

United Care (North) Limited Clumber House Nursing Home

Inspection report

81 Dickens Lane
Poynton
Cheshire
SK12 1NT

Tel: 01625879946

Date of inspection visit:
13 February 2023
15 February 2023

Date of publication:
27 March 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Clumber House Nursing Home is a residential care home providing personal and nursing care to up to 41 people. At the time of our inspection there were 38 people using the service.

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

Systems in place to assess and monitor risk were not effective in identifying concerns we observed during the inspection which put people at risk. The manager took actions to address the concerns we raised during the inspection, and improve the management of risk.

Information relating to people's care and support was not always reflective of observations we made during this inspection, which meant people were not consistently receiving person centred support.

There was a system in place to review accidents and incidents. However this did not always improve safety of the service and mitigate risk.

We found that support dependency for people was high at the service. this meant staff had little time for social engagement as there was not always enough staff to respond to people's needs quickly. We spoke to the manager about our concerns and made a recommendation they review and monitor staffing levels and deployment.

Although processes were in place to assess people under the Mental Capacity Act (MCA) we found that the service was not always working inline with this. We spoke to the manager regarding our concerns and made a recommendation they reviewed information held on people.

People were not always supported to have maximum choice and control of their lives and staff did not support always them in the least restrictive way possible and in their best interests; the policies and systems in the service were not always followed to support good practice.

Auditing systems were not robust or effective to ensure the management team had oversight on identifying risk and acting on lessons learnt.

The manager was new in post and demonstrated a positive approach to make improvements in the home.

Overall people and relatives spoke positively about the service and communication from the management team.

Staff recruitment processes were followed. Staff received training appropriate to their role, with on-going training given.

Staff spoke positively about working at Clumber house and felt well supported by the management team.

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

Rating at last inspection

The last rating for this service was good (published 23 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service, concerns received about the management of the service and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches regarding how people were supported to stay safe, how the provider ensure they have oversight of , personal centred support and that suitable systems are in place to identify and reduce risk.

We recommend the provider reviewed how staffing is deployed across the service and review systems for documentation relating to the Mental Capacity Act.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clumber house nursing home on our 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clumber House Nursing 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 infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Clumber House Nursing 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. Clumber House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for 4 weeks and was in the process of submitting an application to register.

Notice of inspection

This inspection was unannounced.

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 7 people who used the service and 3 relatives about their experience of the care provided. We observed interactions between staff and people living at Clumber House. We spoke with 10 members of staff in various roles, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 6 people's care records and other recording records relating to people's care and support. We looked at 7 staff files in relation to recruitment. A variety of records relating to the management of the service was reviewed, including policies and procedures.

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.

Assessing risk, safety monitoring and management

- Staff had not always ensured that call bells were in reach, meaning that people could not access support when needed.
- Systems were not in place to assess people's ability to use a call bell. It was observed during the inspection people shouting repeatedly to alert staff when they required support. This led to one occasion of inspector's intervening and finding support, given the nature of distress it was causing the person.
- Care plans were not reflective of people's current needs. For example, one person's support was not reflected in the support provided by staff.
- Care plans failed to demonstrate they were reviewed following an incident. One example of this, [Person] had injured himself attempting to get out of bed, a further incident occurred with no evidence care plans were reviewed to reduce future risk.
- People did not have a Personal Emergency Evacuation Plan (PEEP) in place. PEEP's describe the support a person needs to safely evacuate from the building in an emergency. This was raised to the manager during the inspection who acted immediately to put these in place.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager who responded immediately during the inspection to investigate the concerns raised and improve and manage risk.

- Other appropriate systems were in place to reduce risks with regard to health and safety. This included ensuring the safe use of equipment and mitigating fire risks. Regular checks were made on the environment.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service's records did not demonstrate that it was working within the principles of the MCA. In some cases, it was not clear if applications made had been processed and authorised by the local authority.
- Capacity assessments and best interest decisions did not always follow the principles of the Mental Capacity Act. We found a lack of information relating to advocacy or family involvement in decision making.

We discussed this with the manager. We recommend the provider review their systems and take action to address and update all appropriate records.

Staffing and recruitment

- There was not always enough staff to respond to people's needs quickly. There was a tool in place to establish the staffing levels required at the service but staff were busy and task focused and had limited time to respond and provide people with person centred care .

We recommend the provider review and closely monitor staffing levels and how staff are deployed to ensure they meet the needs of people living at Clumber House.

- Recruitment procedures were safe. Checks were carried out on all staff prior to starting their employment, including Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives spoke positively about staff working at Clumber House. One shared, "They are always welcoming, upbeat lovely people."

Using medicines safely

- Systems to monitor risk and provide effective support were not robust. We found a number of gaps in daily records for when people should receive their prescribed creams and ointments.
- All other aspects of medication we found were managed safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Allegations of abuse were reported appropriately to other agencies.
- Staff received training appropriate to their role, and on-going refresher training was available. Yearly competency checks were completed to ensure that skills were continually refreshed. One member of staff told us, "It covers everything, keeps evolving and changing, we keep up to date."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

In line with current government guidance the service had no restrictions on visitors. Relatives confirmed they were free to come and go as they wished.

Learning lessons when things go wrong

- Provider records demonstrated referrals had been made to the local authority safeguarding team, and appropriate investigations to any allegations raised were completed. However, lessons learnt were not always shared with staff.
- Systems were in place to record accidents and incidents. They were reviewed regularly by the management team for themes and trends but were not always effective to prevent reoccurrence of incidents.

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 requires improvement.: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People were not consistently receiving person-centred care. We observed a number of people who were cared for in bed receiving task orientated engagement with staff with little other interaction. One person told us, "Staff did not often have the time for socialising [with me] as they are so busy."
- Daily recordings were task related and lacked information on activities or social engagement. During the inspection it was not evident how people's social and emotional needs were being met.
- Care was not being provided in line with people's care plans. One person's care plan stated, '[Person] enjoys one to one conversation and spending time in the lounge'. We found no evidence this was offered throughout the day.

The provider had not ensured people received care that was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our feedback with the manager who shared there had been ongoing recruitment for an activities co-ordinator, of which a person had now been employed by the provider. This person's role will also include introducing new activities and engagement for those who are cared for in bed.

- Although we observed people lacked social stimulation other people discussed they were happy living at Clumber House. One person told us, "[Staff] are fine, I find them excellent, always helping, changing me, given me drinks."

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

- It is a condition of CQC registration for services to have a registered manager in post. There was no registered manager at the time of this inspection. A new manager started at the beginning of February 2023 who is currently in the process of applying to the CQC.
- Audits and regular checks to review the quality of care being delivered were not always effective or sufficiently robust. Checks made by the management team had not always identified the areas for improvement needed we found during this inspection.
- Systems in place to manage accidents and incidents were not robust to demonstrate lessons learnt to improve care.

The provider did not have systems to assess and improve the quality and safety of the service and mitigate risk. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) 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 understood the requirements of the duty of candour. There was a clear system in place for reporting and recording events which occurred in the service.
- Throughout the inspection the manager, management team and staff were open and transparent to feedback given, addressing any concerns or queries throughout.
- At the time of the inspection the manager had been in post for over 4 weeks. Throughout the inspection they were proactive in acting on concerns, and also able to demonstrate an action plan of improvements they were working on since they have been in post.

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

- Regular team meetings took place at the service. Staff spoke positively of feeling well supported and engaged by the provider.
- People we spoke to overall were positive about the interaction they received from management. One told us, "Management, yes they do come around." While another discussed, "Any concerns they go and sort them out."
- Staff told us they felt supported by the management team. One staff member told us, "Yes I can speak to manager, head of care, team leaders, [Name] the nominated individual, the management have been supportive all the way through."

Working in partnership with others

- People had regular contact with health services. One told us, "The GP comes out every [Week] if I have any health issues or concerns, they [staff] get us the support we need."
- Relatives gave positive feedback around communication from the management team. One relative shared, "Communication is excellent, [Person] keeps me up to date." and, "The new manager is arranging a meeting to introduce themselves."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured people received care that was appropriate, met their needs and reflected their preferences.</p> <p>This was a breach of regulation 9 (1) (a) (b) (c) (Person-centred care) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p> <p>This was a breach of regulation 12 (1) (2) (a) (b) (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have systems to assess and improve the quality and safety of the service and mitigate risk. This placed people at risk of harm.

This was a breach of regulation 17 (1) (2) (a) (b) (c) (Good governance) of the Health and Social