

Tulsi Homes Limited

Clarkson House Residential Care Home

Inspection report

Clarkson House
56 Currier Lane
Ashton-under-lyne
OL6 6TB

Tel: 01613084618

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clarkson House is a residential care home providing accommodation and personal care for up to 28 people in one adapted building with bedrooms over 2 floors. At the time of our inspection there were 17 people using the service.

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

Risks to people's health and safety were not always identified and medicines were not always managed safely. Systems and processes were in place to protect people from the risk of abuse. The service had safe staffing levels and there were robust recruitment measures in place. Infection control processes were followed. However, some parts of the décor required upgrading.

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.

People's care plans did not always contain accurate up to date information and were found to be conflicting, although some care records were evidenced to be person centred. Staff had completed the relevant training courses to carry out their role and people felt cared for with compassion. People were treated with dignity and respect.

People enjoyed a range of activities and felt included. There was a complaints procedure in place which was being followed. The provider was meeting the Accessible Information Standard.

Governance systems were in place but not always effective. There was limited evidence of mitigation of risk when concerns had been found. The service had policies and procedures in place to guide staff. People and their families provided positive feedback about staff and the management team. Staff described the registered manager as approachable and we saw evidence of regular team meetings.

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 14 August 2019)

Why we inspected

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to risk management, health and safety, medicines management 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clarkson House Residential 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 carried out by 2 inspectors and 1 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

Clarkson 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. Clarkson House 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 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. The registered manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this to plan our inspection.

During the inspection

We spoke with 8 people that use the service and 3 relatives about their experience of the care provided. We spoke with 8 staff including the registered manager, owner, deputy manager, the cook and care workers. We also spent time in communal areas observing how staff supported people.

We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training, and supervision, building maintenance, cleaning and equipment checks, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service, including audits and 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, Learning lessons when things go wrong

- The provider had not taken the necessary action to monitor and reduce risks as needed.
- We found several windows above ground level without a restrictor in place. This meant the window could be wide enough for people to climb out.
- Wardrobes were not always secure to walls and we found 1 unlocked room containing trip hazards posing a risk to people's safety.
- Although, risk assessments were in place, they had not been updated to reflect people's current needs. This meant people may not have been receiving the care they needed.
- One person's care plan held conflicting information about their dietary requirements. As a result of this, the wrong diet had been given which placed this person at risk of choking.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection to ensure all windows were fitted with restrictors and all wardrobes secured to the walls. Rooms that could pose a risk to people living at the service were immediately locked and secured.

- All required health and safety certificates were in place and up to date.
- Accidents and incidents were managed well, including very detailed analysis and lessons learned. We saw where the analysis identified themes and patterns, and the immediate action taken to mitigate future risks.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of a fire. Staff had knowledge of what to do in the event of a fire.

Using medicines safely

- Medicines were not always managed safely. We found liquid medication and creams were not always dated when opened.
- We reviewed the medication records and found missing signatures where people should have received their medicines. We then counted the tablets and found there were several days people had not been given their prescribed medication.
- Protocols were in place to guide staff when to administer 'as required' medicines. However, they were not always detailed enough to indicate when people may need this medicine.

- There was no thermometer in place where the medicines were stored, meaning staff had no way of knowing whether the environment was the correct temperature for storing medicines.

We found no evidence people had been harmed. However, medicines were not safely managed which 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.

The provider responded to the concerns during and after the inspection. They confirmed all the actions identified had been addressed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of harm, abuse, and discrimination.
- There were policies and procedures to guide staff on safeguarding people from abuse and we saw evidence that staff had read and understood these policies.
- Staff had received training in this area and had good knowledge of what to do should they suspect abuse.
- People told us they felt safe and content living at the home. One person said, "It's great here, the staff are very helpful and caring. I wouldn't wish to be anywhere else now."

Staffing and recruitment

- The service was safely staffed. The service used a dependency tool to assess the needs of people in the service to determine the level of care needed to keep people safe. Rotas showed the service was staffing above this level.
- People spoke highly of the staff and felt staff came quickly should they need anything. One person said, "My buzzer is always put close to hand, but I rarely need it. They do respond quickly though when I have pressed it. Even at night they are quite quick to answer."
- Staff felt there was enough staff to safely care for people. When there was not enough staff, the provider deployed agency workers to ensure safe staffing levels.
- There were safe systems of recruitment in place. All required employment checks had been undertaken prior to staff commencing employment.

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 mostly 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

- There were no restrictions on relatives visiting their loved ones. We observed visits taking place during the inspection.

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

- Pre assessments were completed prior to admission to the service, detailing people's preferences, and care needs. However, it was evident care plans and risk assessments had not been updated to reflect people's current needs.
- Care plans did not contain all the necessary information to guide staff on how to safely care for people. The provider responded to these concerns and ensured all care plans and risk assessments were reflective of people's needs.
- Records showed that people were supported to access a range of health care professionals.

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

- Improvements had been made to the building, furnishings, and decorations, but this work was still ongoing, and improvements were needed.
- The provider had an improvement plan in place and people recognised the work that had been done and still needed to be done. One relative said, "The only thing I can think is that some of the home is a bit dated and in need of some TLC but they are starting to improve things."

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their role effectively.
- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs and training compliance rates were high in most areas.
- People and their relative's spoke highly of the staff team. One relative said, "From what I've seen, I'm quite happy. The staff are good and there are no problems whatsoever that concern me."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met. Weights were being recorded through nutritional tools and referrals were being made where people had weight loss.
- The registered manager was observing weight loss through auditing tools and looking for trends and themes.
- Diet and fluids were being recorded and people spoke positively about the food they received.
- One person said, "The food is excellent, and I mean excellent. It's home cooked and the chef is brilliant. There's always a choice."

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

- Evidence was seen of referrals to health professionals when people's needs changed.
- People told us they got to see the doctor when they needed to. One person said, "They sort out all doctor and hospital appointments for me."
- The provider is currently working closely with a variety of professionals including the local authority, safeguarding team and quality assurance to improve the service.

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.

- 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 relating to DoLS were being met.
- People's capacity to make decisions about different aspects of their care and support were identified and well documented.
- Decision specific MCA and best interest documents were in place in people's care files.

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 key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider ensured people and their families were involved in decisions relating to care needs. However, not all care records were signed by people to say they agree to the plan in place. The provider was in the process of rectifying this.
- Care records indicated how people communicated and how staff could encourage them to get involved.

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

- People were well treated and supported by staff who knew them well. The home had a friendly relaxed atmosphere. Throughout our inspection, we observed staff to be kind, caring and compassionate.
- Staff members spoke positively of the work they do. People told us the staff were caring. One person said, "It's great here, the staff are very helpful and caring. I wouldn't wish to be anywhere else now."
- Policies and care records reflected a respect for people's individuality and a commitment to promoting and supporting equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and their families told us the care staff were kind and caring. One person said, "Everything is good here. The staff are good, helpful and kind. I've no complaints at all."
- People's rights to confidentiality were respected and the policies and procedures reflected this.
- Records relating to people's care were stored in a locked office to maintain people's privacy.

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 good. At this inspection the rating has remained 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

- Not all care plans contained consistent sufficient information and some records were conflicting and not clear enough to guide staff on how to care for people. This has been mentioned in more detail in the effective key question.
- Other aspects of care plans showed detailed information on how to care for people and their preferences, including a life history section.
- The provider had plans to introduce a more thorough care planning system.

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.

- The provider was following the Accessible Information Standard.
- People's communication needs were identified during the initial assessment.
- The provider and staff worked well with people whose first language was not English and care plans reflect the support required.

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

- There was a range of activities available to people. The provider was in the process of hiring an activity Co Ordinator. However, it was evident staff carried out daily activities to prevent isolation and encourage wellbeing.
- The provider encouraged people in their bedrooms to feel included. One person said, "I'm in bed, but I don't feel lonely. I have my TV and mobile phone; a lot of visitors and the staff do chat with me when they have time. I leave my door propped open, so I definitely don't feel isolated."
- People felt comfortable living at the home and able to make their own decisions. One person said, "On nice days I like to sit in the garden and read the paper. The staff keep an eye and ask if I'm okay. They don't tell me what to do."
- We witnessed several activities taking place during both days of the inspection and viewed the activity planner which evidenced a range of activities available to people.

Improving care quality in response to complaints or concerns

- There was a system in place for managing and responding to complaints.
- People told us they had no reason to complain but were confident concerns would be dealt with.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records were respectful and caring. They also identified religious or cultural wishes the person had.
- Advanced decisions about resuscitation were documented.

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.

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

- Governance processes were not always effective at improving the quality and safety of the service.
- Auditing tools were in place. However, when concerns had been found, there was little action taken to mitigate risk. Some concerns found during the inspection had been identified during a provider audit, but no action had been taken. This meant people were left at risk of harm due to ineffective processes.

The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded to these concerns and reviewed the governance systems.

- Complaints were responded to, and we saw evidence of information sharing during staff meetings and supervision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively of the registered manager. Staff described the management team as helpful and approachable.
- People at the home felt comfortable in raising concerns. One person said, "The manager is very easy to talk to. Any problems and they will sort them out. I've no complaints, I'm completely happy."
- We saw evidence of staff meetings taking place. Staff described meetings as helpful and felt confident to contribute should they want to. Staff had supervisions regularly.
- Regular meetings were in place for people that use the service and their relatives as well as satisfaction surveys to aid the registered manager in improving the quality of care. One relative said of the staff team, "All the staff are approachable and easy to ask things including the management."
- People were empowered to maintain their independence. People were encouraged to be involved with the day to day running of the home and performing tasks such as setting the dining tables. This made people feel included.

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; Working in partnership with others

- We found evidence of learning being shared through handover documents and staff meetings.
- The provider had an improvement plan to improve the quality of the home and the care and support being delivered.
- Policies and procedures were available to guide staff on what was expected of them in their roles.
- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

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 The provider had failed to assess the risks to the health and safety of people receiving care and treatment. Regulation 12 (2) (a) (b) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. Regulation 17 (1) (2) (b)