

Maria Mallaband (6) Limited

Clarendon Court Care Home

Inspection report

Beechwood Close
Stapeley
Nantwich
Cheshire
CW5 7FY

Tel: 01270621500

Date of inspection visit:
05 August 2019
14 August 2019

Date of publication:
06 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Clarendon Court is a residential care home providing personal and nursing care to 53 people at the time of the inspection. The service can support up to 55 people. Care is provided across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

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

Governance systems had improved since the last inspection. The quality of information within care plans had improved and contained accurate information about people's needs and we could see how audits were used to drive improvements.

Some people felt that there were not always enough staff as staff were busy and didn't always have the time to spend talking with people. The registered manager used a dependency tool to determine staffing levels and there was evidence of ongoing recruitment of new staff. We saw no evidence that this had a negative impact on the care people received.

Medicines were managed safely and the registered manager was responsive to any issues we identified during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were motivated and committed and people spoke positively about the care provided.

People had access to other professionals when they needed them and the registered manager worked closely with other agencies to ensure successful outcomes were achieved.

Systems were in place to ensure the safety and wellbeing of people. These included systems to protect people from the risk of abuse and to ensure that people could share their views on the service being provided at Clarendon Court.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 17 August 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating has now improved to good.

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?

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 Court 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, a specialist advisor with a nursing background and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the regional director, registered manager, a nurse, senior care workers, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at three 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 and we received confirmation that improved facilities to store drink thickening products had been put in place.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that complete and contemporaneous records were maintained in respect of each service user. This meant not all of the records relating to risks to people were kept up to date and accurate. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people's health and safety had been assessed and measures were in place to reduce identified risks. This information was clearly recorded within people's care files and records were up to date.
- The registered manager had ensured that people living with dementia who were at risk of leaving the building without support had a Herbert Protocol in place. The Herbert Protocol is a national scheme which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.
- Regular checks were made on the building, utilities and equipment to ensure they remained safe.
- Staff confirmed they had access to key policies and procedures that helped to keep people safe.

Staffing and recruitment

- Staff were safely recruited, and all necessary checks were carried out before starting work at Clarendon Court.
- We received mixed feedback about whether there were enough staff. One relative told us, "There's not enough staff they always seem to be very busy. There don't seem to be as many staff at the weekend". Some staff also felt staffing levels could be improved and one staff confirmed they had raised this already with the registered manager.
- We discussed this feedback with the registered manager who explained a number of people were due to start work soon. Despite this, we found that people's needs were met promptly. One person told us, "I cannot use my call bell (due to physical limitations) so I just shout when I need staff. They seem to come quickly".

Using medicines safely

- Overall, medicines were stored securely and medication rooms were clean and well maintained. One issue was highlighted which was discussed with the registered manager and the regional director. We received confirmation following the inspection that the issue had been resolved..

- Medicines were only administered by registered nurses and senior care workers who had been assessed as competent.
- Records of administration were well maintained, in line with best practice and completed comprehensively.
- People who were prescribed their medicines as and when needed (PRN), had required protocols in place to guide staff when their medicines should be administered.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Clarendon Court. One person told us, "Yes I feel safe here".
- Staff were aware of how to raise any concerns they had. A safeguarding policy was in place to guide staff in their practice and all staff had completed safeguarding training.
- Referrals had been made appropriately to the local safeguarding team.

Preventing and controlling infection

- Clarendon Court had systems in place to reduce the risk of infection. The home was clean, tidy and free from malodour.
- Staff had access to personal protective equipment such as gloves and aprons and we saw that these were used appropriately.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. They were reviewed regularly by the registered manager to look for any trends and identify whether future incidents could be prevented.
- Records showed that appropriate actions had been taken following incidents, such as making referrals to other healthcare professionals for advice and guidance.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they moved into Clarendon Court and detailed plans of care had been developed based on these assessments, as well as assessments provided by other health and social care professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- During the inspection we observed staff asking people for consent before they delivered care. We also saw that people had given their written consent to care where they were able.
- Where a person was unable to consent to their care, the registered manager had made appropriate applications for DoLS authorisations. Where DoLS had been authorised, this was clear in care plans and conditions were being met.
- Staff received training in the MCA and DoLS and could describe what this meant in practice.

Staff support: induction, training, skills and experience

- Training records showed that staff received the training they needed to do their job well.
- People told us they felt staff were well trained. Staff received an induction when they started in post and shadowed experienced staff until they knew how to support people safely. One person told us, "I think most of the staff know what they are doing. There are one or two new [staff], but they have someone with them to tell them what to do".
- Staff felt well supported. They had received regular supervisions and appraisals and told us they felt able to raise any issues they had with the registered manager.

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

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within people's care files.
- People spoke positively about the food on offer. One person told us, "I love bacon for breakfast and [staff] make it especially for me rather than having it as part of a big breakfast". Another person described the food as "exceptional".
- If there were any concerns regarding people's weight, referrals were made to the dietician for their specialist advice.
- We observed staff supporting people to eat and drink throughout the inspection and there were facilities for people and relatives to help themselves to drinks throughout the day. We saw people being supported to eat and drink at their own pace and appropriate equipment was available.

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

- People confirmed they had access to healthcare professional's when they needed it.
- People's care records showed that referrals were made to other health professionals in a timely way when their specialist advice was required. Advice provided by these professionals was incorporated within people's care plans.

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

- People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.
- People had the equipment they needed to be supported effectively and the home had considered appropriate signage to help people living with dementia orientate around their home.
- A lift was available to help people reach all floors of 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

- We observed warm interactions between staff and people living at Clarendon Court throughout the inspection.
- All of the people we spoke with were positive about the care they received and used words such as 'kind', 'caring', 'good' and 'helpful' when describing the staff.
- Staff were committed to provide a high standard of care and enjoyed their job. One staff member told us, "We all care about people and that is what it is all about. We say to people, 'If this was your relative, how would you want to be treated?' We treat people with respect. I love my job it is really rewarding".
- Clarendon Court had a calm living environment and we observed warm and friendly but still professional conduct from staff.
- People's diverse needs were known and respected, including any characteristics from the Equality Act 2010. Staff supported all people with relationships that were important to them and were open to people of all faiths and beliefs. The activities coordinator arranged church services and religious readings for people to access.
- An equality and diversity policy was in place and staff had received training in this area. One staff told us, "We treat people very differently dependent upon their needs and what they want. [We] approach each person differently to make them feel comfortable. Remind people it's their home and do what they want to do".

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

- People told us they were involved in the development and review of their care plan and confirmed their relatives had also been involved.
- We observed people being treated with dignity throughout our inspection.
- People confirmed that staff respected their privacy. We observed staff knock and ask permission before entering people's bedrooms.
- Care plans described where people required support and where they could be independent, and we were told how staff supported people to be as independent as possible. One relative told us, "Myself and our family are very happy with the care [name] receives at the home and [name] also seems happy. [Name] has made more progress here than [they] did in a rehabilitation unit".

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 told us they received care that met their personalised needs and preferences. One person told us, "I nearly always have a man for my shower because I prefer that. They do a proper job washing my hair and have a laugh and a joke with me"
- Care plans were detailed and person-centred, reviewed regularly and plans were reflective of people's current needs.

End of life care and support

- The registered manager had developed close relationships with the local hospice and also with MacMillan nurses and the home supported a number of people at the end of their life.
- Staff were working closely with the hospice to receive training and support and had a clear understanding of the needs of people. One staff described good end of life care as, "Making sure people are comfortable and pain free as much as possible. Whatever the person wants when it comes to the end and the person wishes are respected. We support the families also. And make sure they are okay".
- Sensitive care plans were in place and detailed medical needs as well as people's personal preferences.

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.

- The communication needs of people were assessed and care plans contained detailed information about people's communication needs. Staff were aware of people's communication needs and whether people needed spectacles and hearing aids to effectively communicate their needs.
- The provider told us they could provide information in other formats should it be required. As an example, the service accessed 'Talking Newspapers' which enabled people no longer able to read to keep up to date with local news.

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

- There were a range of opportunities for people to follow their interests. Clarendon Court employed an activities coordinator who was enthusiastic and eager to ensure people's preferences were catered for.
- People confirmed they could access the local community should they wish and we heard people went to local coffee shops, restaurants and shopping.

- Within the service there was an onsite pub and beer garden. There were also regular visits from a local school where children came to read stories with people living in the home and a weekly therapy dog visit. Daily activities were advertised to enable people to become involved.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- People confirmed they knew how to raise a complaint and were confident in doing so.
- Complaints received had been investigated and responded to appropriately.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust monitoring of the service through effective audits. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had improved systems to assess and monitor quality and safety and there was a clear framework of governance underpinning the service. Audits and other checks completed by the registered manager and the regional director were effective in identifying and driving improvements.
- The registered manager also acted in a prompt manner on any issues that arose during the inspection.
- The registered manager understood their responsibility for notifying the CQC of events that occurred within the service and we saw that accurate records were maintained.
- The most recent CQC rating was clearly displayed in the reception areas as well as on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People told us that the service was well-led. One relative said, "I would recommend this place to anyone". Another told us, "I am quite happy with the service I can't fault it".
- Staff were fully aware of the vision and values of the service. One staff described this as, "Providing excellent care" and "maintaining peoples independence" and were able to tell us how they put these values into practice.
- Most people we talked to told us they knew who the registered manager was who was described as 'approachable'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and gather their feedback regarding the service. Not

everyone attended resident or relative's meetings but could access minutes. We read how one meeting had resulted in the registered manager exploring options to improve the garden areas.

- Staff were engaged and motivated and felt value in team meetings which they felt there was an open and honest forum to share their views and feel listened to. One staff told us, "I love working here".
- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people.