

Clarendon Court (Nottingham) Limited

Clarendon Court Care Home

Inspection report

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Date of inspection visit:
04 April 2023

Date of publication:
02 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Clarendon Court Care Home is a residential care home providing accommodation and personal care for up to 42 people, including people living with dementia. At the time of the inspection 29 people were living at the service, with 3 people currently inpatients at hospital. The service is in a residential area of Nottingham city, in one building set out over 4 floors. The ground floor has a communal dining area and lounges.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Clarendon Court was well led by a manager who showed strong leadership qualities. The staff team were skilled, competent and kind. They understood people and their identified needs well.

Risks associated with people's care and support and the environment were safely managed. People were protected from the risk of harm. Opportunities to learn from incidents were shared across the staff team to ensure improvements in service delivery were made.

Medicines were received, stored, administered and disposed of safely by staff trained and competent in this area. The home was clean and hygienic. The manager was following best practice guidance in infection control standards.

There were sufficient staff deployed across the service to meet people's needs and ensure their safety. Safe recruitment practices were followed, and staff were trained and competent to carry out their roles.

People were supported with their health needs and had access to external services. Care plans contained personalised health information. The service was well adapted and being refurbished to meet people's needs.

The provider and manager operated effective governance systems to ensure the quality, safety and improvement of people's care when needed. Audit systems were robust, and there were opportunities for people, relatives and staff to get involved in service improvements.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 28 December 2022.) and there were breaches of regulation. 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.

This service has been in Special Measures since 28 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We carried out an unannounced inspection of this service on 20 and 21 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and oversight and ensuring the employment of fit and proper persons.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to 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 Clarendon Court Care Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Clarendon Court 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

This inspection was completed by 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

Clarendon Court 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. Clarendon Court 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 not a registered manager in post. A new manager had been in post for 6 months and had submitted an application to register. We are currently assessing this application.'

Notice of inspection

This inspection was unannounced. We visited the service on 4 April 2023.

What we did before the inspection

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 sought feedback from the local authority and professionals who work with the service. We reviewed information we had received about the service since the last inspection. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We observed staff interaction with people during the site visit. We spoke with 10 people who used the service and 3 relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, the manager, senior care staff, care staff, maintenance staff, housekeeping staff and the cook.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 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. This included but was not limited to the provider's current staffing information, training data, policies and procedures and meeting records, audits and checks.

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 Inadequate. 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 the previous inspection, the provider had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (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.

- Risks were assessed and managed effectively for all elements of people's care. Care plans gave guidance for staff to follow to ensure people could be supported safely. We found staff were following this guidance. Care plans had been updated and reviewed regularly to ensure they were reflective of people's current level of need.
- People identified at being of risk of falls or skin breakdown had clear plans of support in place for staff to follow. Records we reviewed showed people were checked regularly by staff to ensure these risks were reduced.
- One person told us they did not have to wait long for staff attention if they experienced a fall or other event. This person said, "Yes I feel safe, I've got no concerns."
- Staff were knowledgeable about people's dietary needs and requirements and how people wished to be supported at mealtimes. People's food preferences, choking risk and consistency of food and drinks, for example normal, soft or pureed foods, was recorded in their care plan.
- We saw evidence of regular referrals to the speech and language teams (SALT) to ensure people received the correct meals and support. The kitchen team had developed robust identification methods to ensure people received the correct diet at mealtimes.
- Staff were correctly allocated, to ensure people received effective support and observation where they required this. We found this was recorded within people's daily records. One person told us, "I've got no concerns about safety. I like it here. I've got my bedroom with my own bathroom. They [Staff] make my meals and do the laundry. I don't have to bother with any of that."
- The risk of fire had been fully assessed within the service. The manager and maintenance team had ensured the staff team were all fully trained in fire safety; fire drills had been completed and evacuation tests carried out. The Personal Emergency Evacuation Plan documents (PEEP) were updated and reflective of people's needs. The provider had prepared an 'emergency fire bag' which contained everything the service required in the event of such an occurrence.

Systems and processes to safeguard people from the risk of abuse;

At the previous inspection, the provider had failed to ensure that systems and processes were operated effectively to safeguard people from the risk of abuse. This was a breach of Regulation 13 of the Health & 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 13.

Learning lessons when things go wrong

- People were safe from the risk of avoidable harm. Feedback provided from people was positive in relation to their safety. One person said, "They're [Staff] terrific, everything is there for you."
- Measures for supporting people with falls were now in place with risk assessments, prescribed equipment and increased staff to accompany people if needed.
- People were protected from abuse and improper treatment from staff who were all trained in safeguarding and understood their responsibilities in regard to this. One staff member we spoke with told us, "The new manager makes sure all concerns are reported to them. We meet every day in 'flash meetings' to discuss any concerns or incidents and to review our actions."
- Repositioning charts were accurately completed and followed written advice given by health care professionals to support the effective management of people's skin. This meant people were protected from the risk of skin deterioration.
- The manager understood their regulatory responsibility to report incidents to the Commission. Concerns raised by staff were reported to the local authority safeguarding team by the manager.
- Incident records had supporting body map information and details of the appropriate action being taken. The manager reviewed these in their audit of incident records to ensure lessons were learned and shared with the staff team.
- Recently employed staff told us the previous inspection report had been shared with them by the manager, highlighting areas where the service needed to improve. This ensured staff were aware of the action plans in place and lessons learned were shared across the staff team.

Staffing and recruitment

At the previous inspection, the provider had failed to ensure the employment of fit and proper persons, which was a breach of Regulation 19 (Fit and proper persons) 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 19.

- Recruitment processes were now robust in ensuring staff were safe to work with people prior to commencing their role. Staff were required to provide their full employment history, suitable references and proof of identity. All staff had an up-to-date Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff deployment levels were set according to people's dependency needs to ensure that people were supported safely. People were supported by sufficient numbers of trained staff, as reflected in their risk assessments.
- Staff had received all of the training necessary for their roles. The manager had ensured staff had received competency checks and supervision for their roles. A staff member told us, "I feel really well supported by the manager. They are so knowledgeable."

- Staff spent time engaging with people in a meaningful way. The manager had implemented 'Stop the Clock at 11:30am'. Where all staff who were not engaged in providing personal care sat and chatted with people about their wishes and feelings at this time. The manager advised this was to remind staff not to always be 'task orientated'. One person told us, "There's a nice friendly atmosphere between people and staff."
- We observed all staff offering people a range of activities tailored to their needs and interests. On the day of our visit people were planting vegetables for the garden and were engaged in a range of crafts and games of their choice.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines. The manager ensured the appropriate staff were assessed as competent to support people with their medicines.
- People we spoke with told us they received their medicine in a timely manner, as they would wish. One person said, "I get my medication on a regular basis every night and every morning." While another told us, "Yes, I get my medication regularly."
- People we observed during the medication round were spoken with in a discreet manner by senior staff, when asked about their medicine requirements or level of pain. Information on how people who experience communication challenges expressed pain was detailed in their medication records.
- Where people were being provided with their medicines covertly, we saw there were best interest decisions in place to support this.
- Medicines were stored and monitored correctly by the senior in charge. The treatment room for storing medications was clean, tidy and the storage temperatures were checked daily by senior staff and audited by the manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were asked for their lateral flow status on entering the premises. The provider had maintained this requirement to protect people and staff during the COVID-19 outbreak.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. People were able to be socially distanced in communal areas where this was required. One person said, "I got COVID, but only mild symptoms, I was alright. We had 2 separate lounge areas, and I could go in one if I wore my mask."
- We were assured that the provider was admitting people safely to the service. A risk assessment was completed for each person prior to their admission.
- We were assured that the provider was using PPE effectively and safely. Staff within the service were wearing PPE in line with current Government guidance. The provider had maintained the wearing of masks to protect people and staff during the COVID-19 outbreak.
- We were assured that the provider was responding effectively to risks and signs of infection. The service had experienced a recent COVID-19 outbreak, which had been well managed under the current Government guidance. One person told us, "I had COVID-19, I felt terrible. I was isolated for 10 days and had to see the GP. The staff were really good."
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person told us, "It's spotlessly clean." While another person said, "Yes it's nice and clean here, the staff do a good job."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The manager had followed good practice guidance from local Infection Prevention and Control Teams to reduce the impact of the recent COVID-19 outbreak on people and staff.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with their own policy and current guidance. One relative told us, "Yes we were kept informed during the outbreak, and we were able to visit as long as we wore PPE."

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.' We saw where conditions were in place, applications for review and renewal had been made.

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 Inadequate. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to effectively and consistently assess, monitor and mitigate risks. Systems and processes were not in place or effectively used to identify and rectify concerns. This was a breach of Regulation 17 (Good governance) 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider took prompt action following our previous inspection, by appointing a new manager to oversee the required improvement measures. At the time of our inspection the new manager had been in post for 6 months and their registration application had been submitted. We are currently assessing this application.'
- The service was led by a motivated and compassionate manager; who strived to create a positive culture, with the support of a staff team who told us they felt valued and involved in the development of the service. One member of staff told us the manager was, "So conscientious, they are so supportive of the staff team. It is the best place I have worked."
- Quality management systems were effective and the manager oversight of the service was used effectively to reduce risk to people. For example, the call bell audits analysed the response times by staff which were out of the range as defined in the provider's policy. This enabled risks to people to be reduced, and service improvements to be made.
- Audits were carried out by the manager to identify any shortfalls in quality. The manager had clear action plans following these to show who, how and when these issues would be addressed, to ensure they had been completed.

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

- People told us the new manager had created an environment within the service which was inclusive and

involved them as partners in their care. One person said, "There's been a vast improvement since the last manager. The last manager was stuck in the office all the while and didn't mix with people. The new manager is totally different; they come and talk with us."

- The manager ensured service delivery met people's identified needs, as reflected in their current risk assessments. For example, identification of people's falls or choking risks. This ensured people were protected from the risk of avoidable harm.
- The manager had implemented 'resident of the day'. This was a full review of all aspects of a person's care plans, risk assessments, bedroom, equipment, dietary and other needs. All staff were involved to ensure a holistic approach was taken and ensure any extra needs were identified. The manager and senior had full oversight of any required actions.
- The manager ensured they followed robust, safe recruitment policies and processes. This ensured people were supported by trained and competent staff.

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

- The manager was aware of their legal responsibilities to be open and honest, and we saw from records the manager had informed relatives if accidents or incidents had occurred.
- We saw the new manager had reinstated the 'Pioneers Club'. This was a resident and relatives' group for people to share their views about the service. One person told us, "They felt listened to, and any issues raised were dealt with in a satisfactory manner by the manager."
- We observed staff being caring, warm and positive in their interactions with people. People all told us staff were kind and patient with them. One person said, "It's lovely, it's nice and calm. Sometimes people get upset but staff will sit and talk with them to calm them down and give them a cup of tea."
- People, relatives and staff all told us they felt able to raise concerns with the manager and we saw records of regular meetings and supervisions.
- The manager ensured people's care notes were kept secure and stored in a safe place.
- The service had the ability to provide information to support people who did not have English as their first language or who may live with communication challenges. The service had engaged the use of accessible information, such as particular forms of technology.

Working in partnership with others; Continuous learning and improving care

- The provider worked effectively in partnership with the local GP practice and other healthcare professionals. We saw from records that people had been referred in a timely manner when a specific health or social care need had been identified. We saw the service was implementing recommendations from professionals as required.
- There were records of how the service had learnt lessons from what had not worked well and how they had changed their procedures as a result.