

Anchor Trust

Clayburn Court

Inspection report

Clayburn Road
Peterborough
Cambridgeshire
PE7 8LB

Tel: 03001237235

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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?	Good ●

Summary of findings

Overall summary

Clayburn Court provides accommodation and personal care for up to 64 people, some of whom are living with dementia. Accommodation is provided over three floors. There were a number of communal areas for people and their visitors to use. There were 11 people living at the home on the day of our inspection.

There was 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.

This is the first inspection since registration of this location in August 2015.

This unannounced inspection took place on 9 February 2016.

Systems were in place to meet people's needs effectively and safely. Staff were aware of the procedures for reporting concerns and protecting people from harm. Staff were only employed after the provider had carried out satisfactory pre-employment checks. Staff were trained and were well supported by their managers. There were sufficient staff to meet people's assessed needs.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. Where people were assessed as not having the mental capacity to make decisions, they had been supported in the decision making process. DoLS applications were in progress and had been submitted to the authorising body.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines appropriately and medicines were stored in a safe way.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity. People, their relatives, staff and other professionals were encouraged to express their views on the service provided.

Care plans contained all of the relevant information that staff required to meet people's needs and therefore people could be confident that they always received the care and support that they needed. Changes to people's care was kept under review to ensure that the care and support provided was effective. Staff supported people to take part in hobbies, interests and activities of their choice. There was a varied programme of activities available to people.

The registered manager was supported by senior staff, care workers and ancillary staff. People, relatives and staff told us the home was very well run and that staff in all positions, including the registered manager, were approachable. People's views were listened to and acted on.

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.

People were supported to take their prescribed medicines.

There were sufficient numbers of staff 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 ●

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood the principles of assessing people's capacity.

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of their dietary needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care records did not always provide detailed and

sufficient guidance for staff to provide individualised care to each person.

People were encouraged to maintain hobbies and interests and to access the local community to promote social inclusion.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

The service was well led.

There were opportunities for people and staff to express their views about the service via regular meetings.

Effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good ●

Clayburn Court

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.

This unannounced inspection took place on 9 February 2016. It was undertaken by two 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. Their area of expertise was in caring for older people and those living with dementia.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We made contact with the local authority contract monitoring officer to aid with our planning of this inspection. We also looked at information that the registered manager sent us following the inspection.

During our inspection we spoke with 9 people and two relatives. We also spoke with the registered manager, two team leaders, two care staff and the activities co-ordinator. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Is the service safe?

Our findings

People told us they felt safe living at Clayburn Court. One person told us, "I feel safe with them [staff] being around". whilst everyone else confirmed that they had no worries about their safety. Another person said, "They've all done their handling training so I feel secure with them [staff]".

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed a thorough understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would report safeguarding concerns". Another said, "I have not had concerns about safeguarding. I would speak to [Registered Manager] or [Care Manager]. There is information about who to contact.

The safeguarding number is available in the office and in other various places such as the staff room and in the entrance to the home."

There were systems in place to reduce the risk of people being harmed whilst still promoting their independence. Although risks had been identified the information was not detailed regarding how staff ensured that all measures were in place to keep people safe. For example the use of a lap belt when using wheelchairs. This could put people at risk of not receiving the care they needed. Risk assessments had been reviewed to ensure that they remained effective especially when people had recently been admitted to the home. We discussed this with the registered manager who sent us confirmation following the inspection that they had addressed the issues raised and the risk assessment contained detailed information on the measures to be taken. This ensured people were kept as safe as possible

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager informed us they would be auditing incident and accident reports to identify what action was required to reduce the risk of recurrences. A form was available to record the outcome and any action to be taken.

People told us that there were enough staff on duty to meet their needs safely, and there was time for staff to sit and speak with them. One person told us that generally the staff responded well to their call bell however the previous evening they had pressed her buzzer on a number of occasions as they had required assistance to go to bed and staff had taken long to respond. We discussed this with the registered manager. They checked the call log and found that on all the occasions the call bell had been answered within two minutes. They assured us they would continue to monitor the call bells for this person. Another person said, "If you need a hot drink or if you're hungry you just have to press the buzzer and they'll come and make me a drink or bring me biscuits". Another person said, "They don't query how many times you ring the bell". A third person said, "I do have a buzzer but I've never had to use it".

Staff told us they felt there were generally enough staff. Although one member of staff said, "There are enough staff but sometimes it would be helpful to have some more." Another member of staff said, "There are always enough staff, things don't get missed but it can be pressured".

We saw that people's needs were being met and call bells were being answered in a timely way. The registered manager monitored people's needs monthly, using a recognised assessment tool, in addition to general observations, to monitor the staffing levels required at the home.

The Team Leader, who conducted the morning medication round, sought consent and reminded people what their medication was for. Medication that was given as required was offered to people in line with the protocols in the medication records. We saw the medication was handled safely and the recording was accurate. The member of staff said, "I have done the Boots on line training. I also have a Level 2 qualification in medication." They told us that the care manager carried out workplace observations to ensure they were following the correct procedures for administration. Staff who administered medication received appropriate training and had their competency to do this regularly assessed. People we spoke with told us they received their medication regularly. One person said, "When I need cream I ask for it and the carers apply it." Another person told us, "Oh yes, they're very prompt they put them [medicines] down on my table before breakfast and always say don't forget to take them".

We found that medication was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medication. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medication in a safe way.

Staff confirmed that they did not start to work at the home until their pre-employment checks had been satisfactorily completed. One staff member told us that they had an interview and had to wait for their references and criminal record check to be returned before they could start work at the home. The registered manager told us about the recruitment procedure and showed us the relevant checks that had been completed to ensure that staff were suitable to work with people living in the home.

Is the service effective?

Our findings

People told us they felt staff were trained to meet their health and social care needs. One person said, "The staff are great they know what they are doing and are very caring". Another person said, "They're [staff] trained very well".

All staff had received regular supervisions, and staff we spoke with told us that they felt well supported in their role and said that the management team were accessible to them at all times. One member of staff said "I feel supported. I have supervision with the (registered) manager and care manager. It's very open." All staff said they had received enough training to meet the needs of the people who lived at the service. This training included; manual handling, safeguarding and infection control.

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 to 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.

The registered manager and all staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The team leader and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had commenced an assessment on a newly admitted person and would apply for DoLS to the supervisory body (local authority) if it was necessary following the assessment.

People were able to access the appropriate healthcare support such as dietician's, opticians and dentists to meet their on-going health needs. People told us that they had access to a local community nurse and their doctor when they needed to see them. A person told us; "They [staff] keep a daily diary so they know where you need to be" (they were referring to their medical appointments). They went on to say that when they have an appointment, "The carers will ring the local health centre and ask for transport to take me there". One person told us "Yes I ask the staff and they do the appointments, if they're busy I get the replacement doctor." A third person said, "This week a man is coming to do my feet (referring to the chiropodist)".

People's health care records showed that their nutritional needs were assessed and monitored to ensure

that their wellbeing was maintained. Staff we spoke with were aware of care plans in place relating to people's individual dietary needs such as those requiring a special diet. They also supported people to use additional aids such as plate guards, where necessary, which allowed them to be as independent as possible whilst eating.

All of the people we spoke with told us they were happy with the food provided. One person told us that there was a menu on a board outside the dining room showing the meals for the week. They said "You can have an alternative if you don't like the menu choices". They also told us that there was plenty of food and you could always ask for more. They were equally pleased that friends and family could come and have a meal with them for a small charge. Another person said "They're [staff] very good, they come and take me down for my meals in my wheelchair and they will cut up my food if I find it difficult to do".

Observation over lunch showed the tables were set with white tablecloths, cutlery and salt and pepper. There were also bottles of water which were available on the tables for people to help themselves or staff would serve for those who required assistance. Meals were brought in to the dining room on a hot trolley and staff explained to people what was available and ask what they wanted. The meal look appetising and well presented. The member of staff asked one person if they would like to have a look at the food in the trolley to see what they preferred. The person told us, "They [staff] used to put too much on my plate so now I can say how much I want and I feel I can manage it". People we spoke with were very pleased with the meals being provided with comments such as "The meals are very nice", "The food is fantastic" and "It's restaurant quality". One person said, "I don't like fish so they'll come and ask me what I'd like to eat" and a relative said, "[family member] doesn't like certain foods so they are now not offered to them".

Relatives we spoke with told us when they visited they saw a range of food and drinks were offered and people were supported to eat and drink well. We saw that snacks and drinks were available around the home for people to help themselves or ask staff to provide. The cook was available during lunchtime to receive any feedback or suggestions about food preferences from people as they ate.

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the care they received. One person said, "They look after people very well". Another person said, "The girls [staff] are all very kind and thoughtful". Other comments included, "All the staff are wonderful," "They're [staff] all very nice people; they can't do enough for you". "There are people (staff) here whenever you need help". A relative confirmed, "They got to know [family member] very quickly, personalised their care and it's really good". Another person said "The carers have been very good looking after me and making sure I've got what I need".

Throughout our inspection we found that there was a caring and friendly atmosphere in the home. People looked comfortable with the staff that were supporting them. We saw that people chatted and socialised with each other and staff. People spoke openly together with staff and others about the activities they had chosen to do that day and reminisced about what they had done during their life.

Assistance with personal care was offered discreetly and we saw that doors were kept closed when people were being assisted with personal care. We noted that all staff knocked on people's doors and waited for an answer before entering. On entering when just checking on people they introduced themselves and asked if they required anything.

People told us that they were supported to maintain their privacy. There were various areas throughout the home for people to meet their visitors in private. People said that they could also have their meals in the privacy of their own bedroom if they wished to, although staff encouraged people to eat in the dining room where possible to promote social inclusion

We observed people having their lunch within the dining area of the home and noted that the meal time was relaxed with people being encouraged to come together to eat. There were good staff interactions as staff chatted with people and people were well supported. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

The provider had information about the local advocacy services for people who needed additional support in representing their views. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions.

Is the service responsive?

Our findings

Care records were held in a locked cupboard in the kitchen area of the unit. Staff updated these at various points throughout the day. A handover was conducted at the start of each shift. This was led by the Team Leader and attended by the staff coming on duty. It included a brief update regarding all the people on the unit. People were referred to respectfully and relevant information was passed on.

Care records that we saw contained information about people's preferences, routines and some also contained life history information. We noted that care plans were not in place to meet people's medical conditions for example catheter care. Following our inspection the registered manager provided us with confirmation that they had put the relevant care and support plans into place to ensure staff had the information required to meet people's needs.

We observed the staff's interactions with people using the service. We found that the interventions described in the care plans were being followed by staff. We saw detailed information in the care records which showed us that staff had spent time listening to people in order to be responsive to their needs. For example, staff were able to tell us about people lives and what their occupation had been and about members of people's families. This helped when starting a conversation with people.

Care plans had been reviewed regularly so that any changes to people's needs had been identified and acted on. Records showed that when people's needs had changed, staff had made appropriate referrals to healthcare professionals. Examples included, referrals to a dietician, dentist and an optician. We saw that the care plans had been updated accordingly.

People told us that there were plenty of activities for them to get involved with. One person said, "They [staff] try to keep you occupied". Another person said, "I do join in with the activities but I do also like my own company". People told us that they had been to see a pantomime, been to the theatre, had made hanging baskets, planted potatoes and made biscuits. One person said "There's always something to do every day". A notice board showed the range of various activities. During the morning a pancake making sessions took place as it was Shrove Tuesday. Several people were involved in mixing the ingredients. The batter was then taken to the kitchen for the pancakes to be made. The pancake making and tossing had been filmed and people were then given the opportunity to watch. People really enjoyed watching the film with lots of laughter and chatter. At lunchtime people were able to eat the pancakes with a choice of fillings.

We looked at the minutes of the most recent residents' meeting and saw action had been taken in response to issues or ideas raised. We saw a discussion had taken place recently about outings and where people would like to go.

A copy of the complaints procedure was available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the

registered or care manager. There had been one formal complaints received since the home opened. This had been dealt with appropriately and to the satisfaction of the complainant.

People using the service were positive that their views would be acted on by staff and the registered manager. One person said, "I could make a complaint if I needed to, I would find out who to talk to." Another person said, "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it." A third person told us, "I don't have any complaints." A member of staff confirmed to us that, "I would always report any concerns or complaints that were given to me by a relative or the resident."

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. Most people and visitors said that they knew who the registered manager was and made positive comments. One person said, "Oh yes they are a lovely person, they pop up to see us now and again". Another person said, "They are very approachable and you can go and see them anytime".

There were clear management arrangements within the home so that staff knew who to escalate any concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. They worked alongside staff to check on working practice and provide support as appropriate. Staff we spoke with told us that the registered manager was approachable and that they could see her anytime.

The registered manager talked with people who used the service, staff and visitors throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provided leadership for staff.

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

People were given the opportunity to influence the service they received. Relatives and residents' meetings were held to gather people's views, concerns and talk about any plans for the service for example staff recruitment. This showed that people were kept informed of important information about the home and had a chance to express their views.

There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any changes or significant events which had occurred. In addition, there were regular staff meetings where staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and procedures in place so that they could care for people in a responsive and effective way.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored health and safety and the quality of care people received. There were regular visits from the provider who reviewed the audits and ensured that appropriate action had been taken. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.