

Clarex Limited

# Clare House Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



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

The inspection took place on 30 March 2015.

Clare House provides personal care and accommodation for up to 25 people, with physical and dementia care needs. It is situated in the village of Silverstone near to Towcester. At the time of our visit there were 21 people using the service.

The service had a registered manager. 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.

People told us that they felt safe and were protected by staff providing their care.

# Summary of findings

Risks to people's safety had not always been assessed, so did not provide staff with guidance to provide support safely.

Robust recruitment policies and procedures were followed to ensure that staff were suitable to work with people.

Systems and processes in place for the administration, storage and recording of medicines were not always adequate.

There were insufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment to service users. Staff did not receive support via supervision or staff meetings.

Staff knew how to protect people who were unable to make decisions for themselves. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink.

People's physical health was monitored, so that appropriate referrals to health professionals could be made.

Staff were caring and ensured that people's privacy and dignity was respected at all times.

The service had an effective complaints procedure in place.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used as effectively as they could have been.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

Not all people had risk management plans in place to promote their safety.

Staffing numbers were not assessed in line with people's dependency levels and were not adequate to fully meet people's needs.

There were safe and robust recruitment procedures in place.

There were systems in place in respect of medicines but these were not always robust in ensuring that people's medicines were managed safely.

Inadequate



### Is the service effective?

The service was not always effective.

Staff were not provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Requires Improvement



### Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff were respectful to people and were mindful of people's privacy and dignity when supporting them with their care needs.

Good



### Is the service responsive?

The service was not always responsive.

Not all people using the service received care that was responsive to their needs.

Requires Improvement



# Summary of findings

The service did not routinely listen and learn from people's experiences, or seek feedback from people and their relatives about the quality of the care provision.

## Is the service well-led?

The service was not always well-led.

People were put at risk because systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not effective.

We found a lack of leadership in the day to day running of the service and a staff team who did not feel they were well supported.

**Requires Improvement**



# Clare House Residential 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 30 March 2015 and was unannounced.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service in order to gain their views about the quality of the service provided. We also spoke with a visiting relative, five care staff and the registered manager, to determine whether the service had robust quality systems in place.

We reviewed care records relating to five people who used the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

People were not consistently protected by the safe and consistent administration of their medicines.

We found gaps and omissions in the Medication Administration Records (MAR) reviewed for 13 people. We checked the gaps identified and looked to see if these medicines had been given. We found the tablets corresponding to the omissions had been removed from the Monitored Dosage System (MDS). However, we found no evidence in the care records that people had received their medication and there was no record in the disposal record book to confirm that these tablets had been disposed of.

We found that in one person's record a medicine had been prescribed to be given three times a day, as required. This had been crossed out and a hand written entry was added, 'at night'. This instruction had not been signed or dated by two staff members to minimise the risk of error when transcribing in line with current best practice guidance. We were unable to find where this instruction had come from.

We found for one person, who had been prescribed an antifungal agent, that over a two week period this had not been signed for on 16 occasions. Therefore, we could not be assured this had been given as prescribed.

Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was insufficient guidance for staff on the circumstances these medicines were to be used. We were therefore not assured that people would be given medicines to meet their needs. We found that although medicine was securely stored, the temperatures of the storage areas had not been regularly recorded to ensure they were stored in the right conditions.

We found that the registered person had not protected people against the risk of unsafe care and treatment. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The cupboard used to store controlled drugs was in line with legal requirements and the controlled drugs register

had been fully completed with two staff signatures. Controlled drugs are medicines that the law requires are stored in a special cupboard and their use recorded in a special register.

We observed medicines being given to people at different times throughout the day. We saw that this was carried out with regard to people's dignity and personal choice. We heard staff explain to people what they were doing. We found there were appropriate arrangements in place to record when medicines were received into the service, and when they were disposed of.

Risks to people's safety had been assessed and included those associated with behaviour that challenged, nutrition and falls. Staff said that risk assessments were helpful in identifying how to keep people safe and reduce possible risks. We found that risk assessments were up to date and found they were reflective of people's needs. However, we saw recorded in the daily records for one person, that there had been numerous incidents of behaviours that could challenge the service. We observed this on the day of our visit and found that their actions impacted upon other people, and created increased levels of anxiety for some. We found that risk assessments had not been completed for this person. The registered manager said this was because the person was new to the service. This meant the service was not able to appropriately monitor their behaviour and ensure they were providing the correct support safely.

We found that the registered person had not protected people against the risk of unsafe care and treatment. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed views about the staffing numbers in the home. One person told us, "Yes there are enough staff. They don't keep me waiting long." Another person told us, "We could do with more staff. They are often rushed off their feet." We spoke with staff who told us that they felt there were not enough staff to meet people's needs and help keep them safe. One member of staff told us, "We don't have enough staff to do everything. Some of us are working 15 hours a day." Another staff member told us, "Some staff

## Is the service safe?

are not reliable and regularly let us down. At weekends there is no housekeeper or laundry assistant, so we have to complete those tasks as well. It can be very difficult sometimes.”

The registered manager told us that they did not use a specific tool to assess dependency levels of people's needs when calculating the required staffing numbers. They explained that the current staffing levels were three care staff in the morning and an extra staff member who worked 7am until 10am. They then undertook either housekeeping or maintenance tasks. There were three care staff in the afternoon and three in the evening until 10pm. There were also two waking night staff.

Throughout the day we observed staff to be busy but attended to people's needs in a timely manner. We saw that one person took up a lot of staff time, needing extra support and reassurance. There was no evidence to demonstrate this had been taken into account when calculating staff numbers.

We looked at the staff rota which showed staffing numbers were consistently maintained at this level and we did not see any days on the rota where there was a shortage in staffing numbers. However, the rota showed that some staff were working excessive hours in a day.

We found that the registered person had not protected people against the risk of unsafe care and treatment. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living in the home and knew who to speak with if they had a concern about their welfare. One person said, “I do feel safe here, They look after you.” A relative told us, “My [relative] is safe here. I feel comfortable leaving here and don't feel worried.”

Not all staff were able to confirm they had completed safeguarding training. One staff member said, “I have not had training about abuse.” Another staff member said, “I had training a long time ago.” Staff were able to describe how they would recognise and report abuse. One staff member described a recent situation of inappropriate behaviour from one person using the service to another and how this had been reported to the local safeguarding team. They said, “I would have no worries reporting abuse.” The staff we spoke with told us they were confident that any concerns reported to the manager would be effectively dealt with to make sure people were safe. We looked at safeguarding incidents and found that they had been reported appropriately.

Training records showed that five staff had not received safeguarding training and six staff had not received refresher training in relation to safeguarding since 2012. Safeguarding policies were available at the service and were accessible to staff.

Staff underwent an effective recruitment process before they started to work at the service. We found that the provider carried out staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

# Is the service effective?

## Our findings

Most people living in the home were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with what they wanted and needed. However, people spoke highly of the staff. One person told us, "I get all I need. They look after everyone just fine." Another person told us, "They take care of me just how I need. I'm very lucky. I don't know what I would do without them." A relative told us, "The two wonderful things about this home are the staff and the food. The staff are [providers'] biggest asset."

Staff said their training was sporadic. One person said, "We went through a spell where we had a lot of training, but it has not been regular of late." Another staff member told us, "There is quite a bit of training that I haven't done." A third staff member told us that two people using the service with progressed dementia displayed behaviours that challenged the service. The staff member told us they did not know how to deal with it and required training in this area.

There was no recognised national induction training programme for new staff. However, staff did tell us that they were able to shadow an experienced member of staff until they felt confident to work alone. Records showed that there were gaps in staff training. For example, of the 17 staff employed at the home, eight had not received Infection Control training, and 11 had not received basic food hygiene training. The registered manager said he was currently organising further training for staff. He told us the deputy manager usually did this but had been on long term leave.

Staff told us they had not received formal supervision for over twelve months and records confirmed this. Staff told us they did not have staff meetings and said there was poor communication which made them feel unsupported. We discussed the lack of supervisions with the manager and were told that they hoped to implement a schedule so that all staff received supervision in the near future. This would then be built on and become part of the normal working regime.

We found that the registered person had not protected people against the risk of unsafe care and treatment. This was in breach of Regulation 23 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service ensured that people's consent to care and support was sought in line with current legislation. People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, "Of course they always ask me if they can help before they do anything." We observed staff asking people if they were happy for them to give them their medication. People had the freedom to make choices about things such as times to get up and go to bed. We also observed that where people chose to stay in their room this was respected by staff.

Staff were able to describe how they offered people choices and sought consent. For example, we saw staff asking people for permission before they took them to different places and before providing personal care. Staff told us they had not received training in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that no one who used the service was subject to the Deprivation Of Liberty Safeguards as set out in the Mental Capacity Act 2005 at the time of our visit. We saw that there was a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection.

We found that people were provided with suitable and nutritious food to meet their dietary needs. One person told us, "The food is very good. I have no complaints." Another person told us, "I am very lucky to have such lovely meals." A relative commented, "All the food is homemade. It's fantastic."

We spoke with the person who had prepared the meal on the day of our visit. They had a good knowledge of people's likes and dislikes and therapeutic diets. They told us they would be more than happy to make a person an alternative meal if they didn't like what was on the menu. Staff told us that they closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake. Nutritional guidance was sought, when required, from relevant healthcare professionals in response to significant changes in people's needs. For example, advice including fortified diets or pureed food was provided for people and food supplements were given to people as prescribed. Records we looked at confirmed this.



## Is the service effective?

We observed breakfast and the mid-day meal. Meal times were relaxed and people were supported to move to the dining areas or eat in their bedroom at a time of their choice. Tables were set out with cutlery, napkins and condiments and the dining room was bright and spacious. Meals were nicely presented and we saw people being asked if they would like more. There was a choice of drinks and food available and we saw one person who had specific cultural needs having food to meet their needs. The registered manager described a new meal system they were going to introduce which would provide people with more choice and variety of meals.

The service supported people to maintain good health and to access healthcare services when required. One person said, "If I need to see the Doctor I can. It's no problem." A relative told us, "My [relative] is well and I know the staff make sure I am informed if there are any problems with my [relatives] health."

Staff were knowledgeable about people's health needs and demonstrated this through our discussions. One member of staff said, "If people need to go to an appointment or see the doctor, we organise this for them. Sometimes the families want to take them, but if not we will go with them."

The registered manager told us that people were registered with a GP who visited the service as and when required. The care plans we looked at showed that people had attended hospital and GP appointments and had received visits from a range of professionals, including district nurses and chiropodist. We saw evidence that people had access to the dentist and optician as well as specialists such as the dietician and speech and language therapist.

# Is the service caring?

## Our findings

People were happy with the care and support provided and told us that staff were kind and caring. One person said, “They are smashing. Very nice.” Another person told us, “They go out of their way to help us all.” A relative commented, “The staff are brilliant. They are the best thing about this home.”

Staff confirmed that they enjoyed supporting people and valued the relationships they had built. One staff member said, “It can be challenging at times but I love working with the people who live here.” We saw that caring relationships had developed between staff and the people who used the service.

We observed the relationships between people and staff and saw that staff were positive and caring and understood how to get the best from people. Staff spent time interacting with people and addressed them by their preferred names. We saw that staff provided people with reassurance by touching and giving eye contact when talking to them. We observed staff and people interacting and engaging positively with each other. Support was provided in a kind and caring manner. We observed one person who required a lot of support from staff and needed to be reassured frequently. Staff did this with patience and kindness.

Most people using the service had dementia care needs and only two people that we spoke with were able to offer their views on their care. They said they had been involved in making decisions about their care needs. A relative said, “Yes I am involved. I make sure I’m involved.” Staff told us they involved people and their relatives in planning and reviewing their care. They said that people’s care plans were reviewed and discussed with them and staff spoke knowledgeably about people.

People’s care plans contained information that included details about the person’s background, their preferences, what was important to them and how they wanted to be supported. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available at the service.

People told us that the way in which staff talked to them, made them feel they were respected and ensured their dignity was maintained. One person said, “They are very respectful. They treat me just right.” Another person told us, “The way staff talk to me and treat me cannot be faulted.” A relative said, “I see the staff always being polite, no matter how rude someone is to them.”

Staff had a clear understanding of the role they played to make sure people were respected. They explained how they knocked on people’s doors before entering their bedrooms and always supported them in a private area, for example, their bedroom when providing personal care. Throughout the inspection people’s privacy and dignity were respected.

Throughout the day we observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people’s choices and offered assistance if the person needed it, to help promote their independence. Staff described the importance of confidentiality and not discussing people’s needs unless it was absolutely necessary.

People told us that there were no restrictions on visiting hours and that there were private areas of the service where family members or friends could visit.

# Is the service responsive?

## Our findings

Although some people were not aware if an assessment of their needs had been carried out before they came to stay in the home, relatives and staff confirmed that were assessed prior to coming to live at the home. They said that this helped to determine if their needs could be met and whether they would be suitable with the mix of current people within the service. Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. People and their relatives, had provided information about themselves so that staff would know how to support them. We found that people received care and support from staff which took account of their wishes and preferences.

We looked at care plans for three people and saw they contained information about people's medical and health needs. The plans were relevant to each person and contained guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. It was not, however, clear if people, and where appropriate, their family were involved in writing the care plans to make sure their views were also represented.

We found that one person did not have a care plan in place. Daily notes completed by staff about this person, showed numerous entries that related to aggressive behaviour towards staff and other people using the service. The lack of a care plan meant there was no written guidance for staff to follow and the staff approach was not consistent. For example, we saw two staff clearly explaining something to this person; they did this with patience and often had to repeat several times what they had said. We saw another staff member who did not explain things to this person and left them feeling anxious. They were escorted to the lounge where the television was on, however, the person did not engage with the television and kept asking for it to be turned off. We spoke to the registered manager about this person. They explained that they were new to the service

and had been there for almost four weeks. However, the registered manager did not feel that the home was meeting their needs and on the day of our visit was arranging for a meeting to review the situation.

We found that the registered person had not protected people against the risk of care that was not responsive to people's needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us, "There are not enough activities. Some people don't have family members to visit and they don't get out." All the staff we spoke with said there could be more activities taking place. One said, "We do activities in the afternoon. Sometimes we don't because there are not enough staff." On the day of our visit we did not see any activities taking place; we were unable to find a programme of activities and/or events for people and observed on the day of our visit, many people in the lounge with a television on, but they were not engaged with it.

The registered manager told us an activities co-ordinator was employed for three days a week to provide a programme of activities. We saw that the activities co-ordinator had provided nine sessions in the previous month. We saw that various outside entertainers and community groups visited the home. This included a weekly church service, weekly motivation sessions and various music entertainers.

All the people we spoke with said they would be happy to make a complaint if they needed to. One person told us that they would speak to staff if they had a worry or a concern. They said, "If I wasn't happy I wouldn't worry about tackling things head on."

We were told by staff and the manager that there had been no recent complaints from people. We saw there was a complaints procedure which was available at the home. We were unable to find information available in a format that was suitable for people who were using the service with dementia care needs, to use in relation to making a complaint.

# Is the service well-led?

## Our findings

The registered manager told us that a range of audits had been carried out on areas which included falls, medication and care plans. We found a monthly falls audit had been completed and as a result many people had a falls mat in their room and some had been referred to the falls clinic. However, we found that some of the audits did not always identify areas for improvement. Despite monthly medication audits taking place, these had failed to identify some of the issues we found in relation to gaps and omissions on Medication Administration Records (MAR) and hand written entries. Therefore, the systems in place were not always used as effectively as they could have been.

We found that people, relatives and staff were not consulted regularly about the delivery of service. Staff we spoke with felt there was poor communication at the home and one staff member told us, "If we have a problem we sort it out among ourselves. We are not well supported." We were unable to find any evidence of recent relative and service user meetings or how the service gains the views of people. The registered manager confirmed these did not take place and was planning to re-introduce them. We saw that staff meetings and formal supervision sessions with staff had not taken place and records we looked at confirmed this.

We found the arrangements to ensure staff were appropriately supported to deliver care and treatment to an appropriate standard, by receiving essential training, was lacking in some areas. For example, six staff had not received Safeguarding training. Following the inspection the registered manager wrote to us and informed us that they were going to, 'keep training as an on-going feature starting with Dementia care and Safeguarding'.

We found that one person using the service did not have a care plan or associated risk assessments in place. Although daily recordings demonstrated that this person displayed

behaviours that challenged the service, action had not been taken to ensure staff had appropriate written guidance to follow when delivering care and support. Two staff told us they were unsure how to deal with this level of behaviour and required training.

At the time of our visit we found that staff felt unsupported, they were not encouraged to give their views and ideas about the service by way of staff meetings and formal supervision. We found the culture at the service was not open and transparent and we found a lack of leadership in the day to day running of the home.

The service was led by a manager who was also the provider. We were told that a deputy manager had been in post and was the person who led the team in the day to day running of the home. However, they had been on long term leave and there were no other senior staff employed at the home. One staff member told us, "Because there are no official senior staff everyone tries to manage and run the shifts. This can affect team working, and causes tension."

We found that the registered person had not embedded effective governance arrangements. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager wrote to us and stated he intends to commence staff appraisals and formal supervision sessions. In addition they were organising a staff meeting and were going to send out Satisfaction Questionnaires to all people using the service and their relatives. They were also arranging a 'Meeting Evening' where all concerned would be invited and encouraged to give their input to the service.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not protected people against the risk of unsafe care and treatment that included the unsafe management of medicines and inadequate systems in place to protect people against risks by timely assessment and care planning.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person has failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have a formal system in place to effectively assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person failed to ensure that the care and treatment provided to people was appropriate and met their needs and preferences.</p>