Caring Homes Healthcare Group Limited

Claydon House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Claydon House on 25 September 2017. The inspection was unannounced.

Claydon House is registered to care for 49 people. There were45people living in the home when we inspected. People cared for were all older people. They were living with a range of complex needs, including stroke and heart conditions. Many people needed support with their personal care, eating and drinking and mobility needs. People living at Claydon House were also living with dementia. The manager reported they provided end of life care at times. There was one person receiving end of life care when we inspected.

Claydon House is a large house, which had been extended. People in the older building had residential and nursing care needs. People on the Admiralty wing extension were living with dementia. There were a choice of sitting and dining rooms on each floor. A passenger lift was provided between floors. The Admiralty wing had accommodation over three floors, two of the floors directly connected with the older building. Each floor had its own sitting/dining room. There was a passenger lift between floors. All rooms were en-suite and most included showers. Additional baths and toilets were also provided. There was a garden, which was wheelchair accessible.

There was a registered manager in post. They had been in post for approximately three years. A registered manager is a person who has registered with the CQC to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider for the home was Caring Homes Healthcare Group Limited, a national provider of care. The home was supported by an area manager from the provider.

Claydon House was last inspected on 27 and 29 April 2015 when the overall rating for the service was Good.

This inspection found that the overall rating remains good but the lack of progress with maintenance issues and the decoration of the older part of the building means that the well-led question continues to require improvement. At the last inspection we found the service required improvement under the well-led question, this was in relation to record-keeping. This had been addressed by this inspection

There were quality assurance systems in place that monitored people's care. We saw that the manager completed audits and checks were in place which monitored safety and the quality of care people received. These included yearly satisfaction surveys sent to people, families and health professionals. However we found that there were areas that despite being identified through environmental audits and resident surveys that had not been progressed in a timely way by the provider.

Action had been taken following accidents or incidents to prevent further occurrences. Risks associated with people's care needs and the environment had been assessed and measures put in place to prevent avoidable harm. People received their medicines as prescribed by their doctor. People were supported to

maintain their health and had access to health professionals. People were supported by staff who understood how to keep them safe and could raise concerns if they needed to.

There were enough staff to meet people's needs. The provider followed safe recruitment practice. People were supported by staff who had received training and support to meet their needs. Staff felt supported and their competency in their role was checked. People were supported to have enough to eat and drink. Where people had dietary requirements, these were met and staff understood how to provide these. People were supported in line with the requirements of the Mental Capacity Act (2005). People's mental capacity to consent to their care had been assessed where there was a reasonable belief that they may not be able to make a specific decision.

Staff at all levels treated people with kindness and compassion. Dignity and respect for people was promoted. People were supported to maintain their independence. The care needs of people had been assessed and were regularly reviewed to ensure they continued to be met. Staff had a clear understanding of their role and how to support people who used the service.

People had access to activities so that they could follow their interests and remain active if they wanted to. Staff felt supported. Where necessary the provider's disciplinary procedures had been implemented. People and their relatives felt the service was well led. They felt the registered manager was approachable and that they would deal with any concerns they may have. The registered manager had a good over sight of the service.

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

Claydon House remains safe.

Risks to people had been identified and staff knew how to minimise the risks. People were supported to take their prescribed medicines in a safe way. There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs. Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

Claydon House remains effective.

The provider was acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights. Staff were trained and supported to enable them to meet people's individual needs. People's health and nutritional needs were met.

Is the service caring?

Good

Claydon House remains caring.

Staff had developed positive, kind, and compassionate relationships with people. People were treated with dignity and respect and their rights and choices were promoted and respected.

Is the service responsive?

Good

Claydon House remains responsive.

People were involved in their care and their care plans were individual to them. People were encouraged to socialise and to pursue their interests and hobbies. A complaints policy was available and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated

Is the service well-led?

Requires Improvement

Claydon House continued not to be consistently well led.

There were quality assurance systems to monitor the quality and safety of the service and drive improvement. However the environmental and maintenance audits had not been acted on in a timely manner. A number of issues had been outstanding for some months.

The leadership created a culture of openness that made staff and people feel included and well supported.

Claydon House

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.

We inspected the service on the 25 and 29 September 2017. The second day of the inspection was spent talking to health professionals and visitors to the home. This was an unannounced inspection. The inspection was undertaken by two inspectors.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people three people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke and met with 15 people and four relatives to seek their views and experiences of the services provided at the home. We also spoke with the registered manager, deputy manager, five care staff and two members of ancillary staff. During the inspection process we spoke to five

health and social care professionals that worked alongside the service to gain their views.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe because staff were always around. One person said, "Always someone about to answer my call bell, they come quickly and there's all someone in the lounges." Another person said, "Very good, I like it here, I'm safe." A third person said, "Night staff pop in all the time if I'm restless, that is when you might feel unsafe, but you don't here." A fourth person told us, "The way I am looked after makes me feel safe, the staff sit and chat." A relative said, "They are really hot on the safety here, careful with hoisting, always two staff."

People had individual risk assessments. Risks identified included, people at risk of falls, moving and transferring risks, poor nutrition and poor skin integrity. Environmental risk assessments showed measures were taken to minimise risks. For example, making sure areas were well lit, avoiding trailing leads and keeping corridors clutter free to prevent trip hazards. Staff understood and were aware of the risks and action to be taken to reduce these risks. Staff were clear about how to respond to accidents or incidents. People's care plans were updated to reflect changes as a result of the accident or incident if required. The registered manager had systems in place that enabled them to look for trends in incidents or accidents. Action had been taken following accidents or incidents to prevent further occurrences. For example, the use of sensor mats for those people who were at risk of falls whilst in their room.

Staff were aware of their roles and responsibilities and knew how to keep people safe from the risk of harm. Staff received training and were able to describe the types of harm that people might experience. They also told us about the actions they would take in response to any event where a person was at risk of harm. This included reporting the concerns to the management team of the service and to external agencies, including the local safeguarding team. A member of care staff said, "There may be a change in a person's behaviour that gives us concern and unexplained bruising." Another member of care staff gave a similar response and added that people may become quiet and withdrawn or may not eat. The provider had safeguarding and whistle-blowing policies and staff were actively encouraged to challenge poor practice and raise concerns with senior staff. One member of staff told us, "I have reported poor practice to the [registered] manager and it was dealt with."

People, relatives and visitors told us, and we saw, there were sufficient numbers of staff available. People's safety and wellbeing was promoted because staff developed positive and meaningful relationships with people and spent time with them. The atmosphere in the service was calm and organised. Staff worked in an unhurried way and responded to people's individual needs at a time and pace convenient for them. People were supported by staff with all their needs, such as having time spent one to one, socialising, going out and attending appointments. These working practices were all incorporated into the dependency tool and used to calculate and review staffing levels. One member of staff told us, "There is enough staff and we all work well together."

All appropriate recruitment checks continue to be completed to ensure fit and proper staff were employed, including robust checks for volunteers working in the service. Staff had police and disclosure and barring checks (DBS), checks of qualifications, identity and references were obtained.

People told us that they were satisfied with how their prescribed medicines were managed and received them at the appropriate times during the day. One person told us if they were in pain, "I tell the nurse and she gives me pain killers." Another person said, "Meds [medicines] I have a pain killer in the morning, have a blood pressure tablet and I am sure I could ask for more if I needed it." A relative told us, "Staff can anticipate when [family member] is in discomfort and are able to give them their prescribed pain relief."

People continued to receive their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge and spoke knowledgably about people's medicines. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were any allergies. People's medication was reviewed regularly with their GP. Monthly audits of medicines management were carried out with actions taken to follow up any issues found.

Good

Is the service effective?

Our findings

People were being cared for by staff who had received the required training. One relative said, "It is very good here, staff have given us lots of advice about health issues and how they are going to manage it."

Staff told us that they had attended training in a range of topics. One member of care staff described their induction training and this included working alongside more experienced staff members. They also told us that their induction training included fire safety, safeguarding and moving and handling. On-going training included caring for people who lived with dementia, health and safety training and infection control.

The registered manager confirmed and staff training records showed that all of the staff had attended essential training and service specific training such as diabetes. Members of care staff told us that they continued to receive the support to do their job, which they said they enjoyed doing. One member of staff said, "I love working here, everyone is so supportive." They told us that they worked well as a team and had excellent support from the management team in the service. Another member of staff said, "We can go and speak with any member of the management team at any time. They are all very supportive." This support included informal and one-to-one support. The one-to-one support included discussions about staff training needs and the standard of their work performance.

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 registered services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager continued to make applications to the appropriate local authority when they believed a person was being deprived of their liberty. The applications were based on assessments of people's capacity to make informed decisions. These included, for instance, decisions where they were to live and how they were to be looked after. The manager was waiting the outcome of DoLS applications that had been submitted to the local authority. In the mean time we saw that people were provided with care that was in their best interests. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS.

People gave us positive feedback about the quality of food at the service. Comments included; "Food is all good, there is always plenty of it [food]," "There is always a choice of food, variety, and as much as you want including second helpings, plenty of drinks and food is very good, I have plenty to eat." People were helped to maintain their nutritional health. Our observations showed that people were offered choice of food and independence was promoted. Another person was shown the meal options and then they were encouraged to eat the choice of meal they had made. We noted that a pureed food was attractively presented. Adapted

cutlery and plate guards were used to help people eat independently. Staff provided people with guidance in their use and gave lots of encouragement and praise as they ate. We saw one member of staff who knelt down and gave a person eye contact and said, "Look at what we have got you for lunch, it's your favourite." They ensured that person could see what was on the plate before placing it in front of them.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, a dietician and speech and language therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being. Feedback received from the GP was very positive about the healthcare staff provided. They told us that there was always a member of staff to support their visit who was knowledgeable about the person. One person told us, "I had a fall but saw the doctor the next day, I get visits from a dentist and the chiropodist comes to see me." One relative told us, "The staff are quick to get a GP in if needed."

Good

Is the service caring?

Our findings

People, visitors and relatives said staff were very friendly and approachable. People and relatives gave extremely positive comments about the nature and approach of staff. One relative told us about the, "Kindness of the staff and the way that they look after everybody and they treat them well." Another relative said, "Staff are very patient, really helpful and they are incredibly pleasant." Other relative comments included; "Caring element is important and all of them [staff] really care," "It is good knowing my mum is getting 24 hour attention, I cannot fault the staff they are very nice." People's comments included; "Staff are very good, they always have enough time to help wash and dress me, they are very kind," and "Staff are all very friendly."

There was a very happy and calm atmosphere in the service. Staff developed positive, caring and compassionate relationships with people. Staff were seen showing some people affection such as holding their hands and supporting hand on their shoulders when walking alongside them. When this happened people's facial expression changed and staff were rewarded with smiles. The management team and staff at the service had a strong, person centred culture. Staff comments included; "This is their home and we work in it. They don't live in our work place," and "We treat people like we would like to be treated. If they are safe and happy, then I am happy."

Care plans contained information about people's life histories from childhood, working life and family, and this helped staff with understanding people's lives. Staff communicated with people in a respectful way and were knowledgeable about how people liked to be supported. When a staff member came into the room to speak to a person, they established good eye contact before speaking.

Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans were written in a respectful manner and people were involved in their care as much as was possible. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "They involve me and respect my thoughts."

Staff understood the importance of confidentiality. They told us, "You need to protect confidentiality. I do not talk about a resident with another resident" and "I only disclose personal information with prior consent of the person concerned except where there is clear safety risk of legal reason." People's support records were kept in a locked staff office and only accessible to staff.

Each person's care plans detailed repeatedly the importance of people maintaining their independence where possible. For example, people were supported to be in relationships and to go out with family and friends." Staff told us that people were encouraged to be as independent as possible. One member of staff said, "If you did all for them you'd take away their independence." People's independence was maintained and promoted. We observed staff encouraging people to do as much as they could for themselves before they stepped in to help. For example assisting with eating.

People were treated with dignity and respect by staff. Staff ensured people received their support in private and staff respected people's dignity. Staff described how they treated people with dignity and respect. One member of staff said, "By respecting their choices, wishes and privacy. For example, when giving personal care, I ensure that the doors/curtains are closed." We observed people being assisted in a patient way and kind way. One person was anxious and kept repeating the same question and staff just calmly held their hand and answered their questions in a respectful way.

People were given an option of having an end of life care plan. Families had been involved in making these important decisions. Staff admitted this was often a sensitive area to discuss with some families and we saw that this had been dealt with sensitively. When required advocates were involved.

Staff told us they enjoyed working at the service. One member of staff said, "The residents are like my family now, I love my job." Staff showed they cared for people by attending to them in a caring manner.

Good

Is the service responsive?

Our findings

People, relatives and visitors gave us positive feedback about how the service met people's individual needs. One visitor said, "They know how to encourage mum to eat, little and often."

People's needs were assessed prior to accessing the service to ensure their needs could be met. The registered manager met with people, their relatives and other healthcare professionals to perform these assessments. These assessments were used to create a person centred plan of support which included people's preferences, choices, needs, interests and rights. Care plans were personalised and contained detailed specific routines that were important to certain people.

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives. They liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency. People knew their keyworkers and staff worked closely with them as well as relatives to ensure support planning was specific to each individual. Support plans were reviewed regularly reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's health needs had changed which had affected their emotional and mental health needs. A full review with other healthcare professionals had been initiated and the person's medicine changed and their vital signs monitored. The support plan and risk assessments were updated to show the changes.

Staff told us they always gave people options and choices during support. For example, choice of what to wear, food or where to spend their time. Staff completed records of daily support given to each person. These provided key information on the support provided and the person's general mood. Where complex support was provided the daily notes reflected this. One persons' health had deteriorated and staff were adapting the care to meet their fluctuating health needs. One staff member said "We assess their health on a day to day basis, because one day they may eat really well but the next day they might need specific changes such as how we support them with their food and drinks."

People were encouraged to take part in activities that they enjoyed and were meaningful to them. One person said, "I enjoy the exercise session when he comes." Another person said, "I like the crafts. have you seen our paintings, they look nice don't they?" We observed people taking part in a crossword session. People told us that they had enjoyed the activity and had done well. A person's relative said, "They do have fundraising events in the garden which is a change for residents, and sometimes there are entertainers." Another relative said, "Some are able to participate, some just like to watch." The activities on offer were displayed so that people were aware of them. Some people enjoyed spending time in their bedrooms or watching television. People's care plans identified people's interests and activities that they had previously enjoyed to guide staff when they were encouraging people to take part in activities. People who were unable to attend or participate in activities had 1-1 sessions in their room which included reading books, listening to music and receiving hand massages.

The service had good systems in place to ensure smooth transition between services. People had a document which had all the important information to allow continuity of care. These included important information on communication, likes and dislikes, health information and allergies.

People and their relatives knew how to make a complaint if required and were confident action would be taken. The provider had a complaints policy. One person told us, "Never had reasons to complain, I am fine." Staff were clear about their responsibility and the action they would take if people made a complaint. Records showed complaints raised had been responded to sympathetically and followed up to ensure actions completed.

Relatives spoke about an open culture and felt that the home was responsive to any concerns raised. One person's relative told us, "I can complain to the manager if I have to." Since our last inspection there had also been compliments and positive feedback received about the staff and the support people had received.

Requires Improvement

Is the service well-led?

Our findings

People and relatives spoke about the strong leadership at the service. A relative, referring to the registered manager said, "She is approachable friends and involves you in everything." Another relative said, "[Name of manager] is very approachable, efficient and knows their stuff." A third relative told us, "[Name of manager] is really lovely and you feel reassured because of the open culture in the home." A health professional told us, the manager is visual and gets involved." Staff made comments about the manager including, "Very approachable," "Helps on the floor if needed," and "[Name of registered manager] is very supportive."

There were quality assurance systems which monitored people's care. The manager completed audits and checks to monitor the safety and quality of care people received. These included yearly satisfaction surveys sent to people, families and health professionals. However we found that there were areas that despite being identified through environmental audits and resident surveys that had not been progressed in a timely way by the provider. We found that the décor of the older part of the building needed some work to repair ceilings and walls damaged by water. There were wet rooms, communal and ensuite had issues with water pooling. It was not clear if this was a building issue or poor showering practices by staff. There was water damage to the bottom of some bathroom doors which will cause problems in the future. We also found an issue in one sluice room where a water leak had not been reported. This was fixed immediately. We were told that there had not been a maintenance man in post for ten months which had impacted on the refurbishment and maintenance plan. A new maintenance person had been employed and they said that re-decoration plans had been developed and he had started the programme. However the resident surveys had identified issues with the décor and environment since June 2016. People told us, "It's a bit run down in some areas, a shame because it's a lovely place to live." A visitor told us, "There is obviously some issues with damp, the ceilings need to be repaired and painted, some skirting boards are held together with tape in the entrance." The lack of action taken on issues identified through audits and peoples' voice is an area that requires improvement.

The quality audits included areas such as care planning, medicines and health and safety. Our discussions with the registered manager highlighted that they had identified that care planning was an area that required some action to ensure they provided the detail for staff to meet people's needs. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

The registered manager was supported by a deputy, RNs, care leaders and was visited regularly by a senior manager of the organisation.

The registered manager said, "We, as a team want to provide outstanding care, we know that we have areas to further develop and implement but I'm proud of what we have accomplished." The management team used words such as "empowering", "respect", "independence" and "compassion". Regular staff meetings were held, and minutes showed staff feedback and ideas were sought and they actively participated in decision making. Staff told us they felt valued and that they were able to make suggestions to improving the service. One staff member said, "The manager actively encourages you to bring forward any ideas." Other staff said meetings were an important part of communication as they could raise ideas, concerns, issues and

feel supported by the staff team.

People were supported to maintain their links with the local community to promote social inclusion. Members of care staff were aware of the whistle blowing procedure and said that they would have no reservations in using this. A member of staff told us, "That is where you report any concerns you have if you think someone is being harmed or neglected and you feel nothing is being done. We can ring you [CQC] if we needed to."

The ethos of the service was to make people feel valued, supported and included, with an aim to enhance quality of life. Visitors to the service, including children were welcomed by staff members and were encouraged to visit. Interactions promoted wellbeing and showed staff knew people well. People were at the heart of care at Claydon House.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems to report appropriately to CQC about reportable events.

Claydon House had clear values and principles established at provider level. All new staff had a thorough induction programme that covered the service's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

Staff meetings were regularly held to provide a forum for open communication.

We spoke to health and social care professionals who were very positive in their feedback. Comments included, "Genuine caring approach, they know their people very well," "They approach us for advice and they really want to give the right care and make sure the care is right," and "Polite, caring and knowledgeable."

We found the registered manager and senior staff were responsive to our comments and feedback throughout the inspection and made some minor amendments immediately that they felt could enhance their care delivery.