Bupa Care Homes (BNH) Limited

Clare House Care Home

Inspection report

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Date of inspection visit:
21 July 2022

Date of publication:
31 August 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Clare House Care Home is a residential care home providing personal and nursing care to up to 38 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 32 people using the service.

People's experience of using this service and what we found
The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were followed and there were enough staff to meet people's needs. Medicines were managed safely. Staff followed appropriate infection control practices to prevent cross infection.

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.

Care plans were personalised and recorded people's preferences, so staff knew how to respond to people's needs appropriately. The provider employed activity coordinators to organise group activities and individual one to one sessions.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

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 requires improvement (published 17 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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 is good. This is based on the findings at this inspection.

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

Follow up
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?

Good

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Clare 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.

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
The inspection was undertaken by one inspector, a nurse specialist advisor 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
Clare House 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. Clare 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 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 registered manager in post.

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 11 people and four relatives. We spoke with nine members of staff including the registered manager, nurses, care workers and domestic staff.

We reviewed a range of records. This included six people's care records and six people's medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. One relative rang us and one relative emailed us to provide feedback about the service. One healthcare professional and one social care professional also emailed us with feedback of their experience of the service.

Good

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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection the provider not always accurately recorded information around risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• At this inspection we found the provider had systems and processes in place to help keep people safe including risk assessments and risk management plans which were reviewed and updated as required.
• People's risk assessments covered a range of identified needs, such as medicines, falls, skin integrity and nutrition. They included guidance for staff about how to support people in ways which reduced the risk to people's safety and well-being. Staff we spoke with were aware of how to keep people safe from identified risks.
• People and relatives told us staff knew how to keep people safe. Comments included, "I feel safe, I don't feel that I am in any danger. [The registered manager] wouldn't let anyone go out in that excessive heat on Monday and Tuesday", "Yes, I do feel safe. I say that because I am able to go to my door and I am confident the door closes behind me. I can contact my family and I feel that I can rely on people here too" and "I am definitely safe living here. I feel they are mainly making the right efforts on medication and that keeps me well. We have regular fire drills. They always have a fire drill on a Tuesday."
• The provider completed assessments of the environment and regular audits of health and safety. These included action plans to help ensure the environment was well maintained.
• Staff received fire safety training and fire drills took place. People had personal emergency evacuation plans (PEEPs) for how each person should be evacuated and recorded the assistance which was required to ensure people could evacuate safely in an emergency.

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)

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely
At our last inspection the provider not always managed medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• During this inspection we found medicines were managed safely and the provider had a medicines policy and procedure in place.
• Medicines were administered by appropriately trained staff and recorded on Medicines Administration Records (MAR's).
• The MAR's we reviewed showed that people were receiving their medicines as prescribed. Separate body maps were available to show where creams and other topical preparation needed to be.
• Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'. applied.
• Medicines audits were carried out routinely and we saw that identified actions were carried out by relevant staff and reviewed by management.

Systems and processes to safeguard people from the risk of abuse
• People were protected against the risk of avoidable harm and abuse. The provider had policies and procedures in place to safeguard people from harm or abuse.
• People and their relatives told us they felt people were safely cared for. People told us, "Yes, I feel safe. It is just a feeling that I have. The doors are open, there is always someone on call and I never, ever feel that there is any risk to me" and "Safe, yes I think I am. I don't feel that anyone is in danger. I have to take lots of medication, but I trust them in what they give me and when."
• Records confirmed staff had relevant training and staff we spoke with knew how to respond if they had concerns about abuse.
• The provider had systems for reporting and investigating suspected abuse. The provider had notified the relevant authorities when it was suspected incidents of abuse and appropriate safeguarding investigations were carried out. The provider also completed a root cause analysis and identified actions to take to help prevent reoccurrence and protect people from further harm.

Staffing and recruitment
• The service had enough staff to meet people's needs. The provider used a tool to assess staffing requirements based on people's needs. Overall staff felt there were enough staff. However, people using the service felt there could have been more staff. Comments included, "They are usually short of staff but I think nevertheless they are coping alright", "There are never enough staff as far as I am concerned", "I don't think you could say there are too many, the numbers seem to have gone down recently but there is always someone here to come to your aid if you need someone" and "There are too few on occasions." Two people were more positive and said, "I think the number of carers here is about right" and "I think the staff numbers are about right usually." A relative told us, "Everyone is very patient and willing and they are usually in the right place when they are needed."
• The provider followed safe recruitment practices to help ensure only suitable staff were employed to care

for people using the service.
• Staff records contained proof of staffs' identity, right to work in the UK, employment history, satisfactory references and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
• After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people.

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.
• The provider was following appropriate visiting arrangements in line with government guidance. Visitors were allowed in the home to visit as per government guidelines and people had identified essential carer givers who could visit without the same level of restrictions.
• When COVID-19 restrictions were in place, people had COVID-19 care plans that included information around visiting. The provider also sent out weekly newsletters to keep relatives informed of any changes.

Learning lessons when things go wrong
• The provider had systems in place to record and investigate any accidents and incidents involving people using the service, and guidance was put in place to help staff prevent re-occurrences.
• The registered manager told us a person who was mobile became bedbound for a few days and this directly affected their skin integrity. This quick deterioration caused the registered manager to consider how they could better support people who were frail and could quickly become immobile before the need for a pressure mattress had been identified. The result was all the mattresses being changed to mattresses more suitable to the needs of the people using the service.
• The registered manager also told us how people using the service participated in staff training which helped to improve the service. The learning was that staff knew more social information about people who were mobile and talked more. For people with high nursing needs staff knowledge seemed to be more clinical than social. Once the registered manager and staff became aware of this, they were able to respond to their learning and try to have a holistic understanding of the person's needs.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
At our last inspection guidance for staff in care plans was not always clear. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

• At this inspection we found people received care and support from staff according to their individually assessed needs and preferences.
• People's care plans were personalised and contained information about people's religion, culture, family history, likes and dislikes, and how they liked staff to meet their social and health care needs.
• They were specific to the person's needs. For example, we saw assessments for diabetes and dementia with guidance for staff on how to support these needs. Care plans were regularly reviewed and updated.
• Staff were knowledgeable about the needs of the people they supported, and people told us they were provided with opportunities to choose in their day to day life. Comments included, "I go to bed late, when I want to, usually about 11.45pm" and "They always give me an alternative [meal] if there is something I don't fancy. I have my lunch sitting in my room, I prefer it that way."
• Input from people, and where appropriate their relatives, along with relevant health and social care professionals was sought to help develop care plans that met people's needs safely.

End of life care and support
At our last inspection we identified care plans had either little or no information about end of life care. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

• People being supported at end of their lives received compassionate and supportive care. Staff liaised with other agencies including the GP and palliative nurses to help ensure people experienced dignified end of life care.
• Records included the person's wishes, priorities for care, if they wanted to be resuscitated and people the

person thought should be contacted during this time. This meant people's wishes and particular preferences for care at the end of their lives were known to staff providing care.
• One relative who had two relations living in the home until one passed away told us, "They've got great facilities and caring staff that contributed to the quality of my [relative's] end of life and ongoing support for my [other relative]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• The provider employed activity co-ordinators who arranged a variety of group and individual activities on a daily basis. However, the response from people who used the service was mixed. Comments included," I go to the indoor bowls. Sometimes I go to play your cards right, but I also like the pleasure of just going out onto the patio sometimes", "I have never been a reader of books so I ask to be taken back to my room now if there any quizzes", "I like history and kings and queens but the carers aren't interested in things like that", "I am alright. They do these one to ones with me, but I don't go to the lounge", "They [staff] come in here to have a little chat", "A helper came in and said, 'How are you?' She asked whether I wanted a quiz. She knows I like quizzes and she sat in my chair and asked me some questions and I enjoyed that", "We have done games out in the garden occasionally and I join in with some of the silly ball games", "They always are asking me about entertainment. I thoroughly enjoyed the fishpond cleaning and they do ask you what you want to do. We are hoping to start going out on trips soon they have got funds to take us out."
• We discussed activity provision with the provider who acknowledged some activities had to stop or change to comply with government guidance during the pandemic. The service has also had several small outbreaks which has restricted entertainers coming into the home. The registered manager told us they had set a date to meet with people to discuss the activity programme going forward.
• Activity staff met regularly with people to provide one to one support to people, for example supporting them with letter writing or phone calls. Group activities included quizzes, gardening, art, using social media, carpet bowls, move and groove, internet searches, bingo, stories from residents and special occasions.
• The registered manager said in addition to organised activities, the service was moving toward supporting people with more natural activities such as assisting people to socialise and helping them to have activity that promotes who they are. For example, one person did not like to join in activities with the other residents, preferring his own friends. One friend comes to the home daily and the home provides the person with lunch so they can eat with their friend.
• Another person who is bed bound has a small collection of pots of flowers and bird feeders outside their patio door, which gives them great pleasure. Staff maintain the pots and birdfeeders, watering, clearing and refilling them. While doing this they can talk with the person giving them someone to one time to talk about something they enjoy.
• Another person had to leave a large music collection at home and staff supported them to access songs from their collection on 'Alexa', which meant the person could access the songs they wanted independently.

• One person loves to play bingo but is not always able to join the group playing. Staff have resolved this by introducing a walkie talkie which the bingo caller with the group uses to call the numbers and another member of staff has the other walkie talkie in the person's room so they can join in the game.
• People were supported to stay in contact with friends and family. When visiting restrictions were in place staff supported people to stay in touch through phone and video calls. The provider also had a visiting room accessible from outside and garden people could visit in.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid. Guidance included information such as, '[Person] would like staff to ensure his glasses are clean and within easy reach'.
• Literature and information about the service was available in different languages and formats if requested.
• Staff spoke a range of different languages.
• People were supported to use electronic communication devices, such as tablets and mobile phones, to maintain contact with family and friends who were unable to visit in-person.

Improving care quality in response to complaints or concerns
• The provider had procedures in place to respond to complaints. People and their relatives knew how to make a complaint and felt comfortable raising concerns, mainly with the nurse in charge.
• Complaints were investigated by the registered manager and responded to appropriately.
• At the time of the inspection the provider was making some changes to the bathrooms, corridors and garden. The registered manager said the changes to the bathrooms were in response to observation and anecdotal evidence that the service could do better to ensure the diverse needs of people being cared for were met in a way that enhanced their dignity. As a result, they were making the bathrooms bigger so people who required hoists could be hoisted in the bathrooms, instead of using chairs.
• The changes to the corridors were because of concerns around infection control and resulted in the carpets being pulled up. This also facilitated people who self-propelled wheelchairs when they used the corridors.
• The gardens were changed to facilitate opportunities for people to meet with family and friends in a peaceful setting, even if there was light rain, following a request from a person who wanted to go out in mild but wet weather, which at the time could not be accommodated. There is now a shelter for people to sit in.

Good

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 requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
At our last inspection we identified shortfalls that the provider's audits had not. This included falls and medicines management and record keeping not always being consistently maintained. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

• At this inspection we found the provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service.
• They undertook a range of audits on all aspects of the service including medicines, care plans, infection control, finances and health and safety. Audits included action plans to improve service delivery.
• The registered manager participated in local authority provider forums to share information and best practice with other providers in the area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People and their relatives indicated they were generally satisfied with the care provided. Comments included, "They treat me the right way. I try to have a laugh and a joke", "The carers are very good at what they do" and a relative said, "I know they look after others well even when they don't have families. I see them treat some residents so nicely. The way some of them talk to residents is so caring." Staff felt supported and said they received the training, information and support they needed to carry out their roles. They told us, "[Registered manager] is a hands-on manager. Any issues I have can go to them", "[Registered manager] wants the best for the residents. They are resident focused" and "I would say I am getting enough support to do my job. Some senior carers are very helpful."
• Care plans were person centred with guidance to help achieve good outcomes for people.

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 registered manager understood their responsibility around the duty of candour and gave us examples of when they had to speak with relatives when something had gone wrong. They submitted notifications of

significant events to CQC and informed other relevant agencies, such as the local safeguarding team when things went wrong.
• Records indicated they responded appropriately to any complaints or concerns received.
• People and their relatives felt they could raise concerns. People told us, "I would talk to a nurse if I had any problems", "I don't know the name of the manager but I have no issues with management at all" and "I rarely see [the registered manager]. They don't come around very often, but they seem very pleasant. If I ever have a problem, I would ask one of the nurses or sisters."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager and senior team were appropriately qualified and experienced. They understood their roles, responsibilities and legal requirements.
• There was good communication within the staff team through handovers and team meetings. Staff told us the registered manager was approachable and listened to them. Staff members said, "Team meetings are very helpful. [The registered manager] asks us if there is anything we want to talk about or concerns you want to raise", "If I have a problem, I feel 100% confident going to [the registered manager]. They will advocate to senior managers" and "[The registered manager] does listen to me. The good thing about them, if there is a problem and they are off duty, they have their phone and they will advise you."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their relatives had been asked for their views about the care provided at the home through resident and relative meetings.
• The provider sent out a monthly newsletter to help keep people informed and updated about what was happening at the home.
• Team meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others
• Staff worked in partnership with others to help ensure people received appropriate care and maintain people's wellbeing. Records indicated the provider worked with the GP, dietician, tissue viability nurses palliative care team.
• Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.