

Futurewise Properties Limited

St Clare House

Inspection report

Bourne Street
Hull
North Humberside
HU2 8AE

Tel: 01482229700

Date of inspection visit:
26 April 2022
03 May 2022

Date of publication:
15 July 2022

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

St Clare House is a residential care home providing accommodation and personal care for up to 29 older people who may be living with a physical disability, mental health needs and/or dementia. At the time of our inspection, 28 people were using the service.

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

People gave very positive feedback about the service and the care and support staff provided. However, there were inconsistencies in how risks were identified and managed.

People's care plans and risk assessments had not been reviewed and updated as their needs changed. Whilst people's medicines were mostly managed safely, action was needed to ensure good practice guidance was consistently followed. There were some environmental risks, which needed to be addressed. For example, to ensure robust window-opening restrictors were in place and to check and make sure all areas of the service were thoroughly cleaned.

We could not be certain people were supported to have maximum choice and control of their lives or that staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We made a recommendation in relation to the Mental Capacity Act 2005.

The provider and registered manager were extremely responsive to feedback and took immediate action to address concerns. Whilst no one had been harmed because of the concerns we found, we spoke with the provider and registered manager about developing their approach to auditing to ensure issues would be proactively identified and addressed in future.

People felt safe living at the service. Staff were safely recruited, and sufficient numbers of staff were deployed to meet people's needs.

The registered manager was very approachable and with people, their relatives and professionals to help ensure people's needs were met and improve their quality of life. They were committed to providing person-centred care and promoted a person-centred culture within the service.

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

Rating at last inspection

The last rating for this service was good (published 19 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was a focussed inspection. This report only covers our findings in relation to the Key Questions safe and well-led.

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 to requires improvement. This is based on the findings at this inspection. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St 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?

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 ●

St Clare House

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 completed by one inspector and a medicines inspector.

Service and service type

St Clare 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. St Clare 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 service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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 received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return. 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 four people who used the service, four people's relatives and two visiting professionals about their experience of the care provided. We spoke with six members of staff including a director, the registered manager, senior carers, care workers and the chef.

We reviewed a range of records. This included five people's care records and a range of records relating to the management and administration of people's medicines. We looked at two 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 also reviewed.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People's needs were assessed, and care plans put in place to guide staff on how to safely support them. However, these sometimes lacked detail or had not been reviewed as people's needs changed.
- The provider was in the process of replacing windows throughout the service. This was a positive step to reduce outside noise for people using the service and to increase energy efficiency. However, where windows had been replaced, appropriate window-opening restrictors had not been installed. Some windows which had not yet been replaced were single-glazed. We spoke with the provider about assessing the risks associated with this type of glazing.
- The provider took immediate action to begin addressing these concerns and to help manage and minimise the risk of people falling from a height that could cause harm.

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)

- People's doors automatically locked behind them when they left their bedrooms. Whilst the registered manager explained why this was done, and people and their relatives did not raise any concerns about this; mental capacity assessments and best interest decisions had not been recorded to make sure this was in each person's best interests and the least restrictive option.
- Appropriate legal authorisations were in place to deprive people of their liberty where necessary.

We recommend the provider reviews good practice guidance relating to the Mental Capacity Act 2005.

Using medicines safely

- Peoples medicines were mostly managed safely.
- Instructions for medicines which should be given at specific times were not recorded. For example, instructions for six people prescribed a medicine to be taken 30 minutes before breakfast when the stomach is empty were not recorded. Administering medicines as directed by the prescriber reduces the risk of the

service user experiencing adverse effects from the medicine.

- Thickeners used to thicken fluids for people with swallowing problems were not recorded when they had been used.
- Some people were prescribed a medicine via a patch, which needs rotating to different areas of the body, as recommended by the manufacturer. There was no system in place to record the site and time of application, to prevent the patch being placed on the same site too frequently.
- Temperature records to ensure the safe storage of medicines were not always in accordance with national guidance. This meant we could be assured that medicines requiring refrigeration were safe for use.
- There were no records of people's preferences to indicate how they wanted their medicines to be administered.
- Managers and members of staff qualified to handle medicines regularly completed audits (checks) to make sure that procedures were followed. However, they had not identified the problems we found during our inspection.
- The registered manager was responsive to feedback and took immediate action during the inspection site visit to address these concerns.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using Personal Protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up-to-date.

We signposted the provider to guidance on developing their approach to auditing, and addressing environmental issues, which might impact on the ability to hygienically clean some areas of the service.

Visiting in care homes

- The registered manager was aware of national guidance relating to visiting in care homes. They made sure people were encouraged and supported to regularly meet safely with visitors.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service and with the care and support staff provided. Feedback included, "I feel safe here as the staff are always there and on hand if you need anything" and "The staff are very good to the people here, there's never a cross word, they are really friendly."
- Staff provided calm and attentive support to people who were distressed and needed reassurance.
- People were protected from the risk of abuse. Staff were trained to identify and report any safeguarding concerns.

Learning lessons when things go wrong

- Staff recorded information about any accidents or incidents that occurred involving people who used the service.
- The registered manager analysed all accidents and incidents to identify any patterns or trends and to

make sure appropriate action had been taken to help keep people safe.

Staffing and recruitment

- People gave positive feedback about staffing levels. Comments included, "Staffing levels are good, they are around when you need them. I've also got a pull cord and I just have to pull that, and someone comes running."
- The registered manager monitored and made sure enough staff were on duty to meet people's needs. Care and support was provided in calm, unrushed and person-centred way.
- We spoke with the registered manager about how dependency assessments could be used to further develop their approach to monitoring staffing levels.
- Recruitment checks were completed to help make sure suitable staff were employed.

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 there were inconsistencies in how service management and leadership.

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

- Some environmental risks had not been effectively identified and managed. For example, to ensure all areas of the service were thoroughly cleaned, or in relation to window-opening restrictors.
- Care plans and risk assessments had not always been reviewed and updated where people's needs had changed.
- Best practice guidance in relation to the application of the MCA and in relation to managing people's medicines had not always been followed.
- The registered manager was extremely responsive to feedback and took immediate action during the inspection to address the concerns identified.
- This showed a positive commitment to continually improve the service to ensure it was safe and met people's needs. However, we spoke with the registered manager about developing their approach to auditing to ensure issues found during the inspection would be proactively identified and addressed in future.

Although there was no evidence people had been harmed, because of these concerns, effective systems had not been established to assess, monitor and mitigate risks to the health and safety of people using the service. This was a breach of regulation 17(1) 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

- People praised the person-centred service provided. Comments included, "I can't believe how nice it is here. I like the company and the way they look after us." A relative said, "It's really good. The atmosphere is so nice, the staff are brilliant. Any queries you've got you can ask, and you know it will get sorted."
- There was a positive atmosphere within the service. Staff were kind and attentive and the registered manager promoted a person-centred culture in the way they organised and planned people's care and support.

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 the need to be open and honest with people if things went wrong.
- Notifications had been submitted to CQC when legally required. The registered manager understood their responsibility to inform relevant authorities including the CQC of important events that happen in the

service.

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

- Professionals gave positive feedback about the way staff worked with them to meet people's needs. Feedback included, "This home is really good, I like coming here. They are very organised; the staff are very friendly, and they want to help people."
- The registered manager was very approachable and responsive to feedback. A relative explained, "[Registered manager's name] is very good, they always make time if you've got a problem or a question you want to ask."
- Surveys had been used to gather and monitor feedback about the service to help make sure people were happy with the care provided.

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 17 HSCA RA Regulations 2014 Good governance Systems had not been established to assess, monitor and mitigate risks to the health and safety of people using the service. Regulation 17(1).