

Community Homes of Intensive Care and Education Limited

Clarendon House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Clarendon House is a care home providing accommodation for up to seven people with learning disabilities and mental health disorders. At the time of our inspection seven people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Overall the home was well decorated, and most areas well maintained. However, there were parts of the property in need of better cleaning routines. The organisation's quality assurance team had assessed this area as being partly met.

Medicine systems were safe. Prompt action was taken by the registered manager following feedback on the findings of the inspection. These included developing protocols which detailed the order multiple pain relief medicines were to be administered as required. Risk assessments were developed on the potential harm to people who smoked and had prescribed creams and lotions that could be flammable.

Quality assurance systems were in place and action plans were set on how to develop service delivery. However, the audits had not identified that the use of language in some documents was not always respectful. We raised this with the registered manager who assured us action would be taken.

Individual risks were assessed and risk reducing measures were in place. There were opportunities for people to take risk safely.

There were people whose behaviours at times placed them, the staff and others at risk of harm. Guidance on how staff were to manage incidents were in place which the registered manager monitored and analysed.

The registered manager took prompt action following our feedback and updated risk assessments and guidance regarding the use of key codes for some people to gain access from and into the secure garden. Action was also taken to make clear the distraction techniques to be used by staff in behaviour support plans.

People were supported to have 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 told us they made their day to day decisions. People subject to Deprivation of Liberty

Safeguards (DoLS) and Community treatment orders were aware of the conditions and their meaning.

People told us they felt safe living at the service and for some people the sense of security came from having staff present and from the environment. The staff we spoke with had attended training in safeguarding, they knew the procedure which included the types of abuse and how to report their concerns.

There were sufficient staff on duty and people said they had the assistance necessary from staff to meet their needs

The induction for new staff included the Care Certificate. Staff said the training was good and there were opportunities for professional development. Staff said the team was new and they were supportive of each other.

People were supported with their ongoing healthcare. People told us meals were "ok."

People told us the staff were kind and caring and the staff told us how they showed kindness and compassion

External professionals that gave feedback told us the staff made referrals in a timely manner. Their advice was followed and where this was not effective there were discussions on adapting guidance. External professionals said there was always staff available to support them with their visit.

Pen pictures and life stories were detailed and gave an insight into people's early life, a history of their medical conditions and family dynamics. People knew they had a care plan and they said there were monthly meetings to discuss their progress made on goals. An activities coordinator was employed to support people with meaningful activities.

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

Rating at last inspection

The last rating for this service was Good (published on 12 July 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

This inspection was carried out by one inspector.

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. 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 Care Quality Commission. 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 on the first day.

What we did before the 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.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service. We spoke with four members of staff. We also spoke with the registered manager and the assistant director. We also spoke with three professionals who regularly visited the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated documentation.

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 we spoke with said they felt safe living at the home. Two people told us having staff on duty and the environment gave them a sense of security. The staff had attended 'safeguarding of people at risk' training and were knowledgeable about the procedure. They were aware of the types of abuse and how to report concerns.
- Safeguarding referrals were made as appropriate. The registered manager told us there were no outstanding referrals.

Assessing risk, safety monitoring and management

- Individual risks were assessed and measures to reduce the level of risk were detailed in the assessment. People's competencies to manage aspects of their care and to take positive risks were assessed. For example, one person was assessed to self-administer their medicines and to take risks safely.
- A member of staff explained the risk associated to one person that at times went missing. They said staff followed the action plans when the person did not return at the time agreed. For example, contacting the police to report the person missing.
- Positive Behaviour Support Plan (PBSP), were in place for people that placed themselves, others and staff at risk of harm. PBSP's were detailed and included the proactive approach for identified triggers. For one person triggers included boredom, and smoking in their bedroom and the proactive approach was for staff to support with helping the person to understand the consequences to certain actions
- The registered manager considered the potential for isolation and updated the behaviour plan where the guidance was for staff to ask the person to "go to their bedroom and calm down". The behaviour plan now gave staff guidance to use diversion such as playing music and for staff to provide one to one time with the person until they became calm.
- Personal evacuation plans detailed the person's abilities along with the assistance needed from staff for the safe evacuation of the premises. Where it was not possible to evacuate to a safe place then fire doors needed to be closed while the person waited for emergency services

Staffing and recruitment

- People and staff told us there were enough staff on duty. People told us there were enough staff to support them when their attention was needed.
- The registered manager said five staff were on duty each day and at night there were two waking staff.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from

working with vulnerable people.

Using medicines safely

- People knew the purpose of their medicines and where staff administered medicines they had agreed for this.
- Medicine systems needed to improve. Medicine files included the procedure for medicine management and a sample of staff signatures.
- Individual profiles included a photograph of the person with information such as date of birth, preferred first name and known allergies.
- Records of medicines administration were signed by staff to evidence medicines administered. A record of medicines no longer required and returned were maintained and signed by the chemist to indicate receipt of the medicines for disposal.
- The registered manager acted promptly to feedback and linked the generic smoking risk assessment to individuals who smoked and were prescribed with lotions and creams that were potentially flammable.
- Protocols were in place for people prescribed with "when required" (PRN) medicines. However, protocols were not clear on the order that multiple pain relief medicines were to be administered. The registered manager acted on best practice guidance we gave during the inspection and developed PRN protocols on the order multiple pain relief can be given when there was more than one option.

Preventing and controlling infection

- People told us they were supported by staff to keep their bedrooms tidy.
- While the property was well maintained and decorated to a good standard there were parts of the property that were in need of better cleaning routines. For example, corridors and stairwells.
- We discussed with the registered manager our observations and reviewed the infection control audits. The organisations quality team had rated infection control as partially met although the internal audit had assessed all standards as met. The registered manager reassured us the cleanliness of the property was to be addressed.

Learning lessons when things go wrong

- Accident and incidents were reported by staff. There were no accidents since 2019. Incidents were recorded, and described the actions taken by staff to prevent an escalation of the situation. A member of staff said they had read incident forms and "learnt from the recording of the actions taken by staff."
- A behaviour practitioner told us the staff respond to situations that challenged them appropriately. They said staff had attended workshops on completing forms and since then the quality of recording had improved.

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

- One person told us they knew about the home and were given the option of where they wanted to live before moving to the home.
- The registered manager and deputy manager told us the referral team carried out assessments of needs before any admission to the home. They said that the referral process included overnight and weekend visits.
- Copies of assessments of needs by the referral team were held in people's care records and detailed were their preferences and routines. Where people's care was funded social workers needs assessments were provided.
- People's care was in line with The National Institute for Health and Care Excellence (NICE) and Department of health guidance.

Staff support: induction, training, skills and experience

- People were supported by well trained staff. People told us the staff knew how to meet their needs. The staff we spoke with said they had an induction when they started work at the home. New staff were registered onto the skills for care certificate (set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). However, we noted that although the registered manager had signed the standards completed on the same date, the signatures of the staff to indicate completion were missing. The registered manager reassured us that standards were signed as completed. member of staff told us their induction was over a period of time and covered an in-house training and online mandatory training set by the provider.
- The staff said the training was good and was a combination of online and face to face training. The training matrix provided showed the analysis of training the staff had attended. For example, 100 percent of staff had completed the care certificate and 76.9 percent of staff had attended Strategies for Crisis Intervention and Prevention.
- Staff were supported with their roles and personal development. Staff had regular one to one meetings with their line manager. The one to one supervision matrix showed all staff had three monthly one to one supervision sessions with their line manager.

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

- People told us meals were provided and the food was "ok". One person told us part of their discharge plan was meal preparation. This person said they were given a budget to purchase meals which they then cooked.
- Menus were planned during house meetings with people. Menus were on display in the kitchen. Staff said

the food shopping reflected the menus. We saw adequate supplies of fresh, frozen and tinned food.

Staff working with other agencies to provide consistent, effective, timely care

- We spoke with three health and social care professionals during the inspection. Social and healthcare professionals told us referrals for support were made in a timely manner. They said staff were always available to support their visits, their suggestions were followed and open discussion took place where guidance was not effective. The staff were praised for their approach with managing people's difficult and complex needs.

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

- The home has an appearance of a domestic dwelling which blended well with the local community. The property was arranged over two floors with single en-suite bedrooms on both floors. People told us their bedrooms were lockable from the inside.
- Communal space was on the ground floor with a small quiet space on the first floor.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their ongoing healthcare needs. People said they were accompanied by the staff on all appointments. Some people told us the staff waited in the reception area while they had their consultation with the GP. One person said they made their own appointments and went to their appointments independently.
- Health assessments including oral health were completed. Medical appointment forms detailed the healthcare appointment and the purpose of the visit.

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 told us the decisions they made, and staff understood the principles of the MCA.
- People had limited control over the living space. During the inspection we noted that there were a number of key codes for the front door, doors into the garden, upstairs lounge, the kitchen, office and laundry door. The registered manager explained the reasons for having key codes on doors. However, some people were not given free access to the secure garden.
- We saw that some people had to wait for staff to gain access into and back from the secure garden. We requested the provider show the key pads were the least restrictive actions. Since the inspection the registered manager assessed the restrictions imposed on some people. The risk assessment provided after the inspection showed people were not to be restricted access to the secure garden.

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.

- There were people with DoLS orders for restrictions on their liberty and for continuous supervision. People knew the conditions of the orders imposed and the impact this had on their liberty.
- There were people on community treatment orders. Care plans detailed the orders and their conditions. For some people the conditions of their orders included taking their medicines and living at the home.

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 told us the staff were caring and kind. One person told us the staff supported them and reassured them to be independent.
- We saw staff support people with organising their day. People responded well when staff used humour to discuss issues and took onboard advice when it was given.
- The staff explained how they showed kindness and compassion towards people. Staff said they "treated people as they would like to be treated." A member of staff said they knew how best to deliver information to ensure there was a good response to their comments.
- The registered manager told us they ensured the staff were kind and respectful towards people. The registered manager said they ensured staff had the right approach and stated, "I have got strong belief that everyone must be treated with kindness and respect." The registered manager said people were supported to express their views and be involved in making decisions about their care.
- Social and healthcare professional told us they always observed a kind and caring approach from staff towards people.

Supporting people to express their views and be involved in making decisions about their care

- People told us there were regular house meetings but they didn't always attend
- At "Service User Meetings" in January 2020 people discussed the menu and activities. Where people declined to attend the meetings, staff asked each person for their meal choices.
- People told us they met with their key worker monthly to discuss the progress made on the set goals.

Respecting and promoting people's privacy, dignity and independence

- People gave us examples on how the staff respected their rights. One person told us the staff knocked on their bedroom door before entering. Another person said their bedroom were lockable from the inside.
- The staff attended Equalities and Diversity training as part of their induction. A member of staff said they always knocked on bedroom doors before entering. Another member of staff said "I always ask" before offering support.

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 were involved in the planning of their care. People we spoke with knew care records about them were kept. One person told us they were fully informed about the planning of their future care.
- Pen pictures and life stories were person centred and included people's early years, education and family networks. Their medical history and the events that led to their admission were detailed.
- Care plans described people's abilities with aspects of their care and the support needed from staff to meet their needs. The staff said the care plans reflected people's current needs. They said the guidance enabled them to provide the assistance needed to meet the expected outcomes identified. Staff told us there was a keyworker system (staff assigned to support specific people) in operation and with the person reviewed care plans monthly.
- Monthly meetings were held to discuss people's goals. The staff with the person assessed the progress made on a set of outcomes. Each of the ten outcomes set by the model used were assessed and rated to identify the priority for people achieving their goals? developing. For some people the goals included visiting places of interest and for other's moving towards independent living.

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.

- People at the service communicated verbally and they had a good level of understanding both verbal and written.

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 supported to develop their skills and to be part of the local community. People joined gyms and clubs and where people had identified employment as a goal the staff supported the person as appropriate. For example, visiting employment centres and developing their CV.
- People told us how they spent their days. People told us while there were no rules they were supported to maintain the cleanliness of their bedrooms. One person told us they went for coffee and shopping with staff. Another said they spent their day watching TV, cooking and listening to music.
- A day care activities coordinator was employed and their role included organising "social activities." During the inspection we saw people participate in indoor crafts. We also saw people go on trips to the local community with staff.

- A member of staff told us they asked people about their plans when they arrived on duty. They said the person was then supported with their plans for the day. Another member of staff told us they ensured people were aware of events in the community.

Improving care quality in response to complaints or concerns

- People told us who they approached with concerns and complaints. There was one complaint received in 2019 which the registered manager investigated and resolved.

End of life care and support

- People were supported to consider and to specify their advanced wishes for their end of life care. Some people had stipulated their funeral arrangements. For example, their wishes for music and the people to be present.

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

- The staff were aware of the organisations values which included dignity, respect, passionate and reliability. A member of staff said they worked within the framework which meant people were treated in a way they would like to be treated.
- The registered manager told us the challenges when developing a positive culture. They said some challenges came from the recruitment of suitable staff.
- The staff told us the registered manager was supportive and team worked well together. Staff told us the team had changed with new staff being recruited. They said there had been some past conflict and since the staff changes the team had improved. A member of staff said, "we want to work as a team and we are all pulling the same way which is working."

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 had a good understanding of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place for staff to receive feedback from the registered manager on the actions to take. There were one to one supervisions with the line manager and team meetings. There were set agendas for team meetings and in December 2019 the staff discussed safeguarding, internal audits and the staff survey.
- The registered manager was supported by the assistant area director.
- Audits were carried out by the organisation's quality team and internally by staff. The registered manager developed an action plan from the audits on how shortfalls identified were to be fully met. For example, an audit had identified there were missing signatures in the records of medicines administration. The actions by the registered manager was to ensure staff read the medicines policy. The assistant director monitored, alongside the registered manager, the progress on the improvement plan.
- Audits had not identified where staff were not always using respectful language to describe events. For example, staff used the term "begging for cigarettes" and "caught smoking". The registered manager reassured us that language in documents was to be addressed. When we spoke with people they said their rights were respected by the staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an "expert quality" visit by one person that uses services within the same organisation. The visit was to undertake observations and report on how people experienced care at the home. The excellent judgement was based on the observations of staff interaction with people. The registered manager appointed an activities coordinator from the feedback to ensure people had opportunities for activities.
- People told us surveys were used to gather feedback about the service. The service received positive responses from people, relative and external professionals.
- Staff surveys raised issues, for example about team working, which were discussed at staff meetings.

Continuous learning and improving care

- The registered manager said there was learning from events. The registered manager said patterns and trends were analysed and told us that issues were addressed where there were persistent issues.
- The registered manager said "we have a good reputation and the social work team ring asking if we have empty beds. We want to make sure the continuity of care is there in the service. We have a lot of ideas on improving the service. One person will be moving, and we want to provide outreach support during their transitions."

Working in partnership with others

- The registered manager told us about partnership working within the community and with professionals. They said there were people who accessed community facilities and some parents were "part of the supporting circle." Medical professional such as GP and pharmacist provided advice.
- Social and healthcare professionals that we spoke with told us the staff made referrals in a timely manner, followed advice and praised the staff for their kind approach towards people.