

Mr Garry Michael Small

# Clarendon Care Home

## 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 Care Home is a residential care home that was providing personal care to 17 people aged 65 and over at the time of the inspection.

People's experience of using this service: People were happy living at Clarendon Care Home. They told us their needs were met in a personalised way by staff who were competent, kind and caring.

Individual and environmental risks were managed appropriately, which meant people were kept safe from avoidable harm.

Medicines were managed safely and people received the personal care they required. They were involved in the development of their personalised care plans that were reviewed regularly. People's rights and freedoms were upheld. People were empowered to make all their own choices and decisions.

Staff were well trained, felt listened to and worked well together. A quality assurance system helped the management continually seek and implement improvements that would benefit people.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement. (Report published 18 April 2018). The overall rating has improved.

Why we inspected: This was a scheduled/planned inspection based on the service's previous rating.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Clarendon Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one inspector and an expert by experience in the care of older people. 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 is a care home. People in care homes receive accommodation and nursing or personal care as single packages under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection. Clarendon Care Home accommodates up to 20 people who require support with personal care.

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:

We did not give notice of our inspection.

#### What we did:

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we gathered information from:

- 10 people who used the service
- Four relatives or friends of people who used the service
- Two health or social care professionals who had regular contact with the service
- Five people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- The registered manager
- Five members of care staff
- One housekeeper and a chef

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- During our previous inspection in January 2018 we found individual risks to people were not always managed safely and all risks posed by the environment had not been assessed. This was a breach of regulations and we told the provider they must make improvements. At this inspection we found improvements had been made and risks were managed safely.
- People and visitors felt risks were managed safely. One visitor said "[Name of person] was falling occasionally before. She hasn't fallen in the two years she's been here."
- Risks to people were assessed, recorded and updated when people's needs changed.
- People's risk assessments included areas such mobility, bathing and other individual conditions.
- There was a system to record accidents and incidents. When these had occurred, appropriate action had been taken where necessary. For example, medical advice was sought, risk assessments were reviewed and any lesson learnt were discussed with staff and further training offered if required.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly. Each person had a personal emergency evacuation plan (PEEP) and staff knew what action to take in the event of a fire.
- Lifting equipment was checked and maintained according to a schedule. In addition, gas and electrical appliances were checked and serviced regularly.

Using medicines safely

- During our previous inspection in January 2018 we found medicines, including tablets and prescribed topical creams were not always stored or administered safely. This was a breach of regulations and we told the provider they must make improvements. At this inspection we found improvements had been made and systems were now safe.
- People told us they received their medicines as prescribed.
- Arrangements were in place for obtaining, storing, administering and disposing of medicines in accordance with best practice guidance. Records of medicine administration confirmed people had received their medicines as prescribed. The registered manager checked medicine stocks and records frequently to ensure these were correct.
- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment. We observed staff administering medicines in an appropriate and safe manner.

Preventing and controlling infection

- During our previous inspection in January 2018 we found not all risks of infection were appropriately managed. This was a breach of regulations and we told the provider they must make improvements. At this inspection we found improvements had been made and safe systems were in place to prevent and control

infections.

- One person told us "I think it [the home] is very nice. Very clean."
- The home was clean and staff completed regular cleaning in accordance with set schedules. The laundry was well organised to help ensure clean items did not come into contact with those waiting to be washed.
- Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed.
- The local environmental health team had awarded the home five stars (the maximum) for food hygiene.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People said they felt safe at the home. One visitor told us "[Name of relative] is definitely safe. There's someone here 24/7. The front door is coded so she can't wander. She's got company and there's people around all the time. She needs someone 24/7."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse.
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.
- People told us they felt there was enough staff. One person said, "You ring and you know you only have to wait a minute and someone's [staff] there."
- Care staff told us they felt there were sufficient staff available and we saw people were supported without being rushed.
- The registered manager told us they kept staffing levels under constant review and assured us they would be increased if people's needs required this.
- The provider had clear recruitment procedures in place. Records confirmed these were followed and had helped ensure that only suitable staff were employed.

# 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

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

- Prior to admission to the home the registered manager undertook an assessment of people's individual needs to ensure these could be met at the home including any equipment or specific adaptations that may be required. We also saw that a request was made to the person's GP for medical information and copies of this and hospital discharge documents were kept within care files. This would help ensure all needs were known and met on admission.
- Staff followed best practice guidance. For example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition. They then acted to achieve positive outcomes for people identified as at high risk.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed; pressure-activated floor and chair mats were used to alert staff when people moved to unsafe positions.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training to meet their needs. Training was refreshed and updated regularly. When asked if they felt staff knew how to look after them one person said "Yes, they have very good staff."
- Staff told us they received plenty of training and felt supported in their roles by the registered manager and the provider. There was a clear plan to ensure all new staff received any necessary training as part of their induction.
- Staff received regular one-to-one sessions of supervision. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support. In addition, staff received an annual appraisal to assess their performance.

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

- People's dietary needs were assessed and met consistently. One relative told us, "It's good. [My relative] has a choice. She's quick to say if she doesn't like something and she'll certainly say if there's something she fancies and they'll get it for her."
- People were offered a choice of food and drink, including regular snacks. One person said "They'll bring a sandwich or a biscuit. You just need to say, 'I'm hungry', and they'll do it." One person said, "I'm a very fussy person. They have to have the patience of Job with me: I don't like this, I don't like that." The person confirmed staff would always give them an alternative if they did not like what was provided.
- People's weight was regularly monitored and the registered manager described the action they would take should a person lose weight.
- We saw, where needed, people received appropriate support to eat and were encouraged to drink often.



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

- People told us they received all the support they needed at the time they needed it. One relative said, "It's a small home and she gets more one-to-one attention than she would in a bigger place."
- One relative told us how the registered manager had advocated to health staff on the person's behalf. This had helped ensure their skin was cared for effectively. We observed people being supported in a safe way when staff assisted them to transfer between chairs and when moving around the home.
- People were supported to access healthcare services when needed. Care records confirmed people were regularly seen by doctors, opticians, specialist nurses and chiropodists. A relative said "They never mess about; if they think she needs a doctor, they call the doctor." A visiting health professional told us, "Staff are quick at ringing to get us to check things."

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

- When people were admitted to hospital, staff provided written information about the person to the medical team, to help ensure the person's needs were known and understood.
- A social care professional told us the home worked well with them and kept them informed if there were any issues or concerns with people living at the home.

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

- People and relatives told us they were always asked before care was provided. One person's care plan provided appropriate guidance for staff as to the actions they should take if a person refused care.
- Some people living at Clarendon Care Home lacked the ability to give informed consent to all aspects of their care. Staff protected people's human rights by following the Mental Capacity Act, 2005 (MCA). The 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.
- Where people did not have capacity to make decisions, best interests decisions were made in consultation with family members and other relevant people. For many aspects of care best interest decisions had been made. However, this had not occurred for a person who lacked the capacity to give informed consent to their medicines although they took these willingly when staff gave these. When we discussed this with the registered manager, they undertook to ensure additional best interest assessments were recorded consistently in future.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 found that they were. Some DoLS authorisations had been made and others were awaiting assessment by the local authority.

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

- The home was suitable to meet the needs of older people with reduced mobility. Adaptations had been made within the structural limitations of the building. Stair chair lifts were provided to enable people to access all areas of the home.
- Bedrooms were personalised to the individual and people had their own furniture, personal fixtures and fittings.
- There was level access to a flat enclosed rear courtyard garden which we were told people enjoyed using in warmer weather.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our previous inspection in January 2018 we found that people were not always treated with dignity and respect. We told the provider they must make improvements. At this inspection we found improvements had been made.
- People told us they liked living at Clarendon Care Home and were treated with consideration. One person said, "They're [staff] pretty kind." A relative told us staff were "very good".
- We observed people were treated with kindness and compassion by staff. Staff spoke respectfully to people and supported them in a patient, good-humoured way. At lunch time staff intervened when two people began to disagree. The intervention was appropriate and redirected the conversation to a discussion about family members. This showed staff understood what was important to people and how to support them.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments before they moved to the home. The registered manager explained how they met people's individual needs.
- People's other diverse needs were detailed in their care plans and people confirmed they were met in practice. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. Staff had received equality and diversity training.

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

- Records confirmed that people were involved in meetings to discuss their views and make decisions about the care provided. One relative told us "Yes, I was involved [in the care plan] which was discussed with [my relative]."
- Family members were kept up to date with any changes to their relative's health needs. When asked about this, one family member told us, "Staff are approachable and we are always kept informed, for example if they've had to have the doctor in."
- Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories and their preferences. Staff were able to use this information when talking with people.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they could for themselves. For example, staff described how some people completed parts of their personal care. At lunch time we saw adapted cutlery was available when required and staff encouraged rather than took over when people were slow to eat. A person told us "I'm glad I can use the stairlift by myself."

- Staff described how they supported people's privacy and dignity. This included listening to people, respecting their choices, closing doors and curtains and keeping people covered as much as possible when providing personal care. A relative told us "Even though I'm family, if they [staff] are going to do anything personal they ask me to wait outside. [My relative's] dignity is always respected."
- Some bedrooms were shared by two people. The registered manager always informed people if the available bed was in a shared room. This meant they could decide whether or not to move to the home. Within shared rooms, curtain screening was available to ensure privacy during personal care.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Although some activities were provided people told us they would like more activities. One person told us "A couple of times they have a word game. What they have is good, but they don't have much. You need something to mentally get you going and physically you need to keep moving." Another person said of the activities "There's not a lot. I would like more, it would make life more interesting."

- The registered manager told us of plans to revitalise the quantity of activities available taking into consideration people's interests. They had identified that people enjoyed watching films and a subscription film service for the television had been purchased. People told us they enjoyed these films.

- When the weather permitted staff were able to take some people out to local shops or the seafront and one person was supported to attend church weekly with a staff member.

- People told us their needs were met in a personalised way and this was confirmed by family members. One family member said of the staff, "You see them responding quickly if someone needs to go to the toilet. It's a smaller place so they are more able to see to people." One relative described how staff changed their routines to fit in with the person. They said, "She sleeps so much now, they give her meals her when she's awake and able to have them." Another visitor told us their relative "Is on a very soft, liquid diet, she has Weetabix or porridge. One of the staff said, 'Porridge is so boring, so I whizzed up some peaches and put them in it.' It was just so nice, they go to the extra bit of trouble." This showed staff considered people individually and acted to meet their needs in a person-centred way.

- Care plans had been developed for each person. Care plans provided sufficient detail to enable staff to provide support in a personalised way. Care staff understood people's needs and knew how to support them according to their individual wishes and preferences.

- People were empowered to make their own decisions and choices. People could choose when they got up and went to bed, where they took their meals and how they spent their day.

- People's communication needs were met. For example, at lunch time one person who struggled to communicate verbally was encouraged to use their fingers to indicate their choice. We were shown pictures of various food and meal choices that were being compiled to support people when making choices.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. Everyone said they would speak to the registered manager if they had a concern or complaint. One person told us "We're all allowed to speak to [registered manager]. She's nice and we can ask to speak to her, face-to-face. I have spoken to her about different things." People told us when they raised concerns these were dealt with.

- The service had received compliments and thankyou cards which the registered manager said they ensured were passed on to staff.

- The provider had a complaints policy. No formal complaints had been received since the previous inspection. The registered manager stated they aimed to make themselves as available as possible to

people and visitors meaning any issues could be addressed promptly before people felt the need to make a complaint.

#### End of life care and support

- Although no-one was receiving end of life care at the time of this inspection, the registered manager spoke positively about their desire to provide people with high quality care at the end of their lives, to help ensure they experienced a comfortable, dignified and pain free death.
- People's end of life wishes were discussed with them and their families and recorded in their care plans. This was also confirmed by a visitor who said, "I was involved in discussions and there's a decision about resuscitation and an end of life plan, which was discussed with my relative."
- The registered manager and a senior care staff member had completed an end of life course run by the local hospice and other staff had attended end of life training. They described how this was helping them to understand what good end of life care meant and how they could provide this. The registered manager told us they had a good relationship with staff at the hospice and could access their advice and support at any time.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- During the previous inspection in January 2018 we identified three breaches of regulations which had been repeated from the inspection in November 2016. We told the provider and registered manager they must make improvements to ensure effective systems were operated to ensure compliance with regulations and to monitor and improve the quality of the service provided. At this inspection we found improvements had been made.
- The registered manager had introduced additional formalised audits and monitoring systems for the service. We reviewed copies of these audits and saw that there had been continuous improvement since the previous inspection. The registered manager analysed feedback from people, staff and audits. They used the findings to drive continuous learning and to improve the care people received.
- The registered manager was aware of further areas for improvement. For example, they had identified a need to improve the quantity and range of activities provided for people and had a plan as to how this would be achieved.

### Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us the service was run well and they would recommend it to others. One person said, "I think it is [well run] because it's very good."
- The registered manager demonstrated an open and transparent approach and encouraged staff to do the same. They understood their responsibilities in this respect. Where people had come to harm, relevant people were informed in writing, in line with the duty of candour requirements.
- The previous performance rating was displayed in a communal area of the home.
- Friends and family members could visit at any time. They were made to feel welcome and were offered refreshment.

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

- There was a clear management structure in place, consisting of the provider and the registered manager. The provider attended the home most days. People were aware of who the provider and registered manager were. Since the previous inspection, a deputy manager had been employed to provide support for the registered manager.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team." There was a small staff team and staff in various roles worked well together. For example, the cook was seen to answer the phone and front

door when other staff were occupied elsewhere.

- The registered manager was aware of when they needed to notify CQC about incidents in the home and had done so when required.

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

- The registered manager consulted people in a range of ways. These included residents' meetings and one-to-one discussions. People had regular reviews and they and their relatives were able to provide feedback during care review meetings.
- The registered manager had acted on people's comments; for example, people had said they enjoyed films and a subscription service had been purchased to enable a wide range of films to be accessed at all times.
- Staff spoke positively about the registered manager, describing them as "approachable" and "supportive". One person said "The owner's a man. There is a lady in charge and she is very nice." Staff told us they felt valued and listened to by the provider and registered manager.

Working in partnership with others

- Staff had links to other resources in the community to support people's needs and preferences. This included links with local church communities and with a nearby school whose children visited the home several times a year.
- A social care professional told us how the registered manager had worked closely with them to support a person with more complex needs. The registered manager was clear about who and how they could access support from should they require this.