Mr & Mrs N Kritikos

Clarendon House Residential Dementia Care Home

Inspection report

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Tel: 02087951141

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 16 November 2017 and was unannounced.

During our last inspection in October 2015 we rated the provider overall Good.

Clarendon House Residential Dementia Care Home is a residential 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.

Clarendon House Residential Dementia Care Home is a care home that provides personal care and accommodation for up to six older people who live with dementia.

There was a manager registered with the Care Quality Commission (CQC). The registered manager covered two services and the provider employed a designated manager at Clarendon House to provide consistency and a constant presence. 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.

Medicines, in particular controlled drugs, were not always managed safely. Storage, recording and administration of controlled drugs did not comply with the relevant legislation.

Risks to people who used the service in relation to the treatment or care were assessed and management plans were put into place to mitigate such risks. However, the lack of servicing the stair lift on a regular basis might have put people under unnecessary risk.

The service did not have a formal quality assurance monitoring system, which resulted in shortfalls in relation to medicines management and the operation of equipment used to lift people.

People were protected from abuse and staff had the appropriate skills and knowledge to understand the different forms of abuse and knew how to report them appropriately.

The home was clean and free of unpleasant smells and staff followed appropriate infection control procedures.

Accidents and incidences were discussed with staff and looked at to see if similar incidents and accidents could be avoided in the future.

People were assessed to ensure treatment or care provided was suitable to their needs.

Staff received the appropriate support, supervision and training to ensure that they had the right skill set to support people who used the service.

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.

People who used the service were provided with wholesome, nutritious and home cooked meals, which were prepared according to their likes and dislikes.

The home worked well with external health and social care professionals to ensure people's differing health care needs were met.

Overall people lived in a well maintained and homely environment, which was suitable to their needs.

Staff were observed to support people with kindness and respect, people were consulted prior to care or treatment was provided and they were encouraged to maintain their independence.

People's privacy and dignity was respected and staff understood that people were allowed and able to make their own decisions.

Care was person centred. Reviews of people's care records ensured that people's changing needs could be responded to and be met.

Complaints made by people who used the service were taken seriously and were investigated to ensure lessons were learned.

While the service did not provide specific end of life care, people were supported to be as comfortable as possible if they fell ill or if their health deteriorated.

The management at the home was visible, approachable and supportive. People who used the service, relatives and staff spoke positive about the care and support provided by the manager.

We found three breaches during this inspection. You can see what action we told the provider to take at the back of the full version of the 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 always safe. Medicines in particular controlled drugs were not always stored, recorded and administered safely. Guidance for the administration of medicines prescribed as required was not available for staff to ensure that this was consistently administered safely.

Equipment used to lift people was not always serviced in regular intervals to ensure people could be confident it was safe to be used.

Risks to people who used the service were assessed, monitored and appropriate support and assistance was provided to ensure people who used the service were safe.

Systems, processes and staff practices ensured people who used the service were safeguarded from abuse.

Sufficient staff were deployed to meet people's needs and staff had been appropriately vetted to ensure they had the skill, knowledge and were safe to support people who used the service.

Appropriate infection control procedures were followed to ensure people were protected by the prevention and control of infection.

Accidents and incidents were recorded and discussed by staff, and systems were put into place to reduce the risk of them recurring in the future.

Is the service effective?

Good

The service was effective. People's needs were assessed to establish the service was able to provide care they required.

Staff were provided with regular training to maintain their skill and knowledge to meet people's needs.

People were provided with well-balanced, home cooked meals of their choice.

People had regular access to external healthcare services and staff supported them with access to appropriate treatment when needed.

People who used the service lived in a homely environment suitable to their needs.

Appropriate procedures and principles were followed in people's best interest if they did not have the capacity to make their own decisions.

Is the service caring?

Good

The service was caring. People were supported by compassionate staff that treated them with kindness and respect.

People were encouraged to contribute to their care and express their views about the treatment and care provided.

People who used the service were treated with dignity and respect and their privacy and independence was maintained.

Is the service responsive?

Good

The service was responsive. People's care was provided personalised and responsive to their needs.

Activities offered were in respect to people's choice, needs and wishes

Concerns and complaints made were taken seriously and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led. Formal quality assurance monitoring systems and procedures were not effective and led to unsafe handling of controlled drugs and poor maintenance of lifting equipment.

The manager of the service was present and approachable and supported care staff to ensure people's needs were met.

People who used the service, relatives and staff had confidence in the leadership.

Clarendon House Residential Dementia 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 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 16 November 2017 and was unannounced.

The inspection was carried out by one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses dementia care services.

Before the inspection we looked at information we had about the provider, which included statutory notifications and submitted safeguarding alerts.

Due to changes in the inspection schedule, the provider was not able to complete a 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. We took this into account when we inspected the service and made the judgements in this report.

We spoke with two people who used the service and two relatives. We spoke with the manager, the deputy manager and two care workers.

We examined three care records and care plans, five staff and training records, three medicines administration records and any other records necessary for the management of the service.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe at Clarendon House. One person told us, "I am as safe as houses here." Another person told us, "Yes I do the staff are not bad". Relatives told us, "Yes I'm sure she does, I can tell by her body language" and "Yes very much so."

We looked at the administration of medicines for three people who used the service. One person was prescribed and administrated controlled drugs. We found that the controlled drugs were not stored, administrated and recorded in accordance with the Misuse of Drugs Regulations 2001. For example, we found that morphine in liquid and tablet form was not stored in the separate lockable cabinet. Instead we found these medicines to be stored in the same lockable cabinet with all the other medicines. The manager and staff told us that medicines were administered by one person who was trained to do so. However, the legislation states that controlled drugs should be administered by two staff, one responsible for the administration and the second person to witness that the right dose of medicines had been administered to the correct person. We also found that the provider did not have a suitable controlled drugs register, to ensure these medicines were recorded appropriately and that their stock levels were checked regularly as required by the legislation. We also found that the provider did not have a system in place to regularly monitor and audit the stock levels and administration of controlled drugs. This meant the provider had not adhered to the Misuse of Drugs Regulations 2001and therefore put people at the risk of not receiving their controlled drugs safely.

We found that some people were on medicines prescribed as and when needed (PRN), these included paracetamol and other painkillers. We found that staff knew when and how to give these medicines to people who used the service. However there was no written guidance in place, detailing when it was appropriate for staff to administer PRN medicines.
This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed Medicines Administration Records (MARs) for three people who used the service and we found these to be completed correctly, they had no omissions or gaps. Staff administering medicines prescribed to people who used the service had been trained to do so and was able to tell us the process of administering medicines. We observed during the morning how one staff administered medicines and saw that the member of staff explained to the person what she was doing and told the person what the medicines were for.

Medicines were stored in a lockable metal medicines cupboard, which was only accessible by staff. We found the medicines cupboard to be well organised and, clean and all relevant medicines stored in accordance with the manufactures instructions.

We saw in people's care plans that the level of support with the administration of medicines had been assessed and recorded.

The service had a stair-lift to help people with mobility problems to get up to their bedrooms on the first floor. We saw that the stair-lift had last been serviced in June 2016. We discussed this with the manager who confirmed that the stair-lift was last serviced in June 2016 and that he arranged a service plan with a stair-lift operator for regular servicing. However, he told us that he did not know that equipment used to lift people had to be serviced every six months in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). During our inspection we observed the manager contacting the stair-lift service operator and arranging and appointment to have the stair-lift serviced in late December 2017, which was the earliest appointment available.
This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked service certificates for gas appliances, portable electrical appliances, fire equipment, water systems and electrical installations. We found that these had all been carried out in regular intervals to ensure people who used the service were safe.

Risks related to providing accommodation, treatment or care were assessed and formed part of the overall care planning process. Staff told us that they had received training to ensure risks were minimised and that people were safe when using the stair-lift and they were explained during their induction of what to look out for and what could put people at risk. We viewed risk assessments for people who used the service. For example one particular risk assessment highlighted the risk of the person wandering. During our inspection we observed this to happen frequently and we saw staff encouraging the person to sit down when it was not safe for the person, but also giving the person appropriate space when it was safe to wander. This showed that staff understood how to risk assess safety of people who used the service, and also knew when to give them freedom and independence when it was safe to do so.

Staff had training in how to protect people from abuse and avoidable harm. Staff understood their roles and responsibilities in reporting and responding to allegations of abuse and understood the triggers and different forms of abuse. For example, a member of staff told us, "If I would notice abuse, I will document it, sign what I documented and report it to the manager." Another member of staff told us, "Abuse can be in various forms, for example, Physical, mental and verbal but also stopping a person from doing something or not involving them in making decisions." This meant people who used the service were protected from abuse, by appropriate systems, processes and practices which were followed by staff that cared for them.

The provider had safe recruitment processes. Potential candidates were interviewed by the manager and /or deputy manager to assess their suitability for the role. If they were successful, they had to provide evidence of their address, identity and right to work in the United Kingdom. The provider also ensured that references were obtained from their previous employer and their suitability to work with vulnerable people was vetted in the form of a disclosure and baring check. Records viewed and staff spoken with confirmed this.

We viewed the home's staffing rota. The manager lived on the premises and was available most of the time to support people and help staff in case there was an emergency. The rota showed, and staffing numbers observed during this inspection confirmed, that two staff worked during the morning and two care staff worked during the afternoon. People who used the service and relatives told us that the home provided enough staff. For example, one person told us, "Oh yes there are more than enough staff." One relative told us, "They [staff] are kind, patient and understanding, my [relative] can be very rude to them and they are still amazing."

We found the home to be clean and free from unpleasant smells. We observed staff wearing gloves when supporting people and washing their hands following appropriate hand washing techniques. Staff had

received training in infection control and told us that they would wear gloves and lock away cleaning products to ensure people were safe.

Staff told us that they would tell the manager if they had any accidents or incidents. For example they told us that one person was at risk of falling when walking unaided. They said that they spoke about this with the manager and because of this; they ensured that they were always close by if the person mobilised. We observed this on numerous occasions during our inspection where the person called out for help and staff were with the person almost immediately. This showed staff learned from incidences and put processes and practices in place to minimise the risk of similar incidences happening in the future.

Good

Is the service effective?

Our findings

We asked people who used the service and relatives if staff had the right skill to meet their needs. One person told us, "Yes I feel stronger and better being here." One relative told us, "In my opinion they do very much so." Another relative told us, "The staff are very good and they understand my mum." Staff told us that they had access to training and had received an induction when commencing work at the home. One member of staff told us, "I had training in medication, safeguarding and a lot more. My induction was very detailed and I can always ask [manager] if anything is unclear or if I need help." Another member of staff told us, "I meet [manager] every three months for supervision."

We saw that the manager carried out an assessment prior to admission. The assessment covered areas such as the person's history, medical conditions, mobility, religious and cultural needs, communication and specific health care needs. Information obtained during the initial assessment process were used to formulate the care plan and any risk assessments we saw during our inspection. We found assessments to be detailed and relevant to the person.

Staff told us, and records viewed confirmed, they were offered and had undertaken training relevant to their role and to the needs of people who used the service. For example, training records confirmed staff, including the manager, had received Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MAC) 2005, medicines, infection control, health and safety and first aid training. Most of the staff had recently commenced employment and we saw that they had an induction, which also included training in the above. Staff employed at the home for more than a year were offered refresher training to ensure their skill and knowledge were up to date. Staff having worked at the home for a longer period had supervisions with the manager every three months. However, we found that newer staff had not received supervision since commencing employment. . We discussed our concerns with the manager who advised us that he had been on holiday in October 2017 and therefore fell behind with providing regular supervisions.

We asked people and relatives if they were happy with the food provided. One person told us, "Yes, they make my favourite, braised steak and sausage and mash." One relative told us, "Mum is very fussy with her food, she has a small appetite. She didn't eat much when she was in hospital and had meal supplements. She eats breakfast well." Meals provided were all home cooked. We saw that the weekly menu was followed and people had an opportunity to choose an alternative if they didn't like what was offered. Mealtimes appeared to be relaxed. We observed some people required assistance to eat. We saw that staff sat down with people, chatted to them and took their time when assisting people.

A relative was very positive how the home supported their relative during a recent hospital admission. The relative told us, "Yes, they acted so quickly last week, if they didn't mum wouldn't be here today. They have called a doctor for her in the past as well." One person who used the service told us, "Oh yes the doctor was here the other day for the flu jab and he spoke to me. I have no varicose veins and I'm quite healthy." We saw in medical records viewed that the service had liaised with outside professionals such as the person's doctor, dentists or opticians. Records also demonstrated that if specialist health care support was required, this was discussed with the person's doctor to make the appropriate referral. For example, one person was

displaying behaviours that challenged the service and an assessment by the community psychiatrist provided the home with appropriate guidance and support to deal with these behaviours. One member of staff told us, "We have behaviour charts, and talk to people, give them space, use things that make them happy to diffuse the situation."

We found the home to be well maintained and suitable to people's needs. The manager carried out maintenance work and decoration. We found that the ceiling on the first floor required redecoration, the manager told us that he planned to do this before Christmas and wasn't able to do it before the inspection due to being on his annual holiday. People who used the service told us that they liked the home and raised no concerns about the environment. One person told us," Its lovely and it's homely you know."

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. Staff demonstrated understanding how they would ask people to consent to their care and were able to explain to us the principles of the MCA. One member of staff told us, "I would always ask before I help somebody and I always need to assume that they may have changed their mind and don't do something, because it was ok yesterday." The home applied for DoLS authorisation from the supervisory local authority and we saw e-mail exchange advising the provider that they had received their applications and will carry out a DoLS assessment. We saw that one person recently had a best interest assessment carried out, but the home was awaiting the outcomes of this assessment. This meant that the service obtained consent from people who used the service and ensured that people were not restricted unless it was in their best interest.

Good

Is the service caring?

Our findings

We asked people who used the service and relatives if they felt well cared for and if their dignity and privacy was respected. One relative told us, "The staff are very good and they understand my mum". One person who used the service told us, "Staff do listen to me, it feels what I say matters." Another person said, "We are friends and I know the whole family" and "I can go to my room whenever I want, or spent the time in the lounge, it's up to me." One relative said, "Mum has her own toilet and shower."

We observed kind interactions between people who used the service and care staff. Staff sat down with people and spent time for a chat and also supported people when they struggled with getting up or sitting down. One of the people who used the service did not speak English as their first language and we saw this had been responded to. One member of staff was from the same ethnic background and we saw that staff had a list, which they could use to communicate with this person if needed. However one member of staff told us that the person does speak Basic English. People said that they could have a choice of care staff, for example, "I can have a particular girl, but they are all great." One care staff told us, "I would ask family members for the person's preferences or do my own research."

People who used the service told us that staff listened to them. One of the people using the service had recently been supported by a befriender, who arranged community based activities. We saw that the rota ensured that staff was available to spent time with people and also had sufficient time allocated to undertaking caring related tasks such as preparing the meals, toileting, personal care and cleaning. The manager told us that one of the people expressed that he would like to go on a foreign holiday and that he made contact with the person's appointee to discuss finances for this trip. This has also been discussed with the local authority who was also involved of liaising with the person's appointee.

We observed staff knocking on people's doors and waiting for people to allow them to enter. On one occasion a new member of staff who was on their induction was observed to enter a room without knocking on the door. The manager dealt with this immediately and explained to the member of staff the importance of knocking on people's doors. Staff told us, "I will always close doors when residents are in the toilet. I will tell them what I am doing before I do it. If I'm washing the top half I will cover the person so they are not exposed."

We found people's personal records were stored in the home's office, which was only accessed by staff working at the home. Care staff told us that they would always keep care plans locked away and won't be talking about people's issues in front of them.

Good

Is the service responsive?

Our findings

We found that people received personalised care, which was responsive to their needs. Relatives told us, "They [staff] always ask us if there was anything else they could do for our relative."
We looked at people's care plans and care records, which were based on the person's assessment and had a general section for the person's history, family and health. All records had sections which were specific to the person such as health conditions, behaviours that challenge the service and communication needs. The care plan did also address peoples dementia care needs and how best to support people to meet this needs. This included for example to talk to people about their history or suggest activities such as reading newspapers and discuss daily affairs. These had detailed guidance for staff to follow. Staff told us that they had read the care plans, but had also been inducted by experienced staff before working with people independently.

People said that they were not interested in group activities apart from watching television. Only four out of the six people living at the home would regularly access the communal areas. One person told us that they liked to read books and were visited by the mobile library. Another person told us that they liked to do gardening in the summer and were currently regularly accessing a befriending service. Another person told us that they were visited regularly by relatives and had been going to the park in the summer. We observed staff spending time with people chatting and overheard them joking and laughing with people. This meant people were offered and took part in appropriate activities of their choice.

The service had received two complaints since our last inspection. These had been appropriately recorded and dealt with by the manager. People who used the service and relatives told us that they would talk to the manager if there would be anything wrong, but everybody we spoke with told us that everything was fine and that they had no concerns.

The manager told us that people could stay at the home for as long as the home was able to meet people's needs. The home does not provide End of Life care, but the manager told us people can stay at the home for as long the home was able to meet their needs. One relative told us that the home worked well with them and always informed them if anything changed in their relative's condition. They in particular praised the swift response leading to their relative's most recent hospital admission.

Requires Improvement

Is the service well-led?

Our findings

People who used the service, relatives and staff spoke very highly of the manager. They told us, "[Managers name] he is very caring, I get on well with him, he is like a friend to me." One relative told us' [Managers name] cares for our relative and for us, we get on very well." Care staff told us, "He is amazing the way he deals with situations makes us feel very comfortable and he is always available to us. I feel 100% supported."

We found quality assurance system were basic and not effective in assessing, monitoring and improving the quality and safety of the service. The service relied too much on the informal assessments carried out by the manager and staff. This would put people who used the service at risk where there were changes of staff or where people's needs may change or if new people would move in. The manager told us that the service did not carry out formal quality assurance monitoring in regards to the quality of care provided. The manager explained that he is usually always around and will deal with any issues relating to providing care and support immediately. We discussed with the manager the breaches in regulations found during this inspection, which could have been addressed if formal quality monitoring systems were put into place. We asked the manager if the home had a system in place to monitor and check equipment used for people regularly. The manager told us that this had not been done since this had been carried out by an external contractor late 2015. This did not ensure that people could be safe when supported with equipment provided by the home. As well as the shortfalls in regards to the storage, recording and administration of controlled drugs would have been noted and could have been addressed. This meant that the registered provider did not operate effective quality assurance processes and systems to ensure people were protected from receiving poor care.
This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that the manager was very supportive and encouraging and listened to what they had to say to improve the care provided to people who used the service. For example, one member of staff told us, "[Managers name] is very good, he listens to us all is caring and involved in the day to day running. I had time off for medical reasons and he was very supportive." Another member of staff told us, "I suggested using a syringe for a dehydrated resident and he took it on board." People who used the service and relatives told us that they had been asked to complete a questionnaire to comment on the care provided. We looked at some of the feedback which was very positive. One comment made by a relative was, "I would recommend the home, having staff right there makes a difference if this was a bigger home mum might not be here."

Staff told us they were confident in raising issues with the manager and felt that their contributions mattered and were taken seriously. They found the manager supportive, caring and visible. One member of staff told us, "We have team meetings were we discuss issues about the residents" and "[Managers name] is hands on."

The service ensured that the Care Quality Commission and local authority was notified of any incidences occurring at the home and worked well in collaboration to investigate such incidences. This ensured that

the service was transparent and open.

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 The registered person did not ensure that medicines were safe and proper managed. Regulation 12 (1) (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person did not ensure that equipment used to lift service users for providing care or treatment was safe for such use. Regulation 15 (d) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems and procedures to assess, monitor and improve the quality and safety of services provided and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2) (a) (b).