it was appropriate to seek additional professional guidance.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. All staff were supported with a rolling training programme which was relevant to the conditions that people at the home were living with.
- Staff told us they felt supported by the new manager. Staff described how extra staff were put in place to support new staff members so there were always enough competent staff on shift whilst upskilling took place.
- One staff member said, "I love my job and the manager has given me the confidence to learn and grow. Having a leader now means we have clear directions and know what good care looks like."

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

- People's needs were assessed upon admittance to the home and reviewed regularly. Staff were knowledgeable about people needs and ensured people were offered choice in line with those needs.
- We saw evidence of staff discussing dietary requirements at handovers and flash meetings daily. This ensured effective care was being delivered consistently from staff across departments.
- Innovative methods and positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. For example, meal choices were altered from the set menu or different staff engaged and motivated people.

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

- The service had clear systems and processes for referring people to external services, which were applied

consistently, and had a clear strategy to maintain continuity of care and support.

- We spoke with several professionals who worked with the service who stated the service was responsive to people's needs. Staff sought and acted on recommendations swiftly and effectively. One professional said, "I am excited to be working with this home, staff are knowledgeable and keen to learn. They are receptive and welcome feedback and recommendations, and advice is always acted upon quickly."
- Another professional said, "Things have changed since the new manager came in, there is a clear and timely plan for reviewing people's care and staff understand more about reviews. They know when to refer someone as an emergency now instead of waiting for a planned review."

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

- People were involved about decisions about the home as well its design and decoration. People told us they were encouraged to decorate their rooms as they chose, and staff supported them to achieve this.
- The service used technology and equipment to meet people's care and support needs and to promote their independence. For example, one person described how staff supported them to access a computer for online banking and shredding of confidential bank statements. This ensured this person was able to continue this activity independently even though they could not visit a branch in person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had made the appropriate applications for DoL's, however, they had experienced delays in receiving those outcomes. The manager ensured applications were chased at regular intervals and people and families were updated on progress.
- Where delays had been experienced appropriate best interest decisions had been used and implemented to ensure effective and timely good quality care was delivered.
- Where legal authorisations were in place the provider was meeting these conditions and staff were knowledgeable about the MCA and people's rights.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 well treated and felt supported. All people we spoke with, including family and loved ones told us that staff treated them with kindness and compassion. People could not praise staff highly enough for their care and interactions.
- Staff told us that the manager encouraged and allowed them time to build trusting relationships with people. A staff member said, "Because I have been given the time to get to know people, I can support them as they chose. I know when someone is having an off day and needs more support and when to encourage people to be independent."
- People told us their social needs and choices were understood and respected. For example, various religious services had been held at the home in line with people's requests.

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

- People were supported to express their views and make decisions about their care. People's relatives were included where appropriate. The provider was honest and transparent about the limits to the care they could provide and signposted people to additional support appropriately.
- Everyone we spoke with stated they had access to their care plan and reviews happened every three months. A relative said, "I was fully involved in the initial plan and they always tell me about any changes they want to make, I cannot fault how included I am and they take the time to explain the medical side simply."
- The manager had implemented a variety of ways for people to express their views including resident meetings, one to one meetings and applications for advocates for people without family or limited communication. This ensured everyone's views were obtained and acted upon.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence were respected.
- One relative said, "The care provided is excellent, and since the new manager has been there things have improved further, questions and requests are actioned promptly. Staff are so knowledgeable about [relative's] diabetes, they (staff) know something is wrong before [relative] does, they have helped [relative] learn about their condition and recognise warning signs so things don't escalate."
- A person living at the home told us, "I couldn't walk when I came here but now because of staff, I can shower myself, make my own bed and do my own medication. I will do as much for myself as I can for as long as I can, it's my choice."

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; End of life care and support; 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

At our last inspection the provider had failed to ensure that people received personalised care to meet their needs and preferences including their wishes at end of life. This was a breach of regulation 9 (Person Centred Care) 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 9.

- Care was assessed, planned and delivered in a person-centred way. The new manager had ensured all care plans had been re-developed since our last inspection. The care plans reflected people's choices and guided staff on how people wished to receive their care.
- Care plans contained a summary to ensure care staff could respond to changes quickly and detailed guidance from other professionals involved in their care.
- People were supported by a 'key worker'. A key worker was a dedicated staff member who had detailed knowledge of people's condition and time to build trusting relationships. This helped people to express their views and preferences and ensured social inclusion.
- Social activities were planned weekly and were inclusive. Where people could not access group activities, we witnessed staff and an activity co-ordinator undertaking activities in people's rooms. This created an atmosphere of humour and banter that people told us they enjoyed and welcomed.
- Advance decision planning in anticipation of end of life or emergency care was effective and responsive. People's wishes were clearly documented within their care plans.
- A relative of a person in receipt of end of life care said, "Staff and management have been excellent and so supportive, they take the time to listen and nothing is too much trouble, we couldn't ask for anything more."

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- People's communication needs, and preferences were clearly detailed within their care plans.
- The manager was knowledgeable about their responsibilities and had implemented visual prompts throughout the home which assisted people with living with dementia.
- Staff told us how they had been upskilled to recognise people's changing needs. This included regular checks and maintenance on equipment such as hearing aids and eyewear.
- The manager described how information could be made available in different formats, such as large print and easy read to ensure everyone received consistent information in a timely manner.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Records showed complaints were acknowledged and investigated and people and their relatives were provided with updates.
- One person said, "I see the new manager all the time, they ask for my feedback and are very quick to resolve problems."
- A relative told us, "After the last report the manager contacted us straight away and had an action plan to resolve the problems, it was very reassuring. It says a lot when a home tells you about the problems before you have cause to complain. It really does show just how much they care."

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 ensure the quality, safety and leadership of the service. 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.

- Governance and performance management process were somewhat effective.
- There has been a new manager in place since July 2022. They had introduced several audits to identify issues within the home, however these had failed to identify the issues we found with medicines. More time was needed to ensure these audits were robust and comprehensive at identifying issues going forward.
- Where people had recommended summary plan for emergency care and treatment (ReSPECT) forms in place, the manager acknowledged these were not always completed fully or in a person-centred way. The manager described working with the local GP practice to update these forms and we saw evidence that this process had started.
- The provider has not had a registered manager in place since January 2022 as per the condition of their registration, however a new manager had been appointed, who had started the process to become registered. The manager was aware of their responsibilities surrounding duty of candour and was developing an open and transparent culture within the home.
- We saw evidence of improved reporting to relevant authorities such as the local authority and the CQC. Staff had clear policies in place and understood their responsibilities and how to record incidents. This ensured the provider supported the development of an open and honest culture.
- Staff and management were clear about their roles. Staff told us they now had clear tasks, responsibilities and understood their role fully. One staff member said, "We have always wanted to give the best care possible, but now we know how to do that and have been given the training and support to do it. It's so rewarding to know we are doing it right and keeping people safe."

- Relatives said there had been a change to the atmosphere within the home over the last three months. One relative said, "I'm so impressed with all the staff here, but the new manager has really made a difference, they are always available and genuinely take an interest in what we have to say."

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

- The new manager had implemented an open-door policy since our last inspection and held open days monthly where families could meet with them to discuss concerns or feedback.
- People and their relatives told us that were encouraged to attend residents meeting and give their feedback. One relative said, "The manager held the last meeting outside so we could socially distance and not wear masks, this made communicating so much easier and allowed everyone to join in."
- The manager described how a summer fete had been held for the residents and feedback had showed people had enjoyed the social experience and engaging with more family members. Plans had been made to hold another event at Christmas.

Continuous learning and improving care; Working in partnership with others

- Staff worked in partnership with other health and social care agencies. Care plans detailed how the service worked with multiple health care professionals such as dieticians, GP's and nurses
- Professionals who worked with the service told us that provider was more responsive to meeting people needs. One professional said, "Staff are identifying issues earlier and requesting support, this is preventing people developing serious conditions and infections which prevents them from being admitted to hospital."
- The new manager had a clear action plan for improvements to the service that was constantly reviewed through daily and weekly audits and shared with staff.
- One staff member told us, "We are 98% there now, and we get the support and feedback to know we can get the rest of the way, the difference now is we are listened to and feel valued, so we work, learn and grow together as a team."