Care Quality Commission

Mrs A Clarke

Paul Clarke Home

Inspection report

Chatterley House
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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected Paul Clarke Home on 09 February 2015. The inspection was unannounced.

Paul Clarke Home provides accommodation and care for up to 11 people who may have a learning disability.

There was a manager registered to manage the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the registered manager was suspended from duty pending the outcome of a local authority investigation into some aspects of the care provided to people who use the service.

Staff understanding of the principles of The Mental Capacity Act 2005 (MCA) were limited. The Mental

Summary of findings

Capacity Act 2005 (MCA) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

Staff had not received regular opportunities to discuss their practice or had received a formal one to one appraisal of how they were performing. These important quality checks of staff practice ensure a provider is actively reviewing the quality of care provided to ensure it meets expected standards.

People who used the service had some opportunities to access the community and to be involved in recreational activities but this was limited.

The provider had not ensured that checks of the quality of the service had been completed regularly, or that people who used the service and their supporter's views were sought on the running of the home.

Staff understood how to recognise and report suspected abuse and knew how to 'blow the whistle' if they were aware of poor practice.

Staff were properly recruited and were able to meet people's needs. They confirmed they received essential training and updates. Medicines were managed, stored and administered appropriately.

Care was planned and people received the health support they needed. People who used the service, could choose what they had to eat and had access to assist with meal preparation if they needed to. Weekly meetings were planned with people to plan the following weeks, activities, and domestic tasks, with each person involved in some sort of domestic role.

There was evidence of positive relations between staff and people who used the service, the atmosphere was welcoming and friendly and staff knew how to meet people's needs.

We found there were breaches of the regulations we inspection against. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

People told us that they sometimes felt safe but they had concerns around how they had been treated in the past. Abuse had not always been recognised or reported to the appropriate authorities.

Staff were recruited properly but felt there were insufficient staff to meet everyone's needs.

Requires Improvement

Is the service effective?
The service was not consistently effective.

Most staff had the skills and experience they needed to meet the needs of those in their care. People's capacity to make decisions were not always assessed. Staff obtained people's consent before supporting them and for people requiring assistance at mealtimes, supported them to have sufficient to eat and drink

Requires Improvement

Is the service caring?
The service was caring.

People told us that the staff were kind and respectful and we observed them treating people in a respectful and caring manner. People received their assessed their care on a daily basis and their privacy and dignity was respected.

Good

Is the service responsive?
The service was not consistently responsive

People's needs were assessed before they started using the service and they were asked about their personal preferences with regard to the care and support they received. Plans of care were in place but not always up to date or accurate. Complaints made were handled in line with the provider's complaints procedure.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

The service was not appropriately managed and the people who used the service were not always given the opportunity to share their thoughts on the service. Quality monitoring systems were not effective and significant events in the home had not been reported

Requires Improvement

Paul Clarke Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2015 and was unannounced.

The inspection was completed by an inspector and an expert by experience and their supporter.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of living with a learning disability and receiving services.

We looked at the information we held about the service including statutory notifications. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with other agencies that had an interest in the home such as the local authority commissioners and the safeguarding team. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

The local authority safeguarding team were monitoring the service because of some concerns into aspects of care and reviews of people's care needs were being carried out. The investigations had not been completed at the time of the inspection.

We asked the provider to send us information about the service in the form of a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This wasn't returned before the inspection took place.

We spoke with three staff, six people who used the service and the interim manager. We looked at the care records of two people and other records relating to the management of the home. These included staff recruitment and training records, medication records and health and safety assessments.

Is the service safe?

Our findings

We spoke with six people who used the service to find out if they felt safe living at Paul Clarke Home. One person told us, "Yes. Yes, I feel safe" another said, "Yes, sometimes". A third person told us, "It's okay here but sometimes staff shout". Another person said, "I'm okay apart from one or two of the residents who shout, and that gets on my nerves". Staff told us, Yes, I think they do feel safe. They tell you if they are upset, usually with each other". Due to the concerns of people using the service the local authority were actively supporting them and reviewing how their care was being delivered to ensure their safety.

Staff we spoke with had access to information about how to recognise and report suspected abuse. One staff member told us, "I've just put up the information about safeguarding. So that everyone knows what they should do". Staff had received training about reporting abuse and told us that updates to the training were arranged annually. However an incident of alleged abuse had occurred that had not been identified or reported to the relevant authorities or to us. The subsequent investigation concluded that harm had been caused because of an act of omission.

During the inspection we were made aware the provider had telephoned the staff at the home on a number of occasions to request assistance for themselves. One member of staff told us "It can be really difficult. Our priority has got to be the residents". This concern had been identified as part of an on-going multi-disciplinary investigation and demonstrated a disregard by the provider of the safety or welfare of people who used the service.

These issues meant the provider was in breach of Regulation13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. The care plans we looked at demonstrated that the registered manager assessed risks to people's health and wellbeing. Where risks were identified the care plan described how staff should minimise the identified risk. However it had been noted that one person's weight loss had not been noted or acted upon until a local authority review identified it.

We observed the needs of some people who used the service had increased since our last inspection meaning more attention was needed to ensure their needs were met safely. Staff told us, "I think we could do with a few more staff and we could get out a little bit more but this is down to the provider". There were two staff available on duty during the waking day and one at night. Staff told us, "We need one more person really so we can take people to appointments, take them out and provide the attention they need". The interim manager told us they were advertising to recruit additional staff to support people's needs.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People told us and we saw that medicines were managed safely. One person said, "I get a tablet at tea time and in the morning. A blue and a white one". Another said, "The staff sort out the tablets" and a third person told us, "I have my tablets in my room, I can lock the door". We saw that following a safeguarding investigation into the mismanagement of medication that improvements had been made and that systems were now place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

The rights of people who were unable to make important decisions about their health or wellbeing were not being protected. Staff were unsure about the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. Staff confirmed that some people may lack the capacity to make certain decisions although they had not considered this. We saw decisions were being made by staff who may not have the authority to this. For example one person was not able to leave the home without staff support and they were subject to restrictions of their liberty because of this. Care records confirmed that people's capacity to make decisions had not been assessed and there had not been an agreement with other professionals of the action the staff should take in the person's best interest. This meant these people's rights under the MCA were not addressed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they had not received any monitoring of their care practice for some time. One staff member said, "I haven't had a supervision meeting since 2013 and no appraisal". Another said, "We have had staff meetings in the past but we don't tend to now. We don't feel listened to".

Staff we spoke with told us they had received essential training to enable them to provide support to people. One staff member of told us, "We do the updates every year, including, medication refresher, infection control, health and safety, fire and safeguarding". Another staff member said, "I've just been on my first Dementia care training. It's a four part course with assessments to do in between. It really opened my eyes". Other staff also confirmed they had attended the training and found it to be valuable and also told us, "We do get training, Dementia, medication, health and safety. Equality and diversity. We all have care qualifications; some have level two and some level three". Certificates to confirm this were in staff files we looked at and our observation of staff showed they knew how to meet people's needs.

We observed people who used the service had free access to the kitchen and could make their own drinks and snacks if they chose to. One person told us, "The staff do the cooking, but I like to bake and [staff name] does that with me". We spoke with people about their meals and menu planning. One person told us, "Very nice. They give you too much food sometimes but it is alright. Sometimes it can be cold it depends which staff are in". A care staff told us, "We have the weekly meetings to discuss the meals everyone wants, they all get to choose at least on meal. We can be flexible though and if someone doesn't want that meal on the day we can and do provide something else". One person said, "Yes, we have a meeting on a Saturday and we do the food menu for the next week". We observed that staff were aware and attentive of all the people during the lunchtime meal. There were good interactions, and staff were friendly and supportive.

People had access to health professionals. People told us. "I go to the doctors. I've got a woman doctor this time because my doctor retired. Yes, I go to the dentist as well" and, "I get my feet done as well". We saw records of appointments and attendance at the doctors, consultants and dentist.

Is the service caring?

Our findings

People who used the service told us they had good relationships with the staff who supported them. One person told us, “Oh yes, they are fine”. We observed positive interaction between people and the staff on duty and noted how staff patiently and kindly provided individual support to one person who needed additional input.

We saw that independence was promoted and staff supported people to maintain and acquire independent living skills. One person said, “I’m the only one who does their own washing and ironing”, another said, “I clean my own room”. All of the people we spoke with confirmed they agreed a roster for washing dishes or helping prepare meals.

People we spoke with felt that staff respected their views. One person said, “I don’t always want to do things and they know that. It’s okay”. A staff member said, “We have to respect their views, we treated every one as they want us to”.

People told us they could choose what they did and their privacy was respected. One person said, “I like to watch the television in my room. Staff know that it’s not a problem”. Another said, “I have a key to me bedroom and can lock the door”. We observed staff knocked on bedroom doors before they entered, affording people privacy and respect.

Relatives we spoke with confirmed they were able to maintain contact with people who used the service and were kept informed of their relatives care needs.

Is the service responsive?

Our findings

Before people moved into Paul Clarke home, they had their needs assessed to check it was suitable for their needs. Where appropriate a visit to the home was also arranged to introduce a prospective user of the service to other people. Staff told us, "The manager does all the assessments, but we don't always get to know the detail. It would have been helpful if they provided us with some more detailed information about how to care for [person who used the service] before they moved in". We asked if the views of people who used the service were sought about any proposed new person. We were told, "I don't think that's considered".

People who used the service gave us mixed comments about their involvement in decision making and how the home was run. Comments included, "Not sure" and, "Yes you've got to, they can't walk over you". "Yes we have a meeting on a Saturday and we do the food menu. It isn't easy to read they just write it down and put it up in the kitchen". "No, I just do my own bedroom". Another said, "We decide what we want to do". An example given was, "The lounge has been decorated with a new carpet. The staff chose the colours".

Most people we spoke with had lived at Paul Clarke Home for many years. When we asked about plans of care they told us, "I think it's in the office" and, "It's locked up in the office". Care records showed they had been included in some aspects of their care planning and reviews of care but this wasn't consistent. One care staff told us, "Each person has a care plan and person centred plan in the office and we have a meeting on a one to one, usually once a month. They also have a health action plan this has only been done quite recently".

People told us they didn't always have enough to do. They confirmed they talked as a group each week about the things they would like to do, but these opportunities were limited. One person said they went to, "The pub on a Wednesday night, with the staff. We go for dinner in the café. We go to Asda. Watch telly in my bedroom. I go to Newcastle on a Saturday". Other people said, "I go walking sometimes, if it's nice" and, "I go to see the ducks, I can go out whenever I want. I can go out on my own as well". Staff told us, "We take each person out to complete their personal shopping and we always go out on Wednesday. Some people can go out on their own but others can't". Records of the meetings we looked at showed staff also asked people if they had any complaints or concerns.

Records we looked at showed limited activity or levels of engagement. A staff member told us, "It's really difficult, some people need more personal support which means we haven't always go the time to take them out. It's very frustrating". A second staff member said, "We used to use the mini bus, but that's out of action now. It can be expensive to keep booking taxis". This showed the provider had not responded to ensure people had easy access to community facilities when they chose to.

People told us they didn't have any complaints about the service they received but knew how to complain if they needed to. One person told us, "I've lived here for many years. I like it". They told us they knew who to go to if they had any concerns. One person commented, "Yes I do, to social services" another said, "No, there's nothing wrong". Another person said, "I'd tell the staff" another said, "I'd tell [relative] or social worker". Staff told us, "We always ask at the weekly meetings if anyone has any complaints or concerns. If they do we write them down". Records of the meetings we looked at confirmed this. The provider had a complaints procedure in place, but this was not in a user friendly format for those people who needed it to be and was not visible within the home. Complaints were recorded when they were received and any required action noted.

Is the service well-led?

Our findings

The provider had a registered manager in post but they were not working when we visited. The provider had an interim manager who was providing support to staff and people who used the service.

We found that the registered manager had not reported significant events in the home to us as is required by law. We were not made aware of a medication error that had alleged to have caused harm to one person. This meant people who use the service could not be confident that the registered manager understood their responsibilities.

People who used the service did not routinely have their views taken into account on the running of the home.

Staff told us they did not feel supported in their role, "We started to have supervision, that was in 2013 but we haven't since then". Another said, "We have had staff meetings in the past but we don't tend to now. We don't feel listened to". Staff told us they understood their roles and responsibilities. One staff member told us said, "We are keeping things ticking over, but we need a good manager".

There was little evidence of that checks on the quality of the service completed by the manager or provider. This meant the provider was unable to demonstrate the quality of the service had been assessed or monitored to identify any deficits or risk and to bring about improvement. Refurbishment and redecoration of the home was completed on an ad hoc basis rather than as part of an agreed plan of redevelopment. We were told that people's views were not considered when it was proposed a new person was being admitted to the home.

Risk assessments of the home had been completed but had not always been reviewed regularly

These issues meant there was a lack of clear management direction, leadership and oversight. The provider had failed to protect service users against the risk of unsafe care and treatment. These issues are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw surveys of relatives views had been sought in the past. Comments received gave a positive account of how the service was delivered.

Staff were aware of the whistleblowing procedures available to them that protected them from recriminations if they reported concerns within the home. Staff knew what to do if they needed to report concerns, they told us, "We know how to blow the whistle, we have a policy and it is in the office, we have had some training in house from two ladies from social services".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had failed to protect service users from the risks of poor care and treatment by: Failing to report significant events affecting the welfare of people who use the service. Failing to assess and monitor the quality of the service. Not regularly seeking the views of service users and persons acting on their behalf.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Systems and processes to prevent abuse of service users had not been effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: The provider had failed to act in accordance with the MCA.