

Clarex Limited

Clare House Residential Home

Inspection report

12 Whittlebury Road
Silverstone
Towcester
Northamptonshire
NN12 8UD

Tel: 01327857202

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19 March 2019
25 March 2019

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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 

Summary of findings

Overall summary

About the service:

Clare House is residential care home that was providing residential for 19 older people including people living with dementia.

People's experience of using this service:

- People told us they liked living at Clare's House and felt safe.
- People told us staff were kind and respectful to them.
- The provider did not always follow safe staff recruitment procedures.
- People's care records did not always have enough information for staff to understand and respond to a specific need. Records were not kept up to date with specific information.
- Whilst people told us they received their medicines as required, medicine administration records (MAR) were not always filled in correctly.
- The registered manager completed quality audits however these did not effectively pick up any issues.
- Not all people we spoke to knew who the registered manager was.
- There had not been any staff or resident's meetings held within the past 6 months.
- Not all information within the care plans had been updated.
- People told us the food was good and there was always enough to eat.
- People were being supported daily to make choices and decisions about their care.
- People knew how to make a complaint.
- Staff and people living at Clare House were involved with the local community. This included the local church and primary school visiting people who lived there.

Rating at last inspection:

GOOD (report published 16 November 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated requires improvement.

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

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 not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our Well Led findings below.

Requires Improvement ●

Clare House Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one adult social care inspector and an expert-by-experience. An expert by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about dementia.

Service and service type:

Clare House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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:

Our unannounced inspection started on 19 March 2019, however the registered manager was away so we returned to the service unannounced again on 25 March 2019 to speak to the registered manager.

What we did:

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the

Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with ten people and three relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff including the registered manager. We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

RI: 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.

Staffing and recruitment:

- The provider did not always follow safe staff recruitment procedures. Records confirmed that references and Disclosure and Barring Service (DBS) checks were completed, however, when staff had changed their name the provider had not always sought proof. The manager agreed to rectify this immediately.
- The provider did not use any type of dependency tool to ensure there were correct levels of staff to meet the assessed needs of people using the service. At the time of this inspection 13 people required two staff at a time to support them with mobility, there were three staff on duty per shift.
- People we spoke to told us "I think that they need more staff because if someone is ill or off for any reason, they are more pushed," and "They could do with more staff." One person said, "There is always someone here to attend to you." The registered manager agreed to look at staffing levels, however there had not been any issues relating to staffing raised during the inspection.
- A member of staff told us "There is not enough staff at night but it seems fine during the day, I'm happy." Another staff member said, "I think if we had one more staff member on each shift we could do more with people, spend time engaging them in activities."

Assessing risk, safety monitoring and management:

- We saw that people who were at risk of developing pressure sores, had pressure mattresses that were on the wrong setting for their weight. The mattress settings had not been recorded by staff for five days, however we saw evidence of people's pressure ulcers improving.
- People had general risk assessments regarding allergies, fire, medicines, weight and falls, which had been regularly reviewed and updated.
- The environment and equipment was well maintained.

Using medicines safely:

- Whilst people told us they received their medicines as required, medicine administration records (MAR) were not always filled in correctly. When people did not have a medicine, staff had not recorded the reason for not administering the medicines.
- There were no protocols in place for 'as and when required' medicines. Staff could not tell us when they needed to seek advice from a doctor if a person was taking an 'as and when required' medication for a period of time. The manager told us the protocols were currently with the GP for signing.
- A person told us, "I have medication, they give it to me regularly and never forget."
- The registered manager completed audits on all aspects of medicines, however the daily temperature checks had gaps in the recording which had not been identified.

- Staff had been trained in medicine administration and the registered manager had completed competency checks.

Preventing and controlling infection:

- The service had received a food hygiene rating of 1, from the Food Standards Agency (The Food Standards Agency (FSA) is responsible for food safety and food hygiene in England). A Food Hygiene Rating of 1 means that major improvements are necessary.
- Staff had put people's bread and toast directly onto the table without the use of plates. The registered manager agreed to discuss this practice with staff straight away.
- We observed staff using appropriate personal protective equipment such as gloves and aprons.
- People told us staff washed their hands and wore gloves and aprons when supporting them with their personal care needs.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living within the service. One person said, "I feel safe here, they do everything for me as I cannot do things for myself."
- There were policies and procedures in place for staff to follow to keep people safe from harm.
- Staff told us how they would raise a safeguarding issue if needed.

Learning lessons when things go wrong

- The staff team were encouraged to report incidents and accidents that happened at the service and the management team ensured lessons were learned and improvements were made when things went wrong.

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

RI: 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:

- People who needed their food and drink monitored for health reasons had monitoring forms in their care files, however these were not consistently completed by staff. One person's record had not been updated for eight hours, therefore staff could not effectively ensure their nutrition and hydration needs were being met.
- People told us, "The food here is lovely," "I always get soup, because I told them I like it, they listen to me" and "The food is reasonable, we have choices and there is enough to eat."
- People who required a textured diet, had food appropriate to their required needs.
- Mealtimes were a pleasant experience for people. People were happy during meals times, they chatted with staff and each other.

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

- People's care records did not always have enough information for staff to understand and respond to a specific need for example, when to refer to a specialist or when to refer to a health professional.
- The registered manager understood the need to refer people to healthcare services including speech and language therapy, occupational therapy and dietician when needed, however this was not always completed in a timely way.
- Staff documented on their handover forms any involvement from the district nurse or GP, staff coming onto shift read the handover form before starting their shift. This mean that staff were aware of any changes in people's needs.
- Staff told us that there was "good communication" between agencies.
- We saw details of some healthcare involvement and advice documented in people's care files. This supported staff to understand any changes of need or equipment.

Staff support: induction, training, skills and experience:

- Staff completed online training, covering subjects such as manual handling, first aid, dementia, nutrition and health and safety. Staff told us that the training was "Adequate" and "It's ok, but not great." Staff suggested that additional 'face to face' training on first aid, manual handling and dementia would be beneficial. The registered manager agreed to provide this.
- Staff completed induction training and shadow shifts before any lone working.
- A person told us, "Staff are on the ball." Another person said, "I think the staff know what they are doing when they look after me."

- Staff told us they felt well supported by the deputy manager.

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

- People had comprehensive assessments before they began to use the service. We reviewed people's assessments and saw that it was clear people's social, cultural, sexual and emotional needs would be accepted and respected.
- People's care plans detailed their routines and preferences, for example how many pillows they wanted, if they preferred the door open or closed.
- People told us that staff were good and knew what to do. One person said, "Staff understand what I need and do it well."
- People were being supported daily to make choices and decisions about their care and support. A person told us, "I choose what I wear." We saw staff explaining to a person what they were doing and asking for consent.

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

- People had their own pictures on their bedroom doors and their rooms were individualised with pictures and ornaments.
- There was a maintenance person available to complete any tasks related to the property.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People had their capacity to consent to their care and treatment assessed as required.
- There were DoLS in place for people using the service to keep them safe from harm. The service kept records of the authorisations and applied for them appropriately.
- Staff were not always aware of when a person had a DoLS authorisation in place.

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

Good: 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's care plans had detailed information on how to support them and included statements like, "[person's name] likes staff to guide (them) to the sink before eating to wash their hands," and "[person's name] likes staff to put their arm around [person's name] back when transferring as this makes them feel confident."
- People told us, "The staff are lovely and very caring," "I can't do my own personal care; the staff speak to me and treat me with respect" and "They know my likes and dislikes and they never do anything to upset me."
- One person told us, "When I press my buzzer, they come straight away," and "I feel safe, the staff come if I need them."

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

- Care plans had been signed by the person or their representative, although relatives told us they only saw the care plan at the start of the service.
- People told us they could choose what they wanted to do, comments included, "I choose to watch television and read in my room," and "I only have a bath if I want one, otherwise they bring me a flannel."
- Staff told us if people struggled to verbally communicate they tried to show physically show them different options so they could make a choice. For example, with food or clothing.
- A relative told us there were always staff available to speak with them and offer a cup of tea, which they appreciated.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were polite and respectful. "They always knock before entering my bedroom."
- Some people had special possessions that they were wearing or using during the day, such as blankets and dolls which gave them comfort. We saw staff supporting the use of these with people.
- People's care plans had information based on what people wanted, for example, "[person's name] doesn't like to be rushed, staff to ensure they allow [person] to take their time when being supported," "Encourage [person] to brush their own hair, staff to only intervene if requested," and "[person's name] likes the milk in a jug so they can pour it themselves."
- A relative told us, "They [staff] always close doors and cover them up when washing and dressing."

Is the service responsive?

Our findings

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

RI: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The registered manager did not fully understand people's information and communication needs. We did not see evidence of how the Accessible Information Standard had been applied through identifying, recording and highlighting people's individual information and communication needs in their care plans.
- The registered manager agreed to put the complaint and feedback forms into an accessible format and ensure care plans and menus were accessible to people using the service.
- Not all information within the care plans had been updated, for example a care plan stated a person liked to walk around independently however within the mobility part of the care plan it stated the person required 2 staff to support mobility.
- People told us they were happy that staff knew what care they needed.
- People could participate in planned activities. For example, arts and crafts, aromatherapy, motivation and exercise classes. During the inspection we only saw people watching TV.
- Staff told us that there were activities planned approx. 5 times a week with external coordinators.

Improving care quality in response to complaints or concerns:

- Relative's complaints were investigated and resolved however clear records were not always maintained.
- The complaints procedure specified how to make a complaint, who to contact and how the complaint would be responded to. However, the complaint we saw did not follow the providers procedure. The registered manager had not written to the complainant as per the policy and procedure.
- Staff told us, "If I had a problem would tell [deputy manager] who would deal with it"
- People knew how to make a complaint. One person said, "I do know how to complain if I need to."

End of life care and support:

- The provider had ensured staff had received training to aid their understanding of supporting people at the end of their life.
- At the time of inspection, nobody was receiving support at the end of their life.
- People's care records had information regarding their end of life wishes and funeral arrangements.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- The registered manager completed quality audits however these did not effectively pick up any issues or identify actions needed. For example, inconsistent recording of people's care including food and fluid charts, pressure mattress settings and missed medicine signatures. There was also incorrect information in people's care plans and no PRN protocols for people. None of these issues had been identified by the registered manager. This meant the registered manager did not have an oversight and could not ensure person centred care was given.
- The registered manager did not have policies in place for fire procedures and checks, supervision of staff and recruitment of staff, however the manager had completed checks within these areas. The registered manager agreed to implement these policies immediately after the inspection.
- The registered manager did not have an oversight of appropriate staffing levels as they did not use any form of a dependency tool (a dependency tool is used to score a person's level of dependency across many domains, for example ability to wash, dress, mobilise or go to the bathroom independently, and inform of the number of staff required to meet this need). Therefore, the registered manager could not determine the correct levels of staffing required to meet each individual need.
- Staff told us they had regular supervisions and the manager completed observations on their care practice. We saw a record of a staff member who had not worn PPE during a care task, the registered manager did not have a completed action plan date to follow up this concern within the staffs file.
- The manager was aware of their responsibility to display their rating when this report was published.

The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the services being provided. These matters were a breach of Health and the Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. Although there not been any incidents that required the duty of candour, the registered manager was unaware of this requirement. The registered manager agreed to update their knowledge.
- The registered manager could explain the ethos of the service and how this applied in the provision of care

and support to people.

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

- Not all people we spoke to knew who the registered manager was.
- There had not been any staff or resident's meetings held within the past 6 months, the registered manager agreed to arrange these immediately.
- The registered manager told us they advertised family meetings, however they were not well attended. A relative told us "I have not been invited to any meetings, filled in any survey forms or questionnaires"
- Staff and people living at Clare House were involved with the local community. This included the local church and primary school visiting people who lived there.
- People were given feedback forms to complete, however these were not in an accessible form for all people living at Clare house.
- The people and relatives we spoke to said they did not know what was written in people's care records.

Continuous learning and improving care

- The registered manager told us they kept up to date on improvements and training by attending seminars and forums and signing up to social care update. However, we found the registered manager had not kept up to date with good practice. For example, on the accessible information standard and duty of candour.
- The registered manager was eager to make improvements to the service.

Working in partnership with others

- The service submitted relevant statutory notifications to CQC. This ensured we could effectively monitor the service between our inspections. When needed, the registered manager provided information to us to help with our enquiries into matters.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the services being provided.