

HC-One Limited

# Clarendon Hall Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 21 and 22 November 2018 and was unannounced on the first day.

At the last inspection in October 2016, the service was rated Good. At this inspection we found some concerns with the quality of the service. Medicines were not consistently managed in a safe way and improvements were needed with aspects of the recruitment process and the care recording systems. We have rated the service Requires Improvement.

Clarendon Hall Care Home accommodates up to 52 people. The building is purpose built with lift and stair access to the first floor. Accommodation consists of single occupancy rooms over two floors. There are communal areas on the ground floor, including a dining room and a range of sitting rooms. At the time of this inspection 44 people were using the service.

Clarendon Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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.

There were shortfalls in the administration and recording of some people's medicines. People had not always received their medicines as prescribed due to stock control or administration practices.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority where safeguarding concerns were raised and such incidents were managed well.

The provider's systems to assess, monitor and improve the quality of the service provided had not been effective in identifying and addressing all the issues highlighted during our inspection, although the area director acted during the inspection to speak with senior staff, implement new supplementary recording systems and direct senior staff to complete additional audits.

People told us they enjoyed the food. A choice of food and drinks was always available. Improvements were needed with regular weight monitoring when there was increased risk identified and with the records to support the action staff had taken when people experienced poor or reduced intake. We have made a recommendation about improving the recording of people's weights and their food and fluid intake.

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. There were some inconsistencies with consent records as it was not clear if some people had legally appointed attorneys to make decisions on their behalf. We have made a recommendation to improve consent recording and staffs understanding of this.

Overall, there were safe systems in place to manage risks to people's health and safety. One person's risk management plan was amended during the inspection to provide more detailed guidance for staff around their safety when eating and drinking. Accidents and incidents were reviewed to identify any actions that could be taken to prevent a reoccurrence and keep people safe.

The environment was clean and tidy and staff had access to personal protective equipment to help prevent the spread of infection. Health and safety checks were undertaken and there were appropriate procedures in place in the event of an emergency.

Staff had received training in how to safeguard people from the risk of abuse. They knew what to do if they had concerns.

Sufficient numbers of staff were employed to meet people's needs. Overall, staff were recruited safely, but improvements were needed to ensure appropriate references were obtained.

Staff supported people to access health professionals when required and people could remain in the service for end of life care if this was their choice. People's individual needs were identified and met. The quality of person-centred information was inconsistent and the area director implemented an additional audit programme to improve the overall quality of the records.

Staff received appropriate training which was updated when needed. Staff felt well supported and gaps in the supervision and appraisal programmes were being addressed. Staff said they enjoyed their work, there was good teamwork and a positive culture within the service.

A wide range of activities were provided and people had good access to the local community. People praised the wellbeing coordinator and told us how much they enjoyed the activities and entertainment.

People and relatives spoke highly of the staff who they described as kind and caring. We saw staff had developed good relationships with people and knew them well. Staff treated people with respect and maintained their privacy and dignity.

People, relatives and staff spoke positively about the registered manager and the way the home was managed. There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home. People knew how to make a complaint and we saw complaints raised had been dealt with appropriately.

We identified one breach of regulation in relation to safe care and treatment. You can see what action we have told the provider to take at the end of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

The system to manage medicines was not always effective as some people had not received their medicines as prescribed.

Sufficient numbers of staff were provided to meet people's needs safely. Overall staff were recruited safely, but improvements were needed to ensure appropriate references were obtained.

Staff had received safeguarding training and knew what to do if they witnessed abuse or poor practice. Risks to people's safety were reviewed regularly. Satisfactory standards of hygiene had been maintained in the service.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Although people were supported to eat a healthy, balanced and nutritious diet, improvements were needed with regular weight monitoring when there was increased risk and the completion of food and fluid intake records. People had access to community health care professionals when required.

People were supported to make their own decisions. The service generally operated within the principles of the Mental Capacity Act 2005 to protect people's rights, although it was not always clear if people had legally appointed attorneys in place to act on their behalf.

Staff received a range of training and development relevant to their role. Staff said they felt well supported, although there were gaps in the supervision and appraisal programmes.

### Is the service caring?

**Good** ●

The service was caring.

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

Staff were familiar with people's preferences and needs and encouraged people's independence.

People's equality, diversity and human rights needs were met.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were identified and met. The quality of person centred information was inconsistent which was being addressed through additional audits. There was a sensitive approach to the consideration of people's end of life care.

People had access to a wide range of activities and thought they were excellent.

People knew how to complain and felt comfortable doing so.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although there was a comprehensive quality monitoring system in place, aspects of the system required strengthening to identify all shortfalls and support effective improvements.

The service had a registered manager who understood their role and responsibilities. People told us the management were friendly, approachable and responsive.

People and staff were consulted regularly about the service through meetings and surveys.

# Clarendon Hall Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 undertook this comprehensive inspection on the 21 and 22 November 2018. The inspector was accompanied by an expert-by-experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used the information the provider sent us in the Provider Information Return (PIR). 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.

Prior to the inspection we reviewed information we held about the service and requested feedback from other stakeholders. These included, the local authority safeguarding team, commissioning and contracts departments and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

We spoke with ten people who used the service, six of their relatives and five visiting health care professionals. We also spoke with the area director, a registered manager from another of the provider's services, a nurse, two nursing assistants, two care workers, the cook, the wellbeing coordinator, the administrator, the maintenance person and housekeeping staff. The registered manager was not on duty during the inspection.

We looked at five people's care files and reviewed 10 medication administration records. We checked a

selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, incident records, complaints management and maintenance of equipment records. We completed a tour of the building and checked the environment.

# Is the service safe?

## Our findings

Safe medicines practices were not always followed which meant people were at risk of not receiving their medicines in line with prescribed guidelines. When we checked the medicine administration records (MARs) for 10 people we found medicines were not always given as prescribed by the doctor. For example, two people had not received their weekly pain relief medicine within the prescribed frequencies; one person had received their medicine a day early and the other person a day late. There was no evidence this had caused them harm or distress.

Most medicines could be accounted for clearly and checks on MARs showed the majority of medicines had been administered correctly. However, we found a small number of missing signatures on records and it was unclear if medicines had been given or omitted at those times. Another person's MARs indicated there were concerns around stock control and recording or administration issues, as they had not received their medicine for seven days as the stock was not available and the medicines count on the MARs was not in line with the prescribed dose.

Topical medicines, such as creams to be applied to people's skin, had not always been dated on opening and records relating to them were poor. Information was not always in place to show staff where topical medicines should be applied. Topical medicine administration records held in people's rooms were not completed consistently and we found one person's medicine had expired and they had run out of another. The records had not been reviewed or evaluated by the senior staff to determine the topical medicines were being administered or if they were effective. This lack of recording meant people were at risk of not receiving their medicines in a consistent way.

These issues meant there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff giving people their medicines and this was completed in a patient and sensitive way. The member of staff took time to sit with the person, explain what the medicine was for and assisted them to take it.

Records showed staff had completed training in the safe management of medicines and assessments of their competency had been completed.

We checked the personnel records for three new staff and found some inconsistencies with the provider's recruitment processes relating to references. References had not always been requested from the person's previous or current employer and two members of staff had provided character references for each other. The area director confirmed a full audit of staff files would commence following the inspection. Otherwise, we found safe recruitment practices were followed. These included completion of application forms and follow up of any gaps in employment, competency based interviews and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. Checks of nursing registrations were carried out to ensure the nurses remained on the Nursing and Midwifery Council (NMC) register and were deemed fit to practice.



We recommend the provider evaluates the robustness of its recruitment procedures.

There were sufficient care staff deployed to meet people's needs safely during the day and at night. We saw staff were available, responsive to people and worked well together as a team. For example, communicating with one another to make sure people were not left unattended in communal areas and making sure people who chose to stay in their rooms were checked regularly by staff. There were ancillary staff such as catering, domestic, activities and maintenance, which enabled care staff to focus on caring tasks, although at times, they also provided care and support. The area director confirmed there had been recent additions to the staff team, there were few vacancies and recruitment was ongoing. The provider used a staffing tool, which considered people's dependencies, to calculate safe care staffing levels. This was reviewed monthly or more frequently if people's needs changed.

People and relatives we spoke with generally felt there were enough staff. Comments included; "Sometimes there's a wait for someone to take us back to our rooms after 6pm, but the call bell is answered within a few minutes at all times", "No waits for staff, they are very attentive", "Staff work very hard to look after everyone, we don't usually wait for care support and staff never rush us." One relative felt there was not enough staff at times, especially at weekends. The duty rota showed levels of care staff remained the same throughout the week. The area director confirmed they would review staff deployment at weekends. Professional visitors told us they felt the service was safe and there were sufficient staff on duty. Staff felt there were enough staff to meet people's needs, although they had limited time to spend with people at certain times of the day.

People were protected from abuse and improper treatment. Staff had received safeguarding training and demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The management team were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been reported appropriately, investigated and well-managed.

Staff completed risk assessments, which provided guidance on how to minimise risk whilst ensuring people's right to make their own decisions was maintained. Risk assessments covered a range of issues, for example, falls, nutrition and fragile skin. We found one person's risk management plan to support their current risk of choking had been reviewed regularly and reflected guidance from the recent speech and language therapy assessment. However, it required some amendments to ensure staff were clear about the control measures in place to support the person's safety. Another person did not have a risk management plan for their medical condition. These were completed during the inspection visit. Accidents and incidents were recorded by staff and responded to appropriately to ensure outcomes could be achieved and lessons learned.

People felt safe in the service and comments included, "The staff are pleasant and never unkind" and "There are locks on the doors and the staff check on me every hour." Relatives considered the service was safe and one told us, "I know the staff look after my family member well and I trust them."

Earlier in the year the community nurse for infection prevention and control (IPC) had completed an audit and rated the home inadequate. They had found concerns with standards of hygiene. The shortfalls had been included in the home improvement plan and these areas had been monitored more closely. We found the housekeeping hours had been reviewed and increased and additional housekeeping staff had been employed. The hygiene standards had improved overall. Some minor issues were identified during the inspection and addressed, such as the cleaning of one person's nebuliser and the area behind the washing machines in the laundry. Staff had access to a good supply of personal protective equipment such as hand gel, aprons and gloves, which helped to prevent the spread of infection.

The environment was safe. A maintenance worker was employed who ensured the building was kept safe and well-maintained. Equipment used such as bedrails, the lift, the nurse call, fire safety and moving and handling items was checked and serviced appropriately. The provider had a business continuity plan in place for emergency situations and major incidents.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Capacity assessments were held in people's care files and when decisions about care were required, these were discussed with relevant people. The outcomes of discussions were recorded on appropriate best-interest decision forms and signed as agreed by the participants. This meant important decisions were discussed and only made when they were in people's best interest and the least restrictive option.

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. People who met the criteria for DoLS had their capacity assessed and 27 applications had been made to the local authority supervising body. Seven of these had been authorised and the remainder were awaiting assessment. Some people had DoLS conditions and we saw these were being met.

Staff were not sure which people had DoLS authorisations in place without checking each person's file and the area director printed a new reference list for the staff office. Some consent forms in people's care files had been signed by family members, but there was no clear indication as to whether the family member was the person's Lasting Power of Attorney (LPA). A LPA is a person that has been appointed by the person to help them make decisions or to make decisions on their behalf. Some people's records contained numerous old consent records which needed archiving. The area director confirmed all care files would be audited and LPA records would be checked and requested where appropriate.

Staff were clear how they always obtained people's consent before carrying out care tasks and we saw this in practice. They told us, "I talk to people and show them what I'm going to do. If they refuse, we would try going back later" and "We always ask people and respect what they say." Although staff had completed training on the MCA and DoLS, we found some of their knowledge and understanding of the legislation was limited. The area director confirmed they would discuss the provision of additional training with the provider's training department.

We recommend the provider reviews people's consent records to ensure information relating to LPA is up to date and staff understand the MCA.

Overall, we found people's nutritional needs were met, although we had concerns about one person's weight loss and the timeliness of the referral for dietetic support. Staff had been directed to weigh the person weekly, but this had continued irregularly. We also found some people's food and fluid intake records had not been completed consistently, few snacks between meals were recorded and the

supplementary records did not reflect the action staff had taken in response to a person's poor or reduced intake. The area director held a meeting during the inspection to address these concerns with senior staff and establish an effective weight monitoring routine for those at increased risk. New food and fluid intake monitoring records were put in place and senior staff were directed to check these regularly during the shift.

We recommend the provider keep weight, food and fluid intake records under review to ensure the improvements discussed at the inspection are fully implemented and sustained.

The meal experience at lunch time was positive and the atmosphere was lively with people chatting amongst each other and with staff. The meals prepared looked well-presented. The chef was knowledgeable about people's specialist dietary needs and consulted with people about their preferences. Staff considered portion size and ensured plates were not overloaded with too much food. Staff sat with people who required assistance and supported people at their pace. Hot and cold drinks and a range of general and fortified snacks were offered to people throughout the day. People told us meals were good and they were offered both choice and a variety of options. People's comments included; "Excellent meals and the baked potatoes are lovely", "We get two choices and the food is always hot, I would give it 7 out of 10" and "The kitchen staff bake lovely cakes." A relative said, "[Name of family member] eats better in here than they did at home."

Overall, feedback from professionals was positive in relation to how people's health care needs were met by the service and the positive working relationships they had with the staff. For example, one healthcare professional told us the service always worked well with their team, made timely referrals and they were very satisfied with the standard of care. The Macmillan team told us, "Staff have always followed any advice and guidance given at the time of visits and have also followed any plans outlined." However, a small minority of professionals told us staff had not always followed their guidance consistently and they were not sure if people were regularly supported to complete their exercise programmes, as the care records did not clearly evidence this. They suggested the exercises could be built in to people's personal care routines to support greater compliance. They felt this was an area for improvement which the area director confirmed they would address.

Staff had training following their induction to develop the skills and knowledge they needed. All staff had refresher training covering core topics such as safeguarding, fire safety and moving and positioning people. Completion rates for training the provider considered essential were currently at 85%, with all outstanding training planned. Staff also received training specific to their roles. The nurses completed clinical training such as management of catheters and pain relief through syringe drivers. They had completed their revalidation, which enabled them to continue registration with the Nursing and Midwifery Council. Staff were expected to work towards qualifications relevant to their role, such as diplomas in health and social care for care staff. There were nursing assistants working at the service. They had completed additional training so that they could support the nursing staff. Staff told us the training programme was very good and they could request additional courses.

There were staff supervision and appraisal programmes in place. We noted there were some gaps on the matrix records, including those records for new staff during their induction. The area director acknowledged the shortfalls and confirmed a plan was in place to ensure staff had timely access to these meetings.

The environment was suitable for people's needs. Since the last inspection the home had undergone a comprehensive refurbishment. Many areas had been redecorated to a high standard with new furniture and furnishings provided. Consideration had been given to the change of use for some rooms and the new seating in the entrance area was very popular. Corridors were wide with hand rails and the home was well-

lit. There was good signage. The service had a good range of equipment, although storage was very limited. The area director acknowledged this and confirmed they would review the storage provision at the service.

## Is the service caring?

### Our findings

We observed kind, caring and compassionate interactions between staff and people who lived in the home. There was a happy, friendly and relaxed atmosphere and we saw people chatting, smiling and laughing with staff. The entrance area was welcoming and throughout the inspection we saw groups of people and visitors sat at the tables talking with each other and enjoying meals and refreshments.

Staff clearly knew people well and were receptive and responsive to people's feelings. For example, one person responded well to doll therapy and staff were very mindful to comment about the person's 'baby' and to include them in the person's care support.

Staff promoted people's independence, encouraging and supporting them to do as much as possible for themselves. We observed staff supported a person to move into the dining room. We saw they did this at the person's pace and allowed them to do as much for themselves as they could, whilst remaining attentive and staying close. Another member of staff provided very encouraging and kind support to a person when assisting them to transfer from their wheelchair into a comfortable chair. They helped the person choose where they wanted to sit, offered lots of praise and reassurance during the transfer ensuring they were comfortable, settled and had everything they needed before leaving them.

People and their relatives praised the kindness and compassion of the staff. Comments included; "Very friendly, lovely people, they are all caring", "The carers put their arms around me and give me a cuddle", "The home is very good, it's friendly and homely, you can have a laugh with the staff" and "Staff are always pleasant and obliging; they are excellent." A health care professional told us, "Staff are supportive, kind and compassionate. I have witnessed this during my visits to Clarendon."

Staff told us they loved their jobs, were proud of the care they provided and treated people as they would like their own family members to be treated. One member of staff told us, "I think of people here as my extra grandparents." Another said, "When you work here you become part of people's family. We care for each other." The hairdresser who visited the service once weekly told us they were returning the following day as one person wasn't feeling well and having their hair done would make them feel better. This demonstrated a kind and considerate approach.

Staff treated people with respect and maintained their privacy and dignity. People looked well-groomed and were dressed in clean and comfortable clothing. Staff were discreet when asking people about their personal care needs and ensured any support required was carried out in private. In discussions, staff were clear about how they promoted people's privacy, dignity and diverse needs. When people had a preference for male or female care staff to support them with personal care, this was indicated. People told us, "The male carer asks if I am okay with him helping and I say yes" and "I was asked my preferences when I first came in."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that were protected under the legislation. Our

observations of care, review of records and discussion with the management team, staff, people and relatives showed us discrimination was not a feature of the service.

People were provided with a range information about the service. Staff were aware of the need to maintain confidentiality. People's personal care records and staff personnel files were held securely. Review meetings to discuss people's care were held in private in their own bedrooms or the quiet lounge. Computers were password protected to ensure only appropriate staff had access to them.

There was no one using an advocacy service at the time of the inspection but staff knew how to access this for people if required. An advocate provides impartial support to help people make and communicate decisions.

## Is the service responsive?

### Our findings

People and their relatives told us they were happy with the standards of care and staff were responsive to people's individual needs. A visiting professional told us staff were managing a person's diabetes effectively. The person was at high risk of experiencing symptoms associated with low blood sugars and staff had been responsive in ensuring the person received their meals and snacks promptly.

Records showed people had their needs assessed before they moved into the service. Staff recorded information about people's backgrounds and interests which gave them some understanding of the values and preferences of the people they supported. People who used the service and the relatives we spoke with, confirmed they had been involved in formulating care plans.

Care files contained detailed information about the areas the person needed support with and any risks associated with their care. The care plans were reviewed regularly to ensure that information remained current. Some care plans, such as those for bathing were not person-centred and did not describe the individual support people required. However, staff told us the care records and their knowledge of people gave them enough information and enabled them to meet people's individual needs and preferences. The area director acknowledged this shortfall and directed staff to complete an audit of people's care plans focussing on the quality of person-centred recording.

Some people had end of life care plans in place so staff could support people in their final days and their preferences would be respected. These records showed the involvement of other health care professionals and their review of the person's care needs. There was information about decisions regarding emergency treatment such as 'do not attempt cardiac resuscitation' in people's care files. Staff had received training in how to support people as they neared the end of their lives. Staff spoke with sensitivity when speaking about end of life care. A Macmillan nurse told us, "Staff's knowledge and competence around end of life support is good. Staff will contact our team with any concerns that they may have; we feel that we have an effective relationship with staff and are confident that they will contact us if required. Some family members have verbally expressed to us during visits that they feel care delivered is of a good standard."

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The management team were aware of the Accessible Information Standard. Care plans contained information about people's preferred method of communication, whether they could communicate their needs and the support they required with their communication. The provider could provide information to people in large print, easy to read, braille and different languages if this was required.

People and their relatives were given information about how to complain and details of the complaints procedure were displayed in the service. The provider had processes in place to manage and respond to any complaints about the service. People and their relatives said they felt able to raise any concerns they had with the management team or staff. A relative felt some concerns they had raised had to be revisited several



times before they were satisfied with the outcome.

The wellbeing coordinator had worked at the service for 18 years and they were very popular with all the people and relatives we spoke with. Comments about her support included, "The activities lady is 100% fantastic at her job" and "There's always lots of activities going on."

People were provided with a wide range of individual and group activities. The coordinators interaction and engagement with people was very positive, people responded to their approach and they enjoyed spending time with them. The coordinator told us how they always visited people when they moved in. They chatted with their families and found out about people's interests and hobbies and tried to build a rapport with the person. They produced a 'Things to Do' newsletter each week and took each person the 'Daily Sparkle' newsletter each day, which gave them the opportunity to tell people what activities were planned and encourage them to participate.

Group activities ranged from music afternoons, exercise groups, quizzes, games, crafts, baking, gardening and trips out. People confined to their rooms were supported with manicures, hand massages, reading, music and visits from a therapy dog and owl.

Other activities people enjoyed included entertainers, guest speakers, reminiscence, exercise sessions and table cricket competitions. 'Fun Friday' themed events were arranged each week where staff and people dressed up. Trips were arranged to local places of interest and restaurants. Church services were held monthly and the coordinator held 'resident and relative' meetings each month to discuss meals and activities. During the visit we observed people were supported to take part in watching films, listening to music, a quiz and playing games. The provider shared the news and photos from the service on line, so relatives could see what was happening.

## Is the service well-led?

### Our findings

The provider had a quality monitoring system that consisted of audits, surveys and meetings to ensure people could express their views about the service. Quality and compliance audits were carried out monthly on a variety of areas. These included a selection of care plans, health and safety, infection prevention and control, catering, medicines, complaints, accidents, staffing and agency use, training and supervision. Maintenance personnel recorded safety checks and repairs that required attention. Visits were completed by the regional management and quality teams and all findings were fed into a home improvement plan (HIP) to support continuous improvement at Clarendon Hall.

However, medication and care plan audits and other monitoring tools had not been used effectively to identify issues we found with medicines, weights, consent records and supplementary records. There had been no recent audit of the recruitment records. The area director confirmed they would review the completion of these audits and other monitoring tools to drive the improvements needed. Following the inspection, we were provided with a copy of the updated HIP which included shortfalls identified at the inspection and the improvement actions required.

The provider maintained oversight of the service through a clinical governance system. The registered manager completed a monthly report which included falls, pressure sores, weight management, accidents, hospital admissions and infections, and any other incidents which occurred during the month. Incidents were monitored for trends so that methods for reducing incidents reoccurring could be identified.

The registered manager completed daily walk rounds of the service as part of the monitoring programme. The 'resident of the day' initiative was in place, this focused on a different person each day; the heads of department met with them or their relatives to make sure they were satisfied with the service they received and to generally spend quality time with the person. It also meant the person's care records and dietary needs were reviewed, maintenance checks of their room were completed and their room was given a deep, spring clean.

Medication and care plan audits and other monitoring tools had not been used effectively to identify issues we found with medicines and supplementary records. There had been no recent audit of the recruitment records. The area director confirmed they would review the completion of these audits and other monitoring tools to drive the improvements needed. Following the inspection, we were provided with a copy of the updated HIP which included shortfalls identified at the inspection and the improvement actions required.

The service had a registered manager. They were not present at the time of the inspection and a registered manager from one of the provider's other services locally supported the inspection. The area director was present for the second day. All the staff we spoke with said the registered manager was an open, visible and approachable leader. One member of staff said, "[Name of registered manager] is really supportive and always willing to lend a hand on the floor. We can go to her about anything and she always deals with issues."

Staff said they felt well supported and valued in their role. They described a positive culture in the service and spoke with pride about how much they enjoyed their work. Staff meetings were held and records showed issues were discussed and staff felt able to express their views.

People, their relatives and professionals told us of their confidence in the management of the service. One person said, "We see the manager all the time and they have things running smoothly." Another person said, "I am happy here, its gives my family peace of mind and I would recommend the home." All the relatives we spoke with knew who the registered manager was and felt they were always available. One relative described the registered manager as approachable and friendly. A health professional said, "The home appears well-managed and the manager is open to suggestions."

People who used the service and relatives were asked to provide feedback on the service. Quality assurance surveys were sent out and the results from the latest survey completed in June 2018 showed high standards of satisfaction.

Information about the provider's values and ethos around 'kindness in care' were clearly displayed in the entrance area and in discussions staff had a good knowledge of these. Many of the staff had won the provider's 'kindness in care' awards for recognition of their hard work, kindness and positive approach to team work. One member of staff told us, "We make time for people and always try our best to be kind, caring and compassionate."

Notifications of incidents which affected the welfare of people who used service had been sent to the Care Quality Commission in a timely way. This enabled us to check how the service managed incidents and kept people safe. Staff had developed relationships with other health and social care staff who visited the service. The service was participating in the new 'red bag' scheme which helped to ensure appropriate information was sent with people when they attended hospital.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered persons had not ensured people who use services were protected against the risks associated with unsafe management of medicines. Regulation 12 (2) (g)