Clarendon Court (Nottingham) Limited

Clarendon Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Clarendon Court Care Home is a residential care home providing accommodation and personal care for up to 54 people, including people living with dementia, in one adapted building. At the time of the inspection 32 people were living permanently at the service and three people were receiving respite care.

People's experience of using this service and what we found
There was a risk people may not receive consistent safe care due to poor record keeping and lack of guidance for staff. People's individual care plans and risk assessments had either not been developed, or updated, when changes occurred. There was ineffective risk management and monitoring of people's care and treatment needs.

Staff deployment was not sufficient for the dependency needs of people and the layout of the service had not been considered in assessing how many staff were needed. Staff, people and visiting professionals expressed concerns about staffing levels. Staff were clear about their role and responsibilities, but, expressed that poor staffing levels impacted on their ability to consistently fulfil their duties.

Additional domestic hours were required to ensure infection prevention and control measures and cleaning standards were effectively maintained. Best practice and government guidance in managing the current COVID-19 pandemic was not fully adhered to.

We found some shortfalls in relation to medicines management. Medicines were not consistently dated when opened, the storage of refrigerated medicines was not effectively monitored and protocols for medicines prescribed 'when required' were not consistently completed.

The provider's internal governance, systems and processes had not fully identified the shortfalls in the expected care standards identified prior to this inspection.

Relatives told us they considered their family member to receive safe care but raised concerns about communication. Relatives did not feel involved or consulted in their family member's care.

Safe staff recruitment checks were completed before staff commenced their employment. Staff were knowledgeable about people's individual needs. Staff were aware of their responsibility to protect people from avoidable harm.

A new manager commenced in December 2020, they had developed an action plan of improvements required and had started to take action. Staff training and support were areas where improvements were being made. Staff were positive and complimentary about the managers support and leadership style.

People, relatives and staff received opportunities to give feedback and this was used to develop the service.

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 Good (published 24 April 2019).

Why we inspected
We received concerns in relation to how people's health, care and welfare needs were being met, how people were protected from avoidable harm and the deployment of staff. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider took immediate action to mitigate some of the risks identified during this inspection; COVID-19 best practice and government guidance was implemented.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon Court Care Home on our website at www.cqc.org.uk

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches in relation to staff deployment, assessing and managing risks and governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up
We will work alongside the provider and 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?

Requires Improvement

The service was not consistently safe.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Clarendon Court Care Home

Detailed findings

Background to this 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.

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
Two inspectors and an assistant inspector completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. 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
Clarendon Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection, the service did not have a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-
We observed staff engagement with people where possible. We spoke with the manager, deputy, provider, two senior care staff, three care staff, one domestic and the cook. We spoke with two visiting healthcare professionals and two people who lived at the service. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including the staff rota.

After the inspection
Following the inspection site visit, the Expert by Experience contacted relatives or friends by telephone and spoke with eight people.

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records, audits and checks.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People did not have their individual care needs effectivity assessed, monitored or reviewed. Care plans that provided staff with guidance about how to meet people's health conditions were not always completed. For example, a person who had transferred to the service 19 days earlier had no care plans and risk assessments were limited. This put people at increased risk of not having their needs met safely.
- Three people had either a wound or pressure sore that was being dressed by the community nurse. However, staff were not provided with guidance about how to safely provide care considering the person's skin needs, or of actions required should concerns be identified.
- Fluid intake was not effectively assessed or monitored. For example, one person's recommended amount of fluid required was inconsistent, there were gaps in records and there was no evidence fluid charts were monitored. This increased the risk of dehydration.
- Care plans and associated risk assessments were not updated when people's needs changed. For example, one person's moving and handling care plan stated they used a hoist for all transfers. However, their mobility care plan had not been updated and this described the person as walking with the aid of a walking frame and two staff. This put the person at risk of receiving unsafe care.
- Some people had modified diets recommended by speech and language therapist (SLT) but associated care plans, risk assessments and dietary notifications had not been updated to reflect the change in need. For example, for one person there were three different level of modified diets recommended for one person. This increased the risk of people being given the incorrect diet and consequent choking.
- Body maps had been to record unexplained injuries such as a bruise, skin tear or wound. However, there was no evidence these injuries were investigated. This lack of incident investigation, analysis and mitigating action placed service users at risk of repeated injury.

Using medicines safely

- Best practice guidance in the management of medicines had not been consistently followed. This increased the risk that people may not receive their prescribed medicines safely.
- Dates were not consistently recorded when medicines were opened. This increased the risk of expiry dates being exceeded, impacting on the effectiveness of the medicine.
- Medicines prescribed 'when required' (PRN) did not consistently have an associated protocol that provided staff with guidance in relation to safe administration. One person had a (PRN) that was an antipsychotic medication. However, the protocol suggested it was given for pain relief. A senior staff member confirmed the protocol had been incorrectly completed. This put people at risk of not having their health needs effectively manged.

● A medicine fridge that stored a person's insulin, did not have the temperature checked regularly. For example, the record check for December 2020 showed 23 gaps. Best practice guidance states refrigerated medicines should be checked daily. Medicines that are subjected to extremely hot or cold temperatures can lose their effectiveness.

Preventing and controlling infection
● We were not assured that the provider was admitting people safely to the service. On admission people were not being self-isolated as required in COVID-19 government guidance. This increased the risk of possible infection transmission.
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Bedrooms had not been deep cleaned when people had died at the service. Unoccupied bedrooms were found to be dirty and malodorous. Hand hygiene posters and pedal waste bins were not consistently provided in communal bathrooms.
● We were not assured that the provider was making sure infection outbreaks were effectively prevented or managed. Staff were arriving at work in their uniforms, this increased the risk of possible infection transmission.
● We were not assured that the provider's infection prevention and control policy was sufficiently detailed or up to date.

The failure to ensure people's individual care needs, the administration of medicines and infection and prevention control measures were effectively managed increased the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) Regulated Activities) Regulations 2014.

Staffing and recruitment
● Staff deployment was not sufficient to meet people's needs and ensure their safety. Two people told us how they had to consistently wait for staff to respond to requests for assistance. Two visiting professionals told us they frequently experienced, and observed, delays in staff responding to people's needs.
● Staffing levels compromised people's health and safety. A reoccurring concern raised by staff was staffing levels. Senior care staff in particular had insufficient time to fulfil their duties. They were required to provide direct care, manage the care team, liaise with healthcare professionals onsite or remotely, respond to any incident and monitor care needs and associated care records.
● The provider's dependency tool did not fully consider the amount of people who required two staff at times to meet their care needs, people who were cared for in bed and how bedrooms were laid out over four floors in calculating staffing levels required.
● The staff rota showed a total of six care staff were rostered in the morning Monday to Friday and five care staff in the afternoon. This reduced to five care staff at the weekend. Night staffing was a total of four care staff. The manager and deputy told us these staffing levels were insufficient and not effective in meeting people's needs.

The failure to ensure staff deployment was sufficient in meeting people's needs and safety placed people at increased risk of harm. This was a breach of Regulation 18 (Staffing) Regulated Activities) Regulations 2014.

● Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Systems and processes to safeguard people from the risk of abuse
● Feedback from relatives was overall positive about how well their family member was cared for. One relative said, "[Family member] is safe and looked after, they (staff) keep us updated. We are happy, [family

member] in a safe place, we are comfortable and confident they are in the right place." Another relative said, "Oh I do, definitely feel 100% sure [family member] is safe. You can tell, they are not agitated, not worried about people around them. I feel safe knowing they're there."

● Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and access to the provider's policies and procedures. At the time of the inspection there were some ongoing safeguarding investigations being conducted by the local authority and the manager was assisting with those enquiries and making changes based upon recommendations made.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated 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.

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

- The systems and processes to monitor quality and safety were not fully effective in protecting people from the potential risk of harm. The provider had not identified all the shortfalls in the expected care standards found during this inspection.
- Staff deployment had not been effectively assessed and planned for, to ensure people were sufficiently and continually cared for safely. This exposed people to the risk of harm.
- Audits and checks on health and safety and the environment had failed to identify potential hazards, and poor standards of hygiene and cleanliness exposed people to increased risk. Two cupboards used to store hazardous cleaning products were found to be unlocked. An upstairs communal toilet was found to be dirty and the flush broken. No action had been taken to repair this. Bedrooms had not been deep cleaned following the death of people. These issued had not been identified in audits and consequently they were not addressed.
- The personal emergency evacuation plan (PEEP) file was found to include nine deceased peoples' PEEP's. In the event of people needing to be evacuated from the building in an emergency, this incorrect information put others at risk.
- There was no system to review, assess and investigate incidents. This was a missed opportunity to learn lessons and reduce the risk of people experiencing further harm or injury.
- There was a failure to review care records to ensure staff were provided with detailed and up to date information about how to meet people's care and treatment needs. People's care plans, risk assessments and supplementary care records such as weight, food and fluid monitoring, repositioning charts and observations were found to be inaccurate and incomplete. This failure to identify and address deficiencies put people at risk of receiving unsafe care and treatment.
- Systems and process to assess, monitor and mitigate risks in relation to people's individual care and treatment needs were ineffective. This increased the risk of harm to people. An internal medicine audit was completed on 15 January 2021. Whist this showed some shortfalls had been identified, no action had been taken to make improvements.
- The call bell system was not audited as a method to monitor the staff response times to calls for assistance made by people. This was a missed opportunity in effectively monitoring quality and safety.
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- Agency staff had been used to cover staff shortfalls. However, agency profiles that provided a photograph

of the worker and confirmation of name, qualifications and recruitment checks were not kept on site. This meant staff were unable to verify who agency staff were and placed people at risk of potential harm.

A failure to effectively and consistently assess, monitor and mitigate risks placed people at increased risk. This was a breach of Regulation 17 (Good governance) Regulated Activities) Regulations 2014.

● Policies and procedures were in place to support staff practice, including a whistleblowing policy. Whistle blowers are employees who are protected by law to raise concerns about illegal, unethical activity; wrongdoing or misconduct within a service or organisation, either private or public.
● A new, experienced manager had been in post since December 2020, they had developed an action plan and had started to make improvements. They had a clear vision of the work required to raise care standards and meet regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Relatives were overall positive about the care provided to their loved ones.
● A relative said, "They (staff) go above and beyond. The chef tried hard to find something different for [family member] to eat, something special when they weren't eating well. I'm very happy." Another relative said, "Yes, I would recommend it. Nothing's perfect but as far as [family member] and their group of friends are concerned they all seem very contented. As you walk in there is laughter. They were making mince pies when I first went, lots of mess but people were smiling and laughing. It's reassuring."
● Relatives reported they were confident staff knew their family member well and were complimentary about the staff's caring and kind approach. Relatives that had had contact with the new manager were positive and felt assured by their professional and supportive manner.
● Staff knew people well and were observed to be kind, caring and attentive towards people in their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider enabled people and their relatives and advocates to share their experience about the service via an annual quality assurance questionnaire. The manager told us, and records confirmed, feedback questionnaires had recently been sent to people and relatives inviting them to provide feedback on what was working well and areas for improvement.
● The registered manager told us of their plans to arrange review meetings with people, their relative or representatives and health care professionals.
● Staff were positive and complimentary about the current managers leadership and support. Staff told us they felt well supported and valued. Improvements were being made to staff training and opportunities to discuss and review their work and development.

Working in partnership with others
● External professionals were positive about how the staff followed recommendations made. They also told us they found staff to be knowledgeable and competent.
● It was clear from viewing care records that the service regularly worked in partnership with external professionals and relevant care agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to effectively assess and mitigate risk to ensure people receive safe care and treatment, to have robust medication procedures and to have effective infection prevention and control measures, put people at increased risk of harm. Regulation 12 (1) (2) (a) (b) (c) (g) (h)

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to have robust government systems and processes to effectively assess, monitor and review quality and safety, increased the risk to people's safety. Regulation 17, (1) (2) (a) (b) (c)

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to adequality provide sufficient numbers of competent and trained staff, increased the risk to people's safety. Regulation 18, (1) (2) (a) (b)

The enforcement action we took:

Warning Notice