

Maria Mallaband (6) Limited

# Clarendon Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

We carried out an inspection over a period of three days on the 8, 9 and 10 June 2016. The inspection was unannounced.

Clarendon Court Care Home opened in 2010. It is purpose built to provide nursing care for older people including people with dementia. Some respite care is also provided. The home is registered to provide care for up to 55 people. It is a three storey building and all resident's rooms are en-suite and there are spacious social and dining areas. At the time of our inspection there were 52 people living at the home. Clarendon Court was last inspected on 28 June 2014 and was compliant in all of the areas inspected at that time.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified one breach of the relevant legislation, in respect of safeguarding. You can see what action we told the provider to take at the back of the full version of the report.

Staff had received training in safeguarding and understood their responsibilities to protect people from harm and abuse. Staff knew how to report concerns and told us that they felt able to raise concerns appropriately. However, we found evidence that the service had not reported two safeguarding concerns to the local authority, as required by the local Adult Safeguarding Policy and Procedures. The issues had been dealt with through the provider's complaint procedures but these had not been appropriately reported, therefore people could not be sure that they were fully protected from harm and abuse.

People felt safe and told us that they received the support that they needed, in a way that respected their wishes. We found that there were sufficient staff, who ensured that they supported people in a thorough and unrushed way.

People's medicines were administered safely. However the registered manager told us that the storage of medicines was an issue because the home could not fully control the temperatures of the treatment rooms, where medicines were stored. The provider was aware of the situation and was taking steps to address the concerns and was arranging for the necessary alterations to the air conditioning system to be made.

We found that staff were skilled, knowledgeable and well trained. They received a thorough induction when they began their employment with the home and received on-going training updates.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act were met.

People's nutritional needs were met. We observed that people had plenty to eat and drink and were given appropriate food choices. We saw that staff supported people and understood their nutritional needs. We found that people's views about the quality of the food was mixed. Some told us that it was good, whilst other people said that it was "average" or "alright."

We saw that people were well cared for and very comfortable in the home. The people and visitors who we spoke with were very complimentary about the care that they received and told us that the staff were kind and caring. There was a warm and friendly atmosphere within the home. We observed that staff were skilled and patient, treating people with dignity and respect. People were able to make choices about the way that they were supported.

Care records were personalised and they reflected the support that people needed so that staff could understand how to care for the person appropriately. Daily charts were not always completed fully or at the time that the care was provided. We saw that staff responded to people's changing needs and sought involvement from outside health professionals as required.

There was a full and varied activities and entertainment programme available to people. Individual activities were also available, such as the therapy dog, or reading the newspaper. People told us that they could choose whether they wished to take part in the activities. We saw that two lounge rooms had been creatively adapted into a "pub" and "garden room". These had been effectively decorated and people were looking forward to making use of the rooms for socialising and relaxation.

We found that the home was well-led. People knew who the registered manager was and felt able to raise any concerns with him. Staff told us that they felt well supported. We saw that regular team meetings were held, as well as supervision meetings to support staff. There were comprehensive quality assurance processes in place and people's feedback was sought about the quality of the care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff received training in safeguarding and understood their responsibilities to protect people for harm.

However people had not been fully protected because safeguarding referrals had not been made to the local authority on two occasions.

People's medicines were administered safely. However the storage of medicines was not always safe, due to the high temperatures in the treatment rooms. The provider was aware of this and taking steps to address the situation.

There were sufficient staff to meet the needs of people living at the home.

Appropriate recruitment procedures were followed to prevent the risk of unsuitable staff being employed to work at the home.

### Is the service effective?

**Good** ●

We found that the service was effective.

People were cared for by staff who knew their needs well. Staff were skilled and well trained. Staff members had induction training when they joined the service and staff had regular on-going training. The service encouraged staff development.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People could make choices about their food and drink and they were provided with the necessary support to eat their meals if required.

### Is the service caring?

**Good** ●

We found that the service was caring.

People told us that the staff were kind and caring. We observed that staff treated people in an unrushed manner and people were happy with the support they received.

People were treated with dignity and respect.

Staff respected people's wishes and preferences and people were involved in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences.

Care plans contained person centred information and were kept up to date.

There were was a comprehensive and varied activities programme in place, including outings. The home had adapted two rooms to create a "pub" and garden room, where people could socialise and relax.

People and their relatives knew how to complain and were comfortable to raise any concerns about the service they received. Appropriate action was taken in response to complaints.

### Is the service well-led?

Good ●

The service was well led.

Staff said they felt well supported and worked as a team.

People and relatives were encouraged to give their feedback about the service.

The manager and the provider played an active role in quality assurance and ensured the service continuously developed and improved.

# Clarendon Court Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8, 9 and 10 June 2016 and was unannounced.

The inspection team was made up of one adult social care inspector and one inspection manager.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts and quality assurance team to seek their views and we used this information to help us plan our inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with 11 people who lived at the home and four relatives/visitors, to seek their views. We also interviewed staff including the registered manager, deputy manager, two nurses, six care staff, two ancillary staff, one of the cooks and the activities co-ordinator.

We reviewed five people's care records and inspected other documentation related to the day to day management of the service. These records included three staff files, staff rotas, quality audits, meeting

minutes, training records, supervision records and maintenance records. We toured the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people in the communal areas and observed how people were supported over lunchtime.

## Is the service safe?

### Our findings

We asked people whether they felt safe living at Clarendon Court. People told us "I feel perfectly safe" and "Yes I feel safe living here." Relatives who we spoke with also felt that the home provided safe care. Someone commented "The girls are marvellous; I don't mind going away because I feel confident."

The provider had policies in place for safeguarding vulnerable adults and whistleblowing. These contained guidance on the action that would be taken in response to any concerns. Staff we spoke with had an understanding of the signs of abuse and told us that they knew how to report any safeguarding concerns. We saw from the training records that staff had received training within their induction, as well as on-going refresher training on the subject. Staff were clear about their responsibility to report any concerns. They told us they would be confident to report any worries to the registered manager and believed they would be dealt with appropriately. They said "I would report any safeguarding concerns, we're here for the residents and we tell each other that" and "I wouldn't think twice to report, they are vulnerable people."

We saw that the manager maintained a safeguarding file, which held guidance and procedures from the local authority about how to report any suspicion or allegations of abuse. However we noted that this information was out of date, as it had been replaced by a new policy. The registered manager was aware of this and had made referrals using the new policy, but explained that the file needed to be updated. We saw that where necessary some referrals had been made to the local authority to report concerns. We found that the outcome of these had not always been recorded within the file, but the registered manager was able to provide this information verbally.

We found on two occasions that safeguarding concerns had been identified but had not been reported by the service to the local authority as a safeguarding matter. The registered manager had dealt with the concerns under the provider's complaints procedures but had not reported the issue to the local authority as required by the local safeguarding procedures. The registered manager explained that this had been an oversight and understood the importance of referring concerns appropriately. However, this meant that people couldn't always be confident that they would be fully protected from abuse or harm. The registered manager confirmed that these concerns had subsequently been reported appropriately.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

Staff supported people to take their medicines. During the inspection we spoke with and observed two nurses whilst they were administering medication. They demonstrated a good technique and understanding of the safe handling of medication. Medicines were kept safely in a lockable trolley within a locked room. The provider's medication policy was available to staff in the medication room. Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation; these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded. We reviewed the Medication Administration Records (MAR) of seven people which showed when people had received their medicines and staff had signed the MAR to confirm this. Records



seen were up to date with no omissions. There was a clear protocol for administering any PRN (when required) medicines. Where people required their medicines at specific times on specific days arrangements were in place to ensure these were given appropriately.

All staff with responsibility for administering medicines had received the appropriate training which was regularly updated. Staff undertook medication competency assessments before they could give people their medicines. Regular medicine audits were carried out to ensure the records were properly completed.

However we found that there was an issue with the safe storage of medicines. The registered manager told us that there were difficulties in maintaining the temperatures of the treatment rooms, due to problems with the air conditioning units. This meant that it was difficult to control the temperature of the rooms where medicines were stored and the temperatures were too high which could have an impact on the safe storage of some medicines. The registered manager told us that action was being taken to address this and that work would be undertaken to resolve this. The registered manager sent us information following the inspection to demonstrate that quotes had been sent to the provider so that the work could be authorised. The registered manager and regional manager assured us that this would be carried out as soon as possible.

There were sufficient staff to meet people's needs and provide personalised care and support with activities. Two registered nurses were on duty during the day and one at night. Eight care staff were on duty during the day. We checked the staffing rotas which confirmed these staffing levels were consistent. The staff group was made up of regular staff and some bank staff, which provided continuity of support for people. The registered manager told us that sometimes agency staff were used to cover some nursing shifts at night. However the same three agency nurses were used to ensure that people received consistency of care. The registered manager told us that he had already recruited to this post and they were currently awaiting the appropriate checks..

We saw that the provider used a staffing tool to calculate the number of staff required and this was dependent upon the needs of people living at the home. One person told us that there were enough staff, but said "occasionally it is tight" and a relative commented "there seem to be enough staff". Staff told us that there were enough staff to meet people's needs, they said "Generally there is enough staff, we have time to talk to residents" and "I think there is enough staff."

We observed that staff responded quickly so that people did not have to wait for support or assistance. We heard call bells being answered promptly and staff were very visible around the home at all times. The registered manager told us that he generally monitored the call bell response times, he was aware when responses were longer than two minutes because the tone of the bell altered. People told us "They come very quickly when you use the buzzer" and someone else said that they were not generally kept waiting when they called for assistance.

Effective recruitment processes were in place. We reviewed three staff files which evidenced that recruitment procedures were followed and applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to try to prevent unsuitable people from working with children and vulnerable adults. Two references were also evidenced, in line with the provider's policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed.

Records seen demonstrated that accidents and incidents were being safely managed. Staff told us that they had received training in first aid. They also told us how they recorded any accidents or incidents so that there was a record of what had happened and what action was taken to reduce future risk. Where accidents had occurred the registered manager investigated them and action was taken to reduce further incidents wherever possible. We saw that a monthly analysis was also carried out to identify whether there were any themes or trends, so that necessary action could be taken to reduce further incidents.

Risk assessments were in place to support people. People were assessed where there were risks to their health and well-being. These were centred on the person's individual needs and provided staff with a description of identified risks. The assessments gave guidance on how people should be supported in relation to this risk. These included assessments about moving and handling people safely, continence and people's risk of falls. These were regularly reviewed. However we found in some cases where risk assessments had been completed, it was not always clearly recorded in the person's care plan whether any further intervention had been introduced to meet the increased risk. When we spoke to staff, they were aware of the support they needed to provide. Staff said they were informed about people's needs and their plans to reduce identified risks. One member of staff told us about one person who required frequent checks, they said, "We check on (name) a lot, he can wander and we need to ensure that he is safe." We saw for example that a risk assessment was in place for someone at high risk of falling and guidance to staff about the appropriate equipment to use. We also observed staff supporting a person with a specific technique and staff explained "This has been assessed as the safest way."

However, we found that it was recorded in one person's risk assessment that they required a sensor mat in their bedroom to alert staff to when they were moving, so that staff could provide immediate support to reduce the risk of the person falling. We found during the inspection, that the person did not have a pressure mat in their room. The person had been absent from the home for a few days and the mat had been removed but had not been replaced on their return. The person had been back for just over 24 hours. We highlighted this to the deputy and registered manager who assured us that they would address this immediately.

The home employed a maintenance person. We spoke with the maintenance person and reviewed their records, which demonstrated that regular checks were conducted on the facilities and equipment, to ensure they were safe for the intended use. This included fire safety systems, call bells, water temperatures and electrical equipment. Gas, water and other appliances were also regularly serviced. Risk assessments were in place for the premises, environment and use of equipment to ensure risks were kept to a minimum. The registered manager told us that following a recent fire safety inspection, the home had been issued with an Enforcement notice regarding some areas where remedies were required. We saw that the home had implemented an action plan and had already completed a number of the actions, with the remainder due to be completed by the end August 2016. The home had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises.

We carried out a tour of the premises and we saw that people were cared for in a clean and hygienic environment. The home was well decorated and well maintained. Staff were wearing appropriate gloves and aprons to reduce the risk and help the prevention of infections.

## Is the service effective?

### Our findings

We asked people who lived at Clarendon Court whether they found the care and support to be effective. People spoken with told us that they felt that their care needs were met within the home. They said "They are all doing their best" and "I can't find a fault." A visiting relative told us that their relative "always looks well cared for."

New staff completed an induction which was based on the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. A number of new staff were undertaking or had completed the Care Certificate. Staff told us that they had completed an induction and this had included working alongside more experienced staff, until they were confident and competent to work unsupervised.

We examined training records which were recorded electronically. These demonstrated that training was provided through e-learning, as well as face to face training sessions in subjects such as moving and handling and fire safety. The e-learning covered a number of areas including safeguarding and The Mental Capacity Act (MCA). Further training was also available in some areas and included a three day first aid course and specific nursing skills training. We saw that people were up to date with training and the registered manager checked on a regular basis to ensure that staff had completed the necessary training.

We noted that staff were encouraged to develop their skills. The registered manager explained to us that three of the care staff were completing specialist training as part of an initiative to develop a new Care Practitioner role. The aim was to enable some care staff to develop their skills and support the nursing staff more effectively. The training took three months to complete and staff were trained to carry out certain nursing tasks, working under the nurse's supervision. The three members of staff had almost completed this training and the registered manager was hoping that more of the care staff would be able to undertake this training.

Staff told us that they felt very well supported, we saw records that all staff received supervision and appraisals, staff told us that they found this useful. The registered manager told us that due to the numbers of staff he had not been able to carry out supervision with everyone as often as he would like. However he had now delegated the task of some supervision meetings to the nursing staff and heads of departments. He was in the process of developing a supervision plan for the next few months.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the MCA and the associated DoLS with the registered manager, who was aware of these requirements and showed us that policies were in place. We saw that the registered manager had a monitoring form to record those people for whom a DoLS application had been made, with the outcome and date when the authorisation needed to be renewed. At the time of our inspection, there were 23 people subject to DoLS authorisations and a further seven people awaiting assessment by the supervisory body (the local authority). The registered manager had developed a system to ensure that information was readily available to staff to ensure that they knew which people were subject to an authorisation.

We saw that mental capacity assessments were completed where needed and family and health care professionals were involved with this assessment and best interest decisions made where appropriate. The registered manager explained when additional support was needed for people with more complex needs they sought this through the community mental health teams as required.

Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw staff supported people to make decisions for themselves about their care. For example, we saw people were offered the choice of where they wanted to eat their meals. They could choose to eat in their own rooms or in communal areas. A staff member told us "I always ask people what they want, they always have a choice, we're working in their home." One person confirmed "They always ask how I want things done." All the staff we spoke with had an understanding of the MCA.

We saw that some people had signed their care plans to confirm that they had consented to their care and treatment at Clarendon Court. However we saw that in some circumstances people's relatives had signed on their relative's behalf. We discussed this with the registered manager and the regional managers and explained that this indicated a gap in staff knowledge around the MCA, as another person is unable to give consent on behalf of someone else, unless they have legal authorisation to do. The registered manager explained that these had been signed to indicate that the relative had been involved in a best interest decision. The regional manager informed us that the provider had developed a new form which would be clearer about this in the future.

We found that people's nutritional needs were being met. People's views on the quality of the food varied. Overall people told us that there was plenty of food available and they were able to choose from a menu. Some people said that the food was good, however there were a number of people who described the food as "alright" or "average." We observed the lunch being served on the day which was sausage and mash, the food looked appetising and people indicated that they were enjoying it. We spoke with the cook who told us that the menu was on a four week rota, she told us that some fresh ingredients were used and the cook made the puddings. The cook had a list of people's individual requirements for example whether they were diabetic or required a pureed diet. We saw that people were able to make specific requests if they did not like what was available on the menu. One person told us that they had requested a plain omelette for lunch, we checked later to see whether this had been provided. The person told us that it had and that they had enjoyed it. We discussed people's views about the food with the registered manager who told us that he was not aware of any negative feedback but would look into this further.

Staff had good knowledge of people's individual support needs and preferences around food and drink. We spoke with a carer who had a clear understanding of the support that people required, she knew for example who required thickened fluids and was aware that one person had specific guidance in place which had been provided by a speech and language therapist. We were also told that some people liked certain drinks and that alcohol was provided at individuals' request.

Staff made meal times a pleasant experience for people. There were clean table cloths and tables were laid out with napkins and cutlery, with soft music playing in the background. Drinks of squash and water were available for people. We observed that people received the appropriate level of support from staff at meal times. During breakfast we saw that a carer was available at all times and provided sensitive support to people if they needed it. We saw that the carer noticed that a person hadn't touched their drink and she offered the person several alternatives. We saw that people were offered extra toast and cereal and could have as much breakfast as they wished.

On the day of the inspection, it was a very warm day. We saw that people had access to plenty of drinks. Some people were also enjoying a coffee and cake afternoon. We saw that the cakes were well presented on cake stands.

Records demonstrated that people's nutritional and hydration needs were recorded. There was evidence that staff were monitoring those people who were at risk of losing weight and the people at risk were weighed on a regular basis. The registered manager had oversight of these people through a monthly audit, which ensured that all appropriate actions had been taken. However, we saw that where fluid charts had been completed they had not always been totalled up at the end of each day. Therefore it was not easy to identify whether the person had had sufficient to drink and whether this had been reviewed by the nurse. The registered manager told us that the provider had recently implemented new fluid charts, which did not have an appropriate section to record this information and would raise this with the provider. He also told us that the nursing staff did review the charts on a regular basis, and would ensure in future that they signed the charts to confirm that they had reviewed this information.

Records maintained showed staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs. We saw that people had access to their GP, district nurses and other specialist such as audiology when this was required. We saw that referrals had been made to health professionals such as dieticians, mental health practitioners and tissue viability nurses when necessary. The registered manager told us that he was in regular contact with health and social care colleagues and felt that the home benefited from the advice and input provided by professionals' regular visits to the home.

We looked around the home and found the environment to be conducive to the needs of the people who lived there. Rooms were comfortable, bright and decorated to a high standard. People had been encouraged to bring in personal items from home and many rooms were very personalised and well furnished. Some people had telephones in their bedrooms. People were able to use the outside space. There was an enclosed gardening with seating and we saw that people were sitting out in the sunshine on the day of our visit.

We saw that the home had made some excellent adaptations to two small lounges, which had previously not been well used. The activities coordinator and staff had developed an idea to convert one lounge into a "pub" and the other into a "garden room". The pub was almost complete and the home was planning a grand opening. The lounge had been decorated and furnished to feel like a real pub, with a small bar and darts board, drinks would also be available for people. The garden room, was decorated with a garden feel, with special music and sounds, this was a very relaxing room. We found that this was a very creative use of the rooms and provided an alternative environment for people. People and staff were very enthusiastic about being able to use the pub and the activities coordinator was planning to use the room for activities such as pub quizzes.

# Is the service caring?

## Our findings

People told us that staff provided them with caring and compassionate support. People commented, "Nothing is too much trouble, they are fabulous (the staff)" and "They are wonderful and kind." A relative told us "You couldn't wish for nicer staff."

The home had a warm, relaxed and friendly atmosphere. We spent time with people using the service and made observations during our inspection. We found that interactions between staff and people were extremely positive, responsive to need and caring. We saw staff chatted with people in a friendly way, they were patient and gave people time to respond. Staff had time to talk with people and supported them in an unrushed manner. For example, one person had become a little unsettled and we observed that a member of staff spent time with this person, they walked with them to different parts of the building, talking with them in a happy and chatty manner. This supported the person effectively and they became much more settled. Indeed, we saw that staff had a good rapport with people, and observed people laughing and joking with the staff.

The staff we spoke with understood the importance of providing support in a compassionate manner. One member of staff told us "We are here for the residents, I enjoy making them smile." Another member of staff explained about the best approach to take with a person, she had a good understanding of the person's history and demonstrated empathy because she had taken into account how the person may be feeling.

We saw from the minutes of a recent resident/relative meeting, that one relative had taken the opportunity to praise several staff who they had witnessed being "particularly good" with their relative. There were a number of thank you cards and compliments about the service, available to read in the reception area. Some of these were very complimentary about the care that people had received. Relatives and visitors spoken with told us that they were able to visit at any time and were made to feel very welcome.

We found that people were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans and had signed them to say that they had been consulted with. One person told us "You can go to bed when you like." Someone else said that they preferred to stay in their room and staff respected this. People were able to choose where they would like to spend time or for example whether they would like to take part in activities. They said "I'm happy to spend time in my room, the staff take me if I want and leave me if I don't." Information and advice was also available in written format at the entrance to the home and on notice boards. This included information about activities, entertainment, welcome brochure and how to complain.

We found that most of the staff ensured that people's dignity and privacy were maintained. People were treated with respect. We observed that staff knocked on people's bedroom doors before entering and ensured that doors were closed when carrying out personal care, to maintain people's dignity. We saw an example of where a member of staff sought the permission of a person before entering their room to look in their cupboard to check supplies. People spoken with told us that they were treated in a manner that maintained their dignity. One person told us that they found that staff to be "Helpful, pleasant and friendly".

This person was about to go out for a visit and a carer ensured that the person had the opportunity to change their clothing, so that they "looked their best."

However, we found that on one occasion staff held a conversation about a person living at the home in a communal area. The conversation contained personal information and could easily have been overheard by other people or visitors to the home. This did not maintain the person's privacy and dignity. Whilst it may be necessary for staff to hold conversations about people's care needs, we found that staff needed to be more mindful about where these conversations were held.

The registered manager told us that four of the home's staff members had been nominated and were finalists to receive an in-house "Care Award". The provider had implemented a Care Award scheme to acknowledge staff who had shown excellence in their field. The staff were due to attend an award ceremony in the near future.

We found that people's records were kept securely in locked cupboards, so that people's confidentiality was maintained.

Where necessary, people's end of life needs could be supported by the home. The staff worked alongside other professionals, such as the GP's and nursing teams, to ensure that care of people at the end of their lives and the support for their families was of good quality. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place for a number of people living at the home. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner



## Is the service responsive?

### Our findings

People told us that the care and support provided at Clarendon Court was responsive to their needs. They said "You can complain if you want to, but I've had no complaints." And "A carer looked after me marvellously." A visiting relative commented, "It's lovely here."

We saw that people looked clean and well cared for. We reviewed people's care records and found that they were personalised. We saw that the plans included information about people's health and social care needs, as well as their preferences, likes and dislikes. The records demonstrated that plans were reviewed on a regular basis and updated when people's needs changed. The records that we inspected contained assessment documents which had been completed before the person came to the home to make sure that their needs could be met. People and their relatives had been involved in the assessment process.

We found that the care records provided sufficient detail to enable staff to know how to meet the people's care and support needs in a way that they preferred. They reflected how people liked to receive their care. The records contained a "Me and my life plan" which contained detailed information about the person's history, their preferences were also included. For example, it was recorded in one person's plan, that they loved 60's music and watching Sky TV.

People also told us that they were supported in a way that they wanted to be supported and were able to make choices about their care. One person told us "I have at least two baths and hair washes each week" and another person commented "I've just had a shower, it's beautiful." Relatives were made to feel welcome and told us that they were kept well informed by the staff. A visiting relative confirmed that staff communicated well and told us that "They notify you straight away."

Staff were knowledgeable about people care needs and how people liked their care to be provided. Staff confirmed that they had read people's care plans and were kept up to date with any changes to people's care through a daily meeting. We saw records from these daily handover meetings, which demonstrated that staff were kept informed about relevant issues. One member of staff told us "I know the residents really well, I know straight away if something is wrong."

We saw that staff maintained daily records to evidence that support had been provided to people. Charts were kept to demonstrate that people had received support with for example, positional turns or food and fluid intake. Many of these were completed accurately but we found that there were some gaps in the recordings and that the recordings had not always been written at the time that the care was provided. Whilst staff were able to tell us that people had received drinks during the night and early in the morning, this had not always been recorded on the charts when we reviewed them. The registered manager told us that this was an area that they were aware of and were working on this with the staff.

There were varied activities going on and people could choose whether they wanted to take part. The home had an activities coordinator, who we found to be very motivated and enthusiastic. He had organised numerous types of group activities and outings for people. There was a programme of events, with a



timetable on display in the home, as well as a copy for each person available in their bedroom. Activities available to included quizzes, pamper days, a film club and mini bus outings. We also saw that people's individual needs were met. For example staff organised for some people to receive a daily newspaper. During our visit, a therapy dog was visiting the home, we saw that some people really loved to pet the dog.

People's spiritual needs were also catered for. The activities coordinator told us that Holy Communion was held on a monthly basis at the home. They also offered a religious reading group on a monthly basis for people who wished to take part.

People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the reception at the home. We saw that the manager had a system for logging any complaints, which were documented with any actions taken to resolve them. There was also a "duty of candour" folder in place, which evidenced that people and their relatives were openly informed about any incidents or issues that had occurred regarding the care provision. We saw that there had been two complaints in the past 18 months, which had been fully investigated and an appropriate responses were provided.

Regular resident's meetings were also held. These were attended by people living at the home, their relative's and staff. We saw from the minutes of these meetings that people were able to raise and discuss any concerns or ideas for improvements with the management team.

## Is the service well-led?

### Our findings

We found that the home was well led. People and staff told us "The manager seems to run things well", "The manager pops in quite a lot, he's very approachable," and "John is a really good manager."

We saw that suitable management systems were in place to ensure that the home was well-led. The registered manager had been in post since May 2015 and was registered with The Care Quality Commission (CQC). The registered manager understood his responsibilities and was well supported by a wider team, including a deputy manager and regional manager. He demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and his responsibilities as registered manager. He had a clear plan and was focused upon making continued improvements to the home. We found that the registered manager was very visible around the home. His office was based in the reception area and he regularly spoke with relatives and visitors. He was available throughout the inspection and engaged very positively with the inspection process.

We saw that the provider had robust policies and procedures in place. These included adult safeguarding, complaints, medication, consent, dignity and respect and these were readily available to staff.

Many of the staff told us that they enjoyed working at Clarendon Court and felt well supported by the registered manager. Staff commented "I love it here" and "The team are great. We should be proud." They said that the manager was approachable and supportive. Staff spoken with said that they felt able to raise any concerns or issues and that these would be responded to appropriately.

We observed that staff communicated well and the approach was one of team work. Observations made during the inspection demonstrated that staff were well organised and clear direction was provided by the nursing staff. Staff told us "We are well organised and we work as a team." We saw records which evidenced that staff meetings were held regularly and covered topics such as staffing levels, training and safeguarding. The registered manager provided clear expectations for staff within these meetings about the quality of the care to be provided to people. Staff were also given the opportunity to contribute ideas to the development of the home.

People's views on the quality of the service were regularly sought. Satisfaction surveys were carried out and people told us that they had completed questionnaires. The registered manager told us that two surveys were carried out annually, one by the provider's own quality assurance team and another through an independent source, where volunteers supported people to fill out questionnaires. The home achieved a high satisfaction score last year and the results were on display within the reception at the home. We saw that the registered manager involved people and their relatives in discussions about the running of the home, including holding meetings and inviting them to events. People and relatives who we spoke with said they knew who the manager was and felt they could approach him at any time.

There were arrangements in place to regularly assess and monitor the quality of the service. The registered

manager carried out a twice daily walk round of the building to check the environment and general welfare of people and staff. Night checks were also carried out and we saw records which demonstrated that the regional manager also visited the home on occasions to monitor and meet with the night staff.

We saw that the registered manager and nursing staff completed regular audit checks and kept robust records of these checks. Some of these audits included health and safety, home presentation, medication, infection control and care files. We saw that the registered manager completed a monthly "resident at risk report" which covered topics such as pressure related wounds, unintentional weight loss, infections and changes in health. This ensured that the registered manager had appropriate oversight of people's needs and ensured that all appropriate actions had been taken.

A formal quality assurance visit was carried out on behalf of the provider on a monthly basis. We saw records of the most recent visit whereby the quality manager completed a thorough audit of all areas of the home and assessed their performance. We saw that this supported the registered manager to highlight any areas for improvement and actions plans were developed from these audits.

Our records demonstrated that the registered manager notified CQC of significant events appropriately, as legally required to do so.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not always fully protected from harm and abuse because local safeguarding procedures had not always been followed.</p>