

365 Care Homes Limited

Clitheroe Care Home

Inspection report

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27 April 2022

28 April 2022

03 May 2022

06 May 2022

09 May 2022

13 May 2022

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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 well-led?

Inadequate 

Summary of findings

Overall summary

Clitheroe Care Home is a care home providing accommodation for persons who require personal care for up to 28 people. At the time of the inspection 21 people were using the service. The home accommodates people across two floors in one building.

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

Medicines records were not always accurate, and medicines and equipment were not always managed safely. Infection prevention control (IPC) practices were not always robust. Risks relating to fire were not always appropriately managed. Safeguarding processes and procedures were in place but were not always being followed. However, people at the home told us they felt safe. Staffing levels in the home was adequate, though some improvement was required in relation to recruitment records. We made a recommendation that the provider improves their recruitment processes. Management told us they were working to improve the issues we identified.

People's needs had not always been assessed and necessary health related risk assessments and care plans were not always in place. The management were in the process of improving this. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. After our site visit the management were reviewing this information and making necessary referrals.

Staff completed an induction once recruited, and staff were supported by the management, however not all staff had completed appropriate training. We witnessed incorrect moving and handling practices during our inspection, and we made a recommendation that the provider reviews their practices and processes relating to moving and handling. The environment needed some improvement to meet the needs of the people living there, and the management advised they were making these changes. People did not have oral healthcare plans in place, and people were not registered with a dentist, however, management told us they were in the process of trying to rectify this. Feedback on the food people received was positive.

Various governance issues were identified during our inspection, including issues around records and audits. Although the manager was aware of their responsibility under the duty of candour, they had not always reported necessary incidents to CQC and the local safeguarding team. Since the inspection the manager has left the service. A consistent approach to working in partnership with other health care professionals, making necessary referrals and, ensuring follow ups was not always adhered to. Staff meetings and meetings for/with people that use the service were taking place, and surveys were being conducted. Staff and people spoke positively about the service, though people did not always receive good outcomes as detailed in this report. Staff were aware how to report poor practice.

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

Rating at last inspection and update

The last rating for this service was good (published 09 December 2020). At our last inspection we recommended that the provider reviews their documentation around recruitment. At this inspection we found improvements relating to recruitment were still required. We also made a recommendation around monitoring, assessing and improving the service, we found that at this inspection we had further concerns around the governance of the service.

Why we inspected

We received various concerns about the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

We looked at IPC 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 COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this report. The provider had taken some action to mitigate risks and was working on making further improvements.

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

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to IPC, medicines, environmental concerns (including fire), safeguarding service users, person centred care, failure to/and delay of sending appropriate notifications to CQC and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Clitheroe Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector and a nurse specialist advisor.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a manager in post that had applied to register. However, since our inspection the manager had left the service.

Notice of inspection

This inspection was unannounced. Inspection activity started on 27 April 2022 and ended on 13 May 2022. We visited the location's service on 27 and 28 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals, who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the manager, deputy manager, general operations manager, business development manager, care workers and the provider who was also the nominated individual. The nominated individual is responsible for supervising the management of the service. We also spoke to a healthcare professional, who was visiting the service at the time of inspection. We reviewed a range of records. This included four people's care records in detail, along with various aspects of other people's care plans. We also reviewed a variety of medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

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

Using medicines safely

- Medicines were not managed safely. We found medicines in the home for people that no longer resided at the service.
- A piece of medical equipment was found that belonged to a person that was no longer resided at the home. This equipment had not been appropriately managed and was not safe for use.
- Medication records and stock checks did not always correspond, meaning it was difficult to ensure people were receiving medication, in line with the prescriber's recommendations.
- Peoples pain management was not always being recorded and administered, in line with the prescriber's recommendations.
- Peoples medicines records did not consistently detail the same information. For example, some detailed a staff signatures list, whilst others did not, some had a photograph and others did not.
- One person's eye drops were stored in the fridge and had been opened for several months, despite instructions that they should be discarded 4 weeks after opening.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention and control practices were not always safe.
- During our inspection we found communal toiletries in a communal bathroom, we found that one dispenser did not have paper towels in place in the medicines room and two bins that did not have required lids on. Management ensured that replacement bins were ordered shortly after our site visit and communal toiletries were removed.
- Records relating to care of substances hazardous to health (COSHH) was not in the COSHH cupboard. The manager located these after some time. We saw that the COSHH folder was not up to date and did not reflect the products being used.
- The service did not always have necessary IPC risk assessments in place and the management was unable to provide any evidence or records relating to some aspects of cleaning, though home did appear clean at the time of inspection. The management agreed to implement further records after our site visit.
- Whilst on site, we witnessed one staff member incorrectly take off and put on PPE. This increases the chance of spreading infection.

The provider had failed to ensure appropriate processes were being followed regarding IPC practices. This put people at risk of infection and significant harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

On the day of inspection, a 'booking in' procedure was in place for all visitors, which allowed people to see their family. This helped prevent visitors spreading infection on entering the premises.

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

- Risks were not always being appropriately managed.
- A fire risk assessment was in place. However, we identified concerns around various aspects of fire safety. Following the inspection, we referred the home to the local fire prevention team.
- The home were only able to provide limited examples of lessons learned. Since the inspection the management have advised how they intend to record and learn from previous incidents.

Systems were either not in place or robust enough to demonstrate safety and records relating to risk was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessments were in place and were being reviewed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were not always safe, and processes were not always being followed.
- Incidents or concerns were not always being notified to CQC or the local safeguarding teams. This is covered in more detail in the well-led section of this report.
- A safeguarding policy was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- People told us they felt safe at the home, and one relative commented, "I absolutely do think my relative is safe."

Staffing and recruitment

At our last inspection we recommended the provider reviewed how recruitment decisions were documented. At this inspection we found the provider had followed our recommendation. However, there were still some concerns around recruitment, these concerns did not amount to a breach.

- Staffing levels were adequate, however recruitment processes required improvement.
- Systems and processes were not always robust when the service recruited staff. The service did not always have fully detailed paperwork relating to staff recruitment. Since the inspection, management told us they would look to improve records relating to recruitment.

We recommend the provider reviews their process for recruitment and reviews schedule 3 to ensure they are working within the framework set out.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had not always been assessed. Three out of four care plans we reviewed did not have a pre-assessment on file.
- People's care plans did not always have health condition specific care plans and risk assessments in place. After our site visit, the general operations manager told us they were reviewing all care plans to ensure they were up to date and included necessary information.
- One person had been referred to a dietician who had recommended a specific diet to mitigate the risk of further weight loss. However, a number of weeks later, no further action had been taken and the person was still in receipt of their usual diet.

The provider had failed to ensure systems and processes were in place and being followed to ensure that people received person centred care. This placed people at risk of harm. This was a breach of Regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives spoke positively about the food being provided. Peoples comments included, "It (the food) is very nice actually", "It (the food) is very good." One relative told us, "I can't fault the food, my [relative] is a big foodie, he loves a home cooked meal and that is what he gets."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Necessary DoLS referrals were not always being made. After our site visit, the management team told us they were working to review this and ensure referrals were made, where needed.
- Capacity assessments were not always reflective of people's cognitive impairments, meaning that people's relevant existing conditions had not always been considered when completing capacity assessments. After our site visit, the management team told us they were working to review people's capacity assessments and ensure they were reflective of people's impairments.
- Best interest decisions were not always in place; we saw one example of a person who needed bed rails and had no best interest decisions.
- Not all staff had completed MCA training.

The provider had failed to ensure systems and processes to prevent abuse of people operated effectively. This placed people at risk of harm. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were supported through supervision and one to ones.
- Various training courses were available for staff to provide them with adequate skills and knowledge to meet people's needs. However, we found the training matrix identified that not all staff were up to date with training.
- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- During the inspection we witnessed two staff members using an incorrect moving and handling technique. This was raised during the inspection with the management, and they assured us they would ensure staff are aware of/and use appropriate moving and handling techniques.

We recommend the provider reviews their practices and processes relating to moving and handling and they seek assurance of staff competence in this area.

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

- Some adaptations had been made to the home to meet the needs of the people living there, however further improvement was needed in this area. During our inspection the management advised that they were working to make improvements to the environment.
- The service supported people who were living with dementia. However, work was needed to make some people's doors, toilet seats and disability aids more easily recognisable.
- Signage around the home was in place, though not always appropriate. One door was labelled as a fire door and had been blocked with stored equipment. The provider told us this was not a fire door and, during our inspection the label was removed.

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

- Oral healthcare plans were not in place, though some people's care plans did have limited information relating to their oral health needs. During our site visit the general operations manager told us they would ensure people had oral health care plans in place going forward.
- People were not registered with a dentist; this was due to the difficulty the service faced in registering the home with a dentist. The general operations manager told us they were in the process of trying to rectify this.
- The service worked with a variety of health care professionals including a frail elderly nursing team, mental health team and the local GP.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we recommended the provider reviews their systems for assessing, monitoring and improving the service to ensure they are fit for purpose. At this inspection we found a breach of regulation relating to these concerns.

- We identified concerns around the governance of the service. Various documents in relation to people's care, cleaning records, staff training and the management of the service were either not completed/not in place, not up to date or not accurate.
- Some of the audits that were carried out did not always identify the issues we found at this inspection and were therefore not robust enough. We did not see how the service drove improvements.
- The provider had limited examples relating to lessons learned, so we were unable to see how they had historically learned and improved, when things went wrong. The management told us they had implemented a clearer log to record lessons learned.
- Some documents were not easily accessible or available on site. However, we acknowledge that the provider was going paperless, but the process in which this was happening could have been more organised.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong. However, the manager had not always taken necessary action to appropriately report when incidents had happened.
- We found three incidents that had not been reported to CQC and the local safeguarding team when they should have been. We also saw one incident that had not been reported to us in a timely manner.

We found no evidence people had been harmed as a result of us not being notified. However, systems were

either not in place or robust enough to demonstrate the manager was being open, honest and transparent when things went wrong. This placed people at risk of abuse. This was a breach of Regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

- The service did not have a registered manager in post. The previous registered manager de-registered in May 2020. At the time of inspection, the manager had applied to register, however, since the inspection we have been advised that this manager has now left the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service did not always receive good outcomes as identified in the safe, effective and well-led domains.
- People and staff provided mostly positive feedback on the management of the service. Staff told us they enjoyed their roles, their comments included "I like everything about my job" and, "I love my job."
- A whistleblowing policy was in place and staff knew how to report poor practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff did work in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support. However, this approach was not consistent as covered in the safe, effective and well-led domains.
- Staff meetings were taking place, as well as meetings for people that use the service. Relatives were kept up to date with newsletters and through social media.
- At the time of our inspection, surveys had been recently sent out to relatives and staff and the responses had not yet been fully received. We were able to review results from the last survey for people that use the service from September 2021, along with some of the actions taken.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not sent necessary statutory notifications to CQC when regulations deemed them necessary.</p> <p>This put people at increased risk of abuse. This was a breach of regulation 18 (1) of the Registration Regulations 2009. Notifications of other incidents.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people received person centred care that met their needs.</p> <p>This put people at increased risk of harm. This was a breach of regulation 9 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines were being safely administered, stored and that information relating to medicines and equipment was being appropriately recorded.</p> <p>This put people at risk of significant of harm.</p>

This was a breach of regulation 12(2) (e) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The provider had failed to ensure environmental risks were being appropriately assessed and managed

This put people at increased risk of harm. This was a breach of regulation 12(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The provider had failed to ensure all necessary paperwork and checks were in place regarding IPC.

This was a breach of regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had failed to ensure capacity was being appropriately assessed and that necessary referrals were being made.

This put people at increased risk of abuse. This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always completed and up to date and quality assurance systems were not robust.</p> <p>This put people at risk of harm. This was a breach of regulation 17(2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>

The enforcement action we took:

Warning Notice served in regard to Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.