

Clarendon House Care Limited

Clarendon House

Inspection report

Birmingham Road
Allesley
Coventry
West Midlands
CV5 9BA

Tel: 02476404067

Date of inspection visit:
29 October 2019

Date of publication:
28 November 2019

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

About the service

Clarendon House is a residential care home providing accommodation and personal care for up to 23 older people, including people living with dementia. The care home provides accommodation in one adapted building. There were 23 people living at the home on the day of our inspection visit.

People's experience of using this service and what we found

Staff understood how to keep people safe and protect people from avoidable harm. Staff were trained in safeguarding and knew what to do if they had concerns about people's well-being.

Risks associated with people's care had been assessed and management plans were completed for identified risks. There were enough staff to keep people safe and to meet their needs. There were safe procedures to manage people's medicines and to prevent the spread of infection.

People's needs were assessed to ensure they could be met by the service. Staff received training and support to carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutrition and hydration needs were met. People had a choice of food and were encouraged to have enough to eat and drink. The managers and staff worked closely with other healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

Staff and managers were caring and spoke positively about the people living in the home. Staff knew people well, they promoted people's privacy and supported people to do things for themselves where possible. People were offered opportunities to engage in activities of interest to them and were supported to maintain relationships with important people in their lives.

People's plans were personalised. Staff had time to read plans and were kept up to date about people's care and support. People and relatives were provided with opportunities and information about making complaints.

The registered manager was passionate about providing good dementia care and was supported by the provider to implement new initiatives to promote people's wellbeing.

The provider and registered manager understood their regulatory responsibilities and had effective processes for assessing and monitoring the quality of the service. Quality checks were carried out by the registered manager and provider, which identified where improvements could be made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating at the last inspection was good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Clarendon House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection 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.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities who contract with the service 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. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection

To gain people's views and experiences of the service, we spoke with four people who lived at the home and four relatives. We observed the care and support provided and the interaction between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us. We spoke with the registered manager, the provider's nominated individual, a director, a senior care worker and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included, four people's care records, including care plans, risk assessments and medicine records, two staff personnel files, including recruitment and training records and the provider's quality audits and checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and quality assurance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and relatives had no concerns about the safety and welfare of their family members. One person told us, "It is safe yes, It's the quality of the people who run it."
- Staff were trained in safeguarding, they knew how to recognise abuse and understood their responsibilities to report concerns to the registered manager.
- The registered manager understood their regulatory responsibilities to refer safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- People's needs had been assessed to identify any risks to their health and wellbeing, such as mobility, nutrition and skin damage. Risk management plans informed staff how to manage identified risks.
- Staff understood the importance of risk management and knew the level of assistance each person required to maintain their safety.
- Risk assessments were regularly reviewed and updated if risk to people's care had changed.

Staffing and recruitment

- There were enough staff with the appropriate skills and experience to meet people's needs and provide effective care.
- Staff told us there was enough staff on duty to keep people safe and meet their needs and requests.
- People and relatives said there were enough staff to provide the care and support required. Comments included, "There's always plenty of staff."
- The registered manager maintained a clear oversight of staffing levels. They reviewed people's individual risks and dependency levels to ensure people's needs could be met safely and timely.
- The provider had an effective recruitment process to prevent unsuitable staff working with vulnerable adults.

Using medicines safely

- Medicines were stored, recorded and administered safely. People received their medicines as prescribed and medicine administration records (MAR) had been completed correctly.
- Protocols for administering 'as required' or 'covert' (hidden) medicines were in place so staff knew when and how to administer these.
- People, and relatives told us medicines were given safely and at the times prescribed. A relative told us, "They [staff] always wait while [name] takes their medicines. I would notice from their behaviour if they didn't get it when they should."

- Staff administering medicines had received training in safe medicines management and had their competency to administer medicines assessed regularly.
- Daily, weekly and monthly checks and audits of medicines were completed to ensure policies and procedures were followed. Any concerns identified were dealt with quickly and appropriately.
- The registered manager worked closely with the local authority medicine management team to ensure medicines were managed in line with current good practice.

Preventing and controlling infection

- The home was clean and odour free. The provider had policies and procedures on preventing and controlling the spread of infection.
- Staff had been trained in infection control and prevention and used personal protective equipment, such as gloves and aprons, when supporting people with personal care.
- Clarendon House staff had been awarded an accreditation by the local authority for the Infection Control Practices within the home.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The managers identified how or why the incident may have occurred and whether a referral to other health professionals was needed.
- The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and to ensure appropriate action had been taken to minimise the risks of a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they moved to the home to ensure their needs could be met.
- Care plans were developed for each identified need and staff had clear guidance on how to meet those needs.
- Care plans were regularly reviewed to ensure they continued to reflect people's needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service and completed ongoing training to keep their skills up to date.
- Staff were positive about their training and told us training gave them the knowledge and skills to support people's individual needs, including dementia care training.
- The registered manager monitored training to ensure staff skills were kept up to date.
- Staff received one to one supervision meetings, appraisals and attended staff meetings to support them in their role.
- Staff said the management team were approachable and supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and maintain their nutrition and hydration needs.
- People's nutritional needs were assessed, and any risks related to their eating and drinking recorded.
- Staff understood people's specific dietary needs and how to support people with these safely.
- Mealtime was relaxed and unhurried. People were offered choices about what they would like to eat and people who needed support received this in a sensitive manner.
- Staff monitored people's weight. Where people were at risk of losing weight, staff monitored the amount they ate and made sure they had additional calories by fortifying foods and offering high calorie snacks and drinks.
- A 'hydration station' was available in the lounge area for people to have drinks when they chose. Staff offered people regular drinks to keep people hydrated.
- Staff sought the advice of specialist professionals when they identified a need, for example the speech and language therapy (SALT) team and dieticians.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- Care plans provided staff with information about supporting people to maintain their health and wellbeing, such as personal care, oral hygiene and weight management.
- The registered manager told us they had been part of the local authority oral health pilot to improve oral care in residential homes. People had oral health risk assessments and care plans. A dentist visited the home to assess people's mouth and teeth and the home had a 'dental champion' who checked people had the correct tooth cleaning equipment etc.
- Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.
- People were encouraged to attend routine appointments with the GP and optician to maintain their health and wellbeing.
- The service had developed good relationships with healthcare professionals to ensure people received safe consistent care. The GP visited regularly and district nurses, and SALT were available to provide support as required.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, best interest decisions were made on behalf of people in consultation with relatives and appropriate others.
- Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance.
- DoLS applications had been made to the Local Authority where it had been identified people were being deprived of their liberty.
- Staff demonstrated an understanding of when to act in the best interests of people. They understood how to work in the least restrictive way to ensure people's dignity was not compromised, and people were not put at risk of neglect or poor health.

Adapting service, design, decoration to meet people's needs

- Clarendon House had several communal areas where people could choose to spend their time.
- The home was in the process of being redecorated and refurbished at the time of our inspection visit. This had included upgrading the heating system and improving the lighting, particularly in corridors.
- During the refurbishment people were not unduly disrupted and there was no sign of distress due to the changes in the environment to the people who lived there.
- The provider and registered manager were confident that the adaptations and redecoration of the home would support the needs of people living with dementia and promote their independence.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the care and support they received from staff. One person told us, "The staff are very nice, they look after me very well."
- Staff took their time with people and provided the assistance they needed without rushing. A relative told us, "I can honestly say I don't have any concerns. It's a very caring home. I have been very impressed, mainly how kind everyone is."
- Relatives said staff knew their family members who they treated well. One said, "Their manner with residents is very caring and kind. One of the things I like is it's a small home with a low staff turnover."
- Staff were responsive and attentive to people.
- We did observe, on occasion, staff did not always offer choice to people or explain when they gave people something. The registered manager was 100% confident this was not usual staff practice and felt this was due to our (inspectors) presence. They advised they would carry out observations of staff to make sure this practice did not continue.

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People received care that upheld their privacy and dignity.
- People made decisions about their daily lives. One person told us, "I can do what I want."
- People's communication needs were documented in their care records. Staff understood people's communication skills and involved them in decision making. Staff used communication cards where people required support to communicate verbally, and to encourage decision making.
- Where possible people and family members were involved in care reviews and felt listened to. A relative told us, "What I like is I am kept informed, it's an ongoing update. They ring me as well."
- People were relaxed around staff, they were happy to approach staff or ask for their assistance.
- People and their relatives told us they were happy with the care and support they received from staff. They told us staff took time with them and provided the assistance they needed without rushing.
- People were supported to continue to do things for themselves. One person told us, "I want to be independent, as much as I can. I feel I am at the moment."
- People's information was stored securely to ensure this remained private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support from staff that understood their needs, preferences and interests.
- Staff followed people's personalised care plans to ensure they received the care and support they needed.
- Care plans were electronic, staff accessed people's plans on a handheld device. Staff confirmed, on the device, when tasks associated with people's care had been completed. The registered manager monitored that staff had completed the tasks people required to make sure they received the care and support they required.
- Plans were regularly reviewed and updated when people's needs, and abilities changed.
- Staff received a 'handover' of information when they first came on duty. Staff told us the handover worked well in keeping them up to date with what was happening with people.
- Staff were responsive to people's needs and requests for assistance. People and relatives said staff responded quickly to call bells.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to engage in activities and events they were interested in.
- Staff told us people mostly preferred to do individual, rather than group activities and some people preferred not to join in either.
- The provider and registered manager listened to people and tried to accommodate people's individual choices and hobbies. They told us, "People asked for a piano and a guitar, so we got them to them. Some people wanted to meet the mayor, so we organised her to visit the home."
- Several people were involved in activities during our visit. This included listening to different types of music, such as classical music in the conservatory and French music in the sensory area. Some people engaged with sensory/interactive equipment and others were seen reading and doing jigsaws. There was also an activity by an external organiser in the afternoon.
- The registered manager told us, "As well as physical health, people's mental health is so important too. We have introduced sensory activities and aromatherapy; pet therapy and we had a baby goat visit in summer. We have two cats that people love and baby therapy which people really enjoy."
- Some people and relatives told us they would like more opportunity to do things, particularly outside the

home such as going to cafes or to the pub. The registered manager told us this was an area they were trying to develop.

- Family members and friends were made welcome when they visited, and there were no restrictions on visiting.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed information on people's communication needs, and alternatives forms of communication were available for staff to use.
- Information was provided to people in a format they could understand, such as large print.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with any concerns or complaints. This was clearly displayed and available to people, their relatives and other visitors.
- Systems were in place to record, respond and review any complaints or concerns raised.
- People and their relatives knew how to raise concerns and were confident action would be taken to resolve any concerns raised. No one we spoke with had concerns about the service provided.

End of life care and support

- The service provided support to people who chose to spend their final days at Clarendon House.
- When people had made decisions about their end of life care, this was clearly documented in their care plan.
- When people were receiving palliative or end of life care, staff were sensitively reminded of this by placing a picture of a butterfly on the person's bedroom door.
- Staff had completed palliative care training and the registered manager was arranging further end of life care training for staff.
- The registered manager ensured people at the end of their lives received positive pain management to keep them comfortable and pain free. They told us people received good support from the GP in regard to end of life care.
- The registered manager had recently become part of a local authority pilot scheme looking at improvements care homes could make in regard to palliative care. The pilot would involve working closely with a local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the service provided and the way the home was run. Comments included, "It is well managed, and they are always checking on people."
- People and staff felt listened to and involved in decisions about the home. One person told us, "They do a good job. At weekends we get together and give our views."
- Staff said communication within the home worked well. One said, "The registered manager does listen. Communication is key, we will all listen and take ideas from each other. We have a handover at the start of our shift and we have a handover book in addition to the handhelds."
- There had been a change of provider since our last inspection in 2017. The new provider had made significant investment into the home, including the environment which was in the process of being redecorated and refurbished.
- The registered manager spoke positively about the impact the new provider had on the service. Not only with the refurbishment plan, but also supporting them to implement new ideas, such as a sensory area, and investing in an external company to provide quality assurance on the service provided.
- The provider, and registered manager were enthusiastic and committed to further improving the service for the benefit of people using it.
- The registered manager told us staff morale had improved. "Managers and staff have formed friendships, there is no 'them and us' anymore."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their roles and responsibilities and enjoyed working in the home.
- The provider and registered manager understood their responsibilities and the requirements of their registration. For example, the registered manager knew what notifications were required and their latest CQC rating was displayed in the home.
- There was an experienced registered manager and staff spoke highly about the support they received from the manager and their leadership. One told us, "We are a good team, [registered manager] is really supportive, and committed to providing a good standard of care."
- The registered manager had further developed their management skills and dementia awareness since

our last inspection (2017). They had implemented effective audits and monitoring systems to ensure people received the care and support they required, by staff who were trained and skilled to meet their needs.

- Audits to check and assess the quality and safety of the service were regularly carried out. Information was analysed by the registered manager and improvements identified in response.
- The provider and registered manager understood their responsibilities in relation to duty of candour, to be open and honest and accept responsibility when things went wrong.

Continuous learning and improving care

- The registered manager was passionate and proactive about promoting good dementia care. They kept their knowledge up to date with current good practice and new initiatives in dementia care. This included regular meetings with other registered managers, to share best practice.
- The registered manager was involved in several pilots and initiatives to promote the well-being of people living with dementia. Such as oral health, palliative care, and the use of sensory equipment. They had achieved accreditations with the City Council for infection control and prevention of pressure sores.
- The registered manager had applied for new initiatives to further improve the home such as the 'Gold Standards Award Framework' to support their end of life care and accreditation for falls prevention in the home.

Working in partnership with others

- The registered manager and staff team had developed positive working relationships with health and social care professionals, such as local authority commissioners, local GP's and SALT which assisted in improving outcomes for people.