

Clayton House Care Ltd

# Clayton 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Clayton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides person care to a maximum of 19 older people some of whom are living with a dementia. At the time of the inspection there were 14 people who used the service.

This inspection took place on 13 February 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The service has not previously been formally rated. Clayton House is an established service that had a change of legal entity in 2016. This is the first inspection since the change in legal entity. At this inspection we rated the service as Good.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received a mixed response when we asked people and relatives if there were sufficient activities and outings for people to take part in. Some people were happy with the range and amount of activities; however, others were not and told us they needed more stimulation. We pointed this out to the registered manager at the time of the inspection who told us they would speak with people and review the activities on offer.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. However, we did find some risk assessments to be generic and did not identify the individual risks to the person. We pointed this out to the registered manager at the time of the inspection who told us they would review people's risk assessments.

Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People and their relatives told us there were suitable numbers of staff on duty to ensure people's needs were met.

Pre-employment checks were made to reduce the likelihood of employing people who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported with eating and drinking and feedback about the quality of meals was positive. Special diets were catered for, and alternative choices were offered to people if they did not like any of the menu choices. Nutritional assessments were carried out and action was taken if people were at risk of malnutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, further work was needed to ensure decision specific Mental Capacity Assessments and best interest's decisions were in place when people lacked capacity.

The premises were clean and tidy and people and their relatives told us they liked the homely atmosphere. However, some areas were in need of redecoration and replacement flooring.

We observed numerous examples when staff were kind, caring and courteous. Privacy and dignity of people was promoted and maintained by staff. Explanations and reassurance was provided to people throughout the day.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care need. The service had a clear process for handling complaints.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us they provided and accessed information for people that was understandable to them and ensured information was available in different formats and fonts.

Staff told us they enjoyed working at the service and felt supported by the registered manager and senior staff. Quality assurance processes were in place and regularly carried out to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

## 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 who used the service told us they felt safe. Relatives and external professionals did not raise any concerns about people's safety.

People's medicines were stored, administered and disposed of safely. Safe recruitment procedures were followed which helped to protect people from abuse and there were suitable numbers of staff on duty.

Infection control was well managed and the home was found to be clean throughout.

### Is the service effective?

Good 

The service was effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and acted in the best interest of people they supported; however, processes had not been followed to formally record this.

Staff had the knowledge and skills to support people who used the service. Staff told us they were well supported and had received regular supervision and an annual appraisal.

People were provided with a choice of nutritious food. People were weighed on a regular basis and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Good 

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

We saw that staff spoke kindly with people and treated them with respect.

### Is the service responsive?

The service was not always responsive.

Activities and outings were limited and infrequent. People did not always feel stimulated.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

People received a reliable, well organised service and expressed satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

**Good** ●

# Clayton 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 checked 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 inspection took place on 12 February 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. To inform our inspection planning we contacted professionals in local authority commissioning and safeguarding teams, as well as Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services. During our visit we spoke with a dietitian who was visiting the service to review people's nutritional assessments.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records. This included two people's care records and medicines records. We also looked at two staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and at lunch time. We spoke eight people who used the service and three relatives. We spoke with the registered manager, deputy manager, cook, office administrator, handyman, two domestics and generally with care staff.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe. One person said, "Staff are walking around all of the time keeping an eye on things." Another person told us, "Yes I feel safe; there are lots of staff here." A relative commented, "My parents are safe here, more than they were when they were at home. My mum was falling all the time."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

People and relatives told us there were suitable numbers of staff on duty to meet their needs. During the inspection staff were available in the communal areas of the home, which meant they were able to supervise people and were accessible. One person told us, "Carers always come quickly when you want them." Another person commented "I don't feel neglected in any way. I don't have to wait for anything unless people are ringing at the same time." Another person told us, "Sometimes bells are all going off at the same time but generally don't wait long."

We checked staff recruitment records and found that suitable checks were in place to help protect people from harm. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. However, we did find some risk assessments to be generic and did not identify the individual risks to the person. We pointed this out to the registered manager at the time of the inspection who told us they would review people's risk assessments.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines were ordered, received, stored, administered and disposed of appropriately. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff knew the required procedures for managing controlled drugs and appropriate records were kept.

PRN (as required medicines) protocols were in place. PRN protocols assisted staff by providing clear guidance on when PRN medicines should be administered and provided clear evidence of how often people require additional medicines such as pain relief medicines. Staff had their competency checked to make sure they were safe to administer medicines.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure

health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on the nurse call system, fire extinguishers, electrical equipment and the fire alarm. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. We identified some windows on the first floor of the service that weren't restricted to ensure the safety of people who used the service. We pointed this out to the registered manager who immediately informed the handyman. During the inspection the handyman purchased new window restrictors and fitted these to the windows.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas and found that the environment was clean and staff followed safe infection control practices. Personal protective clothing such as aprons and gloves were readily available for people to use.

Staff were aware their responsibilities to raise concerns, to record accidents and incidents, concerns and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.



# Is the service effective?

## Our findings

People told us they thought staff were well trained to be able to meet their needs. One person said, "The staff here are ever so good and know exactly how much help I need." A relative commented, "Staff seem to have the right skills, they know what they are doing."

Staff confirmed that they had regular supervision; this was a one to one meeting with the registered manager or another senior member of staff. Staff told us the registered manager and other senior staff were always available for support. Through supervision it could be identified if further support was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wanted to develop further or training they wanted to receive.

Records we looked at showed staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, first aid, infection control, moving and handling, medication and fire training. Where there were gaps the registered manager was aware of this and had taken action to address this.

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 authorisation 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. For some people it was not deemed necessary for a DoLS application to be submitted to the local authority. For other people applications had been submitted to the 'supervisory body' for authorisation to restrict a person's liberty, as it had been assessed that it was in their best interest to do so. In this way the provider was complying with the requirements of the Mental Capacity Act.

For people who did not always have capacity, staff had not completed mental capacity assessments or best interests for areas such as choices about healthcare, personal care, medicines and equipment to be used. We pointed this out to the registered manager who told us they would take immediate action to address this.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

We looked at the menu plan which provided a varied selection of meals and choice. People were supported to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "Food is very nice, I have no complaints." Another person commented, "I always get a hot chocolate to help me to sleep. I get a snack at 7pm to have with my evening drink of white wine or sweet sherry." Another person told us, "We get very well fed. I have a chucky egg every morning."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietician. Dietary requirements for health or culture were provided for when needed.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, their doctor, community nurses, social workers, speech and language therapists and chiropodists. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

The premises were generally suitable and appropriate for the needs of people who used the service, with well-lit corridors, bathing and toileting facilities, communal lounge areas and a dining room. There was appropriate furniture throughout. We did note that some areas of the service would benefit from redecoration and replacement flooring. We pointed this out to the registered manager who told us redecoration and replacement carpets was an on-going process, however they would have further discussions with the provider about the refurbishment programme.

# Is the service caring?

## Our findings

People told us they were happy and that staff were very caring. One person said, "Staff are wonderful, they really look after us." Another person told us, "Carers are friendly and helpful and always obliging." Another person commented, "Staff are lovely, they listen to you."

Observations throughout the inspection showed staff were polite, friendly and caring in their approach to people. People were relaxed and happy and were able to freely move around all areas of the service. There was good rapport between people and staff. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person.

Where people were anxious or in need of reassurance we saw staff interacted with them in a kind and compassionate way. Staff were able to distract people from anxieties by chatting with them and providing reassurance or by taking part in an activity. Staff demonstrated a good knowledge of people's individualities and how best to support them. People's rooms were personalised with photographs and mementos.

People and staff engaged in conversation, general banter and there was laughter. We observed staff accepting physical contact such as holding hands and hugs to ensure people were emotionally supported.

Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw staff spend time with people giving them choices about what they would like to eat and drink. The staff member made sure each person was aware of the individual choices available for them. People told us they were encouraged to be independent. One person told us, "I like to do things myself if possible, but I know the carers will help if I want them to." Another person commented, "I like to walk with my zimmer frame instead of the wheelchair. I like to dress myself, but I have to ask the nurses to get my clothes from the wardrobe."

Staff respected people's dignity and lowered themselves to eye level when speaking with people who were sat down. Staff explained where they were going with people, or how they intended to help them. People were supported to be independent with their mobility. Staff provided reassurance and support when people were walking with their mobility aids such as walking frames and sticks.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

## Is the service responsive?

### Our findings

We received mixed reviews when we asked people about activities available. One person said, "I sit and watch TV in the lounge." Another person told us, "I am in the lounge most days. I like to watch the tennis and snooker on the television." Another person commented, "I read and watch rugby on the TV, I am also writing a life story." A relative commented "My dad likes to watch the squirrels and sometimes he is taken outside to feed them."

However, one person told us, "There's not much happening. I get bored sometimes." Another person commented, "I just sit here waiting for God." A relative told us their mother was often bored. We looked at the activities folder and saw that activities were infrequent. In November 2017 it was documented that there were two sing a longs and in December 2017 some people enjoyed a pantomime and buffet tea and other Christmas celebrations. In January 2018 one person had been taken for a walk. There were no entries to confirm activities had taken place after this time. We pointed this out to the registered manager who told us they would speak with all people who used the service and review the programme of activities.

A newsletter for February 2018 was displayed on a notice board in the home showing a list of people's birthdays, new staff and upcoming events. We saw Upcoming events included a visit for the 'Sweet Man' who sold old fashioned sweets which would stimulate tastes and memories. There was to be a visit from a representative of the local church to give out communion and there were celebrations on Pancake Day and Valentine's Day.

People and their relatives told us they felt the service provided personalised care and that they were involved with planning and reviewing their care. One person said, "I had a meeting and [staff] asked me my preferences, likes and dislikes." Another person commented, "You couldn't find a better place than this. Everyone is so kind." A relative told us, "I have been involved with my mum's care; I have had several meetings to discuss her care."

People had been assessed prior to their admission to the service and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they had were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

Care plans were personalised and gave clear information for staff on how to meet people's needs. For example the care plan for one person for their appearance and hygiene needs informed staff that to promote independence the person could dress themselves if their clothes were left out for them. Care plans had been reviewed and updated on a regular basis. Daily communication notes were kept for each person. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. They told us the office administrator was able to change leaflets, guidance, policies and procedures and other documentation in to different formats and large print. We saw that other information such as the menu was also available in a pictorial format.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. We saw in the care records that end of life care plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. The service had received many compliments. We looked at one which read, 'Thank you so much for all you did for [name of person]. [They] died with dignity and so much love and care. You and your staff went above and beyond to make sure [they] were ok, also family treated with respect and friendliness.'

# Is the service well-led?

## Our findings

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had relevant experience in health and social care. They had worked at the service for many years and had a good knowledge people's care needs, likes and preferences, as well as the day-to-day workings of the service and the governance structures in place.

People and their relatives told us they thought the service was well led. One person said, "Yes the manager is very nice." Another person told us, "Yes I know who the manager is but I don't see much of her as she is always busy." A relative told us, "[Name of registered manager] is lovely. She is visible and comes into mum's bedroom for a chat. She always keeps me updated with mum's condition."

Staff told us the service was well-led and the registered manager was approachable and supportive. One staff member said, "This is a lovely place to work. It's homely and friendly it really is. [Name of registered manager] is a good manager. She tries her best to help staff changing the rotas when they have an appointment."

The registered manager and other staff carried out a number of quality assurance checks and audits to monitor and improve standards at the service. This included checks on medicines, the environment and infection control. We noted there were no action plans on the back of the audits. The registered manager told us any actions identified as the result of an audit were usually taken at the time, however, they would ensure action plans were attached to audits.

Staff meetings had taken place in July 2017 and January 2018. Minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with changes affecting the service, security, training and more. We asked the registered manager why staff meetings were infrequent. They told us as the staff team was small they didn't wait to update staff on important information, however they didn't keep a formal record of all updates. The registered manager told us they would keep a record of all updates they provided to staff with immediate effect. They told us staff were kept up to date in handovers and during supervision.

Surveys for people who used the service had been undertaken. We were provided with individual survey responses which were positive. This meant that there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service. The provider themed their surveys on the CQC's five key lines of enquiry to check that the service was safe, effective, caring, responsive and well led. The provider had a plan for 2018 when the relevant surveys would be sent out to people.

The provider visited the service regularly to meet with the registered manager and other staff and to undertake quality checks, however they didn't always keep a record of this visit and the checks undertaken. We pointed this out to the registered manager who told us they would speak with the provider and ensure a

written record was kept.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.