

Crown Care VI Limited

# Clarence House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Clarence House is a residential care home providing nursing and personal care for up to 78 people. At the time of our inspection there were 52 people using the service.

### People's experience of the service and what we found:

Quality monitoring systems were in place; however, these were not always effective. Some areas of improvement we identified during the inspection were not highlighted as part of the providers quality monitoring systems. For example, we found infection control shortfalls throughout the home including the kitchenette area and people's ensuite facilities. Risks in relation to people's care were not always being managed safely. Following our inspection, the registered manager took action to address these concerns. However, new systems and approaches required embedding into practice.

People did not always receive person centred care which took in to account their preferences. We received mixed views from people and relatives about the care and support.

People predominantly received their medicines as prescribed. However, we found some discrepancies mainly around record keeping relating to medicines management.

Staff told us they received training in safeguarding and knew what action to take if they suspected abuse.

The provider had a process in place to safely recruit staff. We observed there were enough staff available to support people.

Accidents and incidents were recorded, and action was taken to reduce future risks. The registered manager kept a record of safeguarding concerns and could evidence actions they had taken to protect people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 August 2017).

### Why we inspected

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Clarence House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to infection control, risks associated with people's care 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 caring?

The service was not always caring.

Details are in our caring 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** ●

# Clarence House 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.

#### Inspection team

The inspection team consisted of 2 inspectors 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.

#### Service and service type

Clarence House 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. Clarence House 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 a registered manager in post.

#### Notice of inspection

The 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 4 people who used the service and 14 relatives to gather their experience of the care provided. We spoke with 8 members of staff including the registered manager, care staff, nurses and ancillary staff. We observed staff interacting with people to understand the experience of people who could not talk to us. We reviewed a range of records including 4 people's care documentation, multiple medication records and quality audits.

# 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.

### Preventing and controlling infection

- People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices. A relative said, "Cleanliness is not good." However, another relative said, "I visit at different times and days, there is no smell, the rooms are pleasant clean and welcoming. This must have taken such hard work and dedication to bring the home to these standards."
- We carried out a tour of the home and found several areas of the home unclean. These included a dining room and kitchenette, bathrooms, toilets and people's ensuite facilities. Following our inspection, the registered manager took action to address these concerns. However, systems around infection control need to become more effective.
- People and relatives had concerns regarding the cleanliness of the home. One relative said, "We do notice that the bed clothes aren't changed very often, it is not dignified, it is not on, and we have to ask for the bed clothes to be changed. They [staff] do change the sheets when we tell them."

The provider had failed to provide a clean environment and people were put at risk of cross infection. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to receive visitors without restrictions in line with best practice guidance.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified, however, some risks were not always managed to keep people safe.
- Some people had care plans in place to meet nutritional needs, but they lacked information regarding people's needs and how best to assist them.
- We raised these issues with the registered manager who assured us action would be taken to address these concerns.

The provider had failed to ensure risks were managed to ensure people's safety. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives, we spoke with gave mixed views about the home being a safe environment. A relative said, "Safe to some degree, but they phone me so often to say that [relative] has fallen again, when they don't answer call bells and the safety mat isn't in place I would say [relative] is unsafe." Another relative commented, "We are so glad that relative is living there [Clarence House]. They [staff] look after [relative] very well."

### Using medicines safely

- Predominantly, people received their medicines as prescribed by staff who were trained and competent in the safe handling of medicines.
- However, we found recording of medicines could be improved. We raised these concerns with the registered manager who took action to address them.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- The provider had a system in place to ensure people were safeguarded from the risk of abuse.
- There had been several safeguarding referrals made to the local authority and the home was working with the local authority to learn lessons.
- Staff we spoke with told us they knew people well and would recognise if there were signs of abuse. They told us they would report concerns without delay.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. Relatives commented saying, "I think the number of staff on duty is usually just about right. We come at the weekends too and there always seems to be enough staff."
- The provider operated safe recruitment processes.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The accident and incident log in place showed an analysis of trends and patterns had been completed.
- The management team checked accident reports and recorded any lessons learnt.

### Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not always receive person centred care. Staff were kind and caring but often task focused. During our inspection we observed a member of staff assisting someone to sit up in their chair ready for lunch. This process took a while and all the time the person's meal was getting cold.
- Some family members we spoke with were not happy with the care their relatives received. One relative said, "The level of care has fallen. Some carers are good but now so many are not good. People do get tea and beakers of juice but I would say 90% of the drinks are not within reach of the resident, that is routine, I see that every time I visit." Some relatives gave positive feedback about the care received. One relative said, "We have no complaints at all about the Home or any of the care. The staff are always friendly when we visit and all the carers are nice as far as we are concerned. [Family member] is far better off living at the home rather than being in hospital." Another relative said, "On the whole [relative] is looked after."
- Some relatives didn't feel listened to by staff. One relative said, "All you hear is excuses and you get defensive replies like I wasn't on duty."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were not always respected and promoted. One relative said, "We want some dignity and humanity [for relative] but it feels all is lost and they are not interested."
- During our inspection we observed staff closing doors and curtains to preserve people's dignity. However, we also observed staff talking loudly between themselves about the care of people.
- Some people and some relatives were concerned about their personal care was not always provided for. Some relatives commented about people's long and dirty fingernails and the lack of bathing opportunities. One relative said, "[Relative] loves a bath but [relative] hadn't had a bath for ages and she needed her hair washing."

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

- People were supported to express their views and make decisions about their care.
- During our inspection we saw staff asking people where they would like to sit and what they would like to eat and drink.

# 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.

Continuous learning and improving care

- The provider had not consistently created a learning culture at the service which meant people's care did not always improve. A relative said, "We have asked for things to be improved but it doesn't seem to be happening. Although we know the carers themselves do try and do work hard."
- Systems in place to monitor the service were not robust and did not always identify and address issues. We identified some concerns around infection control, risks and medication management. The registered manager took action to address these concerns following our inspection. However, these issues had not been previously identified or addressed. This meant systems required embedding in to practice to become effective.
- There was a lack of provider oversight which had failed to determine poor standards.

We identified a lack of person centred care, leadership, engagement and ineffective management systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was not always a positive and open culture at the service. Staff were kind and caring in their approach but often task focused.
- Confidential information was left unattended and personal information was written on a notice board in the lounge area in view of everyone.
- Some relatives were happy with the care provided and said, "I think there is a good culture there [Clarence House], it feels like a community." However, many relatives were unhappy and 1 relative commented, "I haven't seen a care plan, and I haven't been made aware of one."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The provider understood their responsibilities under the duty of candour.

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

characteristics; Working in partnership with others

- People and staff were not always involved in the running of the service and their protected characteristics were not always well understood.
- Relatives informed us that communication was often poor and some relatives didn't feel involved in the service. One relative said, "I am not aware that there has ever been a formal relatives meeting."
- The provider worked in partnership with others.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure risks were managed to ensure peoples safety. The provider had failed to provide a clean environment and people were put at risk of cross infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We identified a lack of person centred care, leadership, engagement and ineffective management systems.