

Bondcare (London) Limited

Clarendon Nursing Home

Inspection report

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Tel: 02086891004

Date of inspection visit:
10 July 2018

Date of publication:
15 August 2018

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 took place on 10 July 2018 and was unannounced. Clarendon Nursing Home has previously been inspected by the Care Quality Commission (CQC) when managed by another provider. However, the service was registered as new in July 2017 when a new provider took over the service at that time. This is the first inspection of the service since that date. You can access previous inspection reports about the service by selecting the 'all reports' link for Clarendon Nursing Home on our website at www.cqc.org.uk.

Clarendon Nursing Home 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. Clarendon Nursing Home accommodates up to 51 people in one adapted building across three floors. One of the floors specialises in providing care to people living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager had a good understanding of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service.

At this inspection we found management monitoring and oversight of the safety and quality of the service was not as effective as it should have been. We identified medicines in one clinical room had not been stored at recommended temperatures. This posed a risk to people's health and wellbeing as their prescribed medicines may not have worked as intended. Senior staff had been aware of this issue but had not removed medicines from this room to reduce this risk to people.

We identified concerns about the numbers of staff on duty at the time of our inspection. People and staff told us at times there were not enough staff to meet people's needs. We observed staff took longer to respond to calls bells during the afternoon. Staffing levels had not been formally reviewed when new people started to use the service or as people's needs changed. This meant the provider could not be assured that staffing levels had been adequate at all times to safely meet the needs of all the people using the service.

We found staff were not consistently being provided opportunities through supervision and appraisal to discuss current working practices and any concerns they had about this. The provider could therefore not be assured that senior staff were promptly identifying and addressing concerns that could impact on the health and wellbeing of people using the service.

After our inspection the provider took steps to address the concerns we found. Medicines were removed from the unsafe clinical room. The provider increased staffing numbers in the afternoon. Arrangements were made to bring all outstanding supervision and appraisal meetings up to date.

Other checks and audits of the service had been more effective. When areas for improvement had been identified through these checks, senior staff acted to make any changes that were needed. Learning from incidents, safety concerns and when things went wrong, was also used to make improvements at the service to ensure people's ongoing safety and wellbeing.

People were safe at Clarendon Nursing Home. Staff knew how to safeguard people from abuse and followed appropriate guidance to minimise identified risks to people's health, safety and wellbeing. Regular checks of the premises and equipment were carried out to ensure these were safe and posed no risks to people. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing, handling and storing food. The premises was clean, clear of slip and trip hazards and was a comfortable and supportive environment, particularly for those living with dementia.

The provider had appropriate recruitment arrangements in place to check the suitability of staff to support people. Staff received relevant training to meet people's needs. They were kind and caring. Staff knew people well and provided support that was dignified, respectful and which maintained people's privacy. They encouraged people to be as independent as they could be. People were encouraged to take part in activities to meet their social and physical needs and to reduce risks to them from social isolation. People were also supported to pursue their specific interests. Staff had received training to ensure that people would receive support at the end of their life that was comfortable and dignified.

People were supported to stay healthy and well and staff encouraged them to eat and drink sufficient amounts to meet their needs. Staff supported people to take their prescribed medicines when required. Staff monitored people's general health and wellbeing and where there were any issues or concerns about a person's health, staff ensured they received prompt care and attention from the appropriate healthcare professionals.

People and their relatives contributed to the planning of their care and support. People's needs and specific preferences for how they wished to be cared for and supported were set out in their individual support plans so staff had information about how this should be provided. Staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They obtained people's consent before providing support and followed legal requirements where people did not have the capacity to consent. Senior staff reviewed people's care and support needs regularly to ensure staff had current information about these. People's care records were well maintained, up to date and stored securely.

Staff spoke positively about the senior staff team and said they were supportive. People and staff were provided opportunities to give their views and to make suggestions for how the service could be improved. The provider maintained appropriate arrangements to deal with people's complaints and concerns if they were dissatisfied with any aspect of the service.

Since the provider took over ownership in July 2017, they had acted to make positive changes and improvements at the service. The premises had been refurbished and updated. The registered manager told us improvements were continually being made as and when required so that Clarendon Nursing Home was a pleasant and comfortable place for people to live. The registered manager said they had been well supported by the provider in their role.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, senior staff at the service worked collaboratively with local authorities funding people's care. This helped to ensure people continued to receive the appropriate care and support they

required.

At this inspection we found the provider in breach of legal requirements with regard to good governance. You can see what action we told the provider to take with regard to this breach 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?

The service was not always safe. Not all medicines had been stored safely. There were not enough staff at times to meet people's needs.

However, people received their medicines as prescribed.

Staff knew what action to take to protect people from abuse and to minimise identified risks to people's health and wellbeing. Regular checks of the premises and equipment were carried out to ensure these were safe.

Appropriate checks were made on staff's suitability to work at the service. They followed good practice to reduce infection risks to people when providing personal care and when preparing and handling food.

The provider acted on incidents and safety concerns and made improvements when things went wrong.

Requires Improvement 

Is the service effective?

The service was effective. People's needs had been assessed in line with current legislation and standards. Staff received training to help them meet people's needs. However, support through supervision and appraisal had not been consistent for all staff.

Staff supported people to keep healthy and well. People had access to healthcare services for support with their healthcare needs. Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought for people.

The environment was well designed and provided a comfortable and supportive environment for people.

Staff were aware of their responsibilities in relation to the MCA and DoLS.

Good 

Is the service caring?

Good 

The service was caring. Staff were kind and caring. They respected people's rights to be treated with dignity and respect. They respected people's privacy particularly when receiving care.

People were supported by staff to be as independent as they could be.

Visitors were free to visit their family members or friends when they wished and no restrictions were placed on them.

Is the service responsive?

Good ●

The service was responsive. People were involved in planning their care and support needs. Support plans reflected their preferences for how they were supported. These were reviewed regularly by senior staff.

People were encouraged to take part in activities to meet their social and physical needs and to reduce risks to them from social isolation.

The provider had appropriate arrangements in place to deal with any concerns or complaints people may have.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Management monitoring and oversight of medicines, staffing levels and staff supervision arrangements had not been effective as it should have been.

Checks and audits of other aspects of the service helped the provider review quality and safety in these areas.

Senior staff were accessible and supportive. People's and staff's views about the service were sought and used to review and improve the quality of service people experienced.

The provider was making positive changes to continuously improve the service. They also worked in partnership with others to continuously improve the delivery of care to people.

Clarendon Nursing 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 10 July 2018 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. We used 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. We also looked at statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During our inspection we spoke to six people using the service and a visiting relative. We spoke to the registered manager, the deputy manager and a registered nurse. We also spoke to four care support workers, the regional maintenance manager and the office administrator. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at six people's care records, medicines administration records (MAR) for all the people using the service, six staff files and other records relating to the management of the service.

After the inspection we spoke with the regional manager who provided us with additional information about staffing levels. We also received information from the registered manager about staff training and supervision arrangements and improvements made at the service to medicines storage.

Is the service safe?

Our findings

Aspects of the way medicines had been managed at the service had not been safe. Medicines were stored in three clinical rooms at the premises. Current best practice for the safe storage of medicines issued by the National Institute of Clinical Excellence (NICE), in their guidance 'Managing medicines in care homes' advises that temperatures in areas where medicines are stored should be monitored to ensure that these met manufacturers recommendations. Medicines stored in two of the clinical rooms were stored safely and securely. Recommended practice for the safe storage of medicines advises that medicines should be stored at temperatures between fifteen to twenty-five degrees Celsius. Medicines requiring fridge storage should be stored at temperatures between two to eight degrees Celsius. Records maintained of air and fridge temperatures in these rooms showed these consistently remained within recommended ranges. However, daily records for the third clinical room showed, since the 10 June 2018, the room temperature was consistently recorded at twenty-eight degrees Celsius and as such above the recommended range. This was unsafe as medicines stored outside the recommended range may not work in the way they were intended, and so therefore posed a risk to the health and wellbeing of the person receiving the medicine.

We spoke with the registered manager about this who made immediate arrangements to remove some of the medicines in this room to another area. They told us the remaining stock of medicines would be removed immediately after our inspection. We received an email after our inspection from the registered manager to confirm one of the other clinical rooms had been adapted to accommodate the medicines removed from the unsafe clinical room which reduced the ongoing risk that these medicines might have posed to people.

Notwithstanding the issue above we found people were supported to take the medicines prescribed to them. One person said, "The nurses give the medication on time." People's care records contained information regarding their medicines and how they needed and preferred these to be administered. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. Staff were suitably trained and their competency to safely administer medicines was reviewed and assessed by senior staff.

People and staff told us, at times, there were not enough staff on duty to meet people's needs. One person said, "I do not think there is sufficient staff on each day. I wait for too long for my personal care...today it appears everyone's here. I wish it's always like this. Everything was on time." Another person told us, "There is never enough staff but they try their best." The registered manager told us staffing levels on two of the three floors were reduced by one staff member on these floors at two pm each day. A staff member confirmed staffing levels dropped in the afternoon but did not fully understand why this had happened as they told us people's needs did not change. They said, "On the ground floor there should be more staff... when you have to put [people] back to bed it would be easier to work two on two so they don't have to wait." Another staff member told us they found the drop in staff numbers after two pm a struggle particularly when people needed assistance to move and transfer with the use of a hoist. A third staff member also said they found the reduction in staff numbers difficult to manage and told us, "If personal care involves two staff

we can't just leave them if another person needed us." We observed in the afternoon on three separate occasions call bells rang but staff took longer to answer these than during the morning. We also saw, after finishing an interview with a staff member as part of our inspection, the staff member rushed down the corridor to check on a person who's call bell had been ringing for some time and was becoming distressed. The staff member comforted the person, holding their hand to reassure them.

We discussed our observations and the feedback we received with the registered manager. The registered manager took our concerns on board and said they would immediately review staffing numbers after the inspection to assure themselves there were enough staff on duty to meet people's needs. The day after our inspection we spoke with the regional manager for the service who told us staffing numbers on two of the three floors had been increased by one on each floor in the afternoon in response to our feedback. They also said regular dependency checks would be introduced to check these levels remained adequate to meet people's needs at all times. We will review at our next inspection of the service whether these changes had led to improved outcomes for people using the service.

People said they were safe at Clarendon Nursing Home. One person said, "Yes I do feel safe, I wander around any time I want with the support of staff, and staff check on me to see everything is okay. I keep my door open all the time." Another person told us, "Yes the staff seem to know my safety needs. They are always going on training for one thing or another." The provider had appropriate arrangements in place to safeguard people from abuse. Staff had been provided training in how to safeguard adults at risk and told us the action they would take if they had a concern about a person to ensure the person was protected. The provider had a policy and procedure for staff to follow on how to report any concerns they had about a person to a senior staff member or to another appropriate authority such as the local council. Records showed the provider had reported any concerns that were made aware of about a person to the local council and cooperated fully in subsequent enquiries and/or investigations.

The provider assessed, monitored and reviewed risks to people's safety due to their specific needs. These covered a wide range of risks posed to people by their physical, physiological and mental health needs. People's records contained current information and guidance for staff on how to manage identified risks to keep people safe from injury or harm. We saw a good example of this for one person who had limited mobility and movement. Staff had been provided clear instructions on how to move and transfer the person using a hoist and sling in a safe and appropriate way. We also saw arrangements in place to move and turn the person at regular intervals to reduce the risk of pressure sores developing from prolonged pressure on the skin. The person was provided an air flow mattress as this also helped to reduce this risk. Staff were knowledgeable about the individual risks posed to people and able to explain how these should be minimised to protect them. One person said, "They focus on my individual needs. I cannot balance very well on my own two feet. They make sure I always have my walker nearby."

Measures to reduce risks posed to people's safety by the environment were also in place. For example, the provider maintained and serviced the premises and equipment and we saw evidence of recent checks of; the gas heating system, water hygiene, portable electrical appliances, fire equipment, alarms, emergency lighting, hoists, assisted baths, the lift, hot water temperatures and window restrictors. The premises were clear of trip and slip hazards which reduced the risk of people falling when moving around the environment. We saw innovative use of technology to help keep people safe. Assisted baths had in-built water temperature sensors to help staff monitor the safety of hot water to reduce the risk of scalds to people.

When accidents or incidents involving people had occurred these had been reviewed by the provider to identify any learning in terms of new, emerging or changing risks to people so that appropriate measures could be put in place to ensure their continuing safety. We saw a good example of this where the provider

had used their learning from an incident involving a person to deliver training to all staff on how to support people who needed extra support with their mental health needs. Training was focussed on how to identify this risk and the ways in which this risk could be minimised for the person. We saw a good example of this for one person where practical steps and measures had been put in place to minimise the risk presented to them from the change in their mental health needs.

The provider had appropriate recruitment arrangements in place to check that staff were suitable to support people. Records showed the provider carried out checks on staff which included obtaining and verifying evidence of; their identity, right to work in the UK, training and experience, character and previous work references and criminal records checks.

Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. The environment, including communal areas such as toilets and bathrooms, were clean, well maintained and equipped with liquid soap and hand towels to promote good practice in hand hygiene. We saw staff wore personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases. Housekeeping staff were visibly present throughout the day of our inspection cleaning and maintain the environment. Staff that worked in the kitchen had received training in food safety so they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

The provider acted to make improvements when things went wrong at the service. Prior to this inspection we were aware of two safety concerns at the service that had occurred in the preceding six months. In both instances a person had incurred an injury but no explanation or reason for this could be established. The provider had cooperated with the subsequent investigations into these incidents undertaken by the local authority and taken steps to improve current working practices to reduce the risk of further reoccurrence. For example, the registered manager told us it was now mandatory for two staff to assist people when moving and handling people that needed to be nursed in bed, for example when they received a bed wash and helped to get dressed. The registered manager also told us forms completed by staff recording their observations of the support provided to people had also been revamped to provide more meaningful information to all involved in people's care about the support that had been provided to them. We saw from minutes of staff team meetings that took place after these incidents staff were reminded of their responsibilities to report safety concerns about people and how they could do this through the provider's safeguarding and whistleblowing policy.

Is the service effective?

Our findings

People's records showed their needs had been assessed, in line with current legislation and standards to determine the level of support they required. This information was used to plan and deliver care that would help people to achieve positive outcomes in relation to their healthcare needs. There was good information on people's records for staff on how to help people manage their specific healthcare conditions effectively, through for example an appropriate diet and timely support with their prescribed medicines. Where people could experience a medical crisis due to their specific conditions there was information for staff on how to recognise the signs that would indicate this and the appropriate support that should be provided or sought for the person.

Staff received relevant training to help them meet people's needs. A staff member told us how training had supported them to communicate more effectively with people living with dementia. "It helps me understand them and find a way to communicate to see if we can help them to give them what they need." Records showed training for staff was provided in topics and areas specific to their roles. Senior staff monitored training information to ensure staff attended refresher training when required. This ensured staff kept their knowledge and skills up to date with current best practice. Registered nurses received additional training and support as part of their continuing professional development. Their ongoing competency was reviewed by senior staff as part of the provider's clinical assessment of their practice. All new staff were required to successfully complete a programme of induction before supporting people unsupervised.

The provider had a supervision and appraisal framework in place that provided staff the opportunity to meet with their line manager, minimally once every three months, to reflect on their work performance, discuss any issues or concerns they had and identify how they could improve their work practice through further training and learning. We noted some staff had not had a supervision or appraisal meeting with their line manager within the last three months. We discussed this with the registered manager who made arrangements after our inspection to bring all outstanding supervision and appraisal meetings up to date.

Staff supported people to keep healthy and well and made sure people had access to the relevant healthcare services when they required support with their healthcare needs. People were supported to see healthcare professionals as and when required such as the GP, dentist and optician. One person said, "If I need the doctor, the GP will be informed...we have other specialists also coming to visit." Regular health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. At each shift handover, the Registered Nurse went through a 'handover sheet' with staff members coming on duty. This provided a brief overview of the specific needs of each person and any concerns about their current health and wellbeing that staff needed to be aware of prior to delivering any care and support. When staff became concerned about a person's health they took prompt action to ensure the person received appropriate support from the GP. Senior staff sought input and worked collaboratively with a wide range of healthcare professionals such as the GP, community nurses, speech and language therapists and mental health professionals to ensure that people's specific healthcare needs were being effectively met through the care and support provided.

Staff supported people to eat and drink sufficient amounts to meet their needs. One person said, "The food is good. Sometimes not to my taste...but if I ask for something I really want they give it me. I wanted steamed broccoli which was not on the menu and I got it, and it was cooked very well." We observed staff encouraged people to eat their meals and checked that people had eaten enough. Staff also made sure people had access to drinks to help them to stay well hydrated. Staff were knowledgeable about people's individual dietary needs including their specific likes and dislikes, food allergies and specialist dietary needs due to their healthcare, cultural or religious needs. Senior staff undertook monthly nutritional risk assessments to check that people were eating and drinking enough. Where any concerns about this were identified they sought specialist support from the relevant healthcare professionals.

The premises provided a supportive and comfortable environment for people to live in, particularly for those who may be frail, have reduced mobility and may be living with dementia. To support people to move around safely, grab rails had been located throughout the premises and corridors were clear of obstructions, wide and bright. These areas along with communal areas and individual bedrooms could comfortably accommodate wheelchair users. Signs and pictures were used throughout the environment to help people identify important rooms or areas, such as their bedroom, toilets and bathrooms. Menus used pictures to describe meals so people who had difficulty reading and understanding written word were not excluded. People had flexibility in terms of how they wished to spend their time. In addition to their own bedroom people also had use of communal lounges and dining areas which were warm and comfortable spaces to spend time in. There was also a small well shaded garden if people wished to spend time outdoors.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

As part of the planning and review of their care and support, staff assessed people's understanding and ability to consent to the care and support they needed. Senior staff ensured people's relatives or representatives and the relevant healthcare professionals were involved in making specific decisions in people's best interests, where people lacked capacity to do so. We saw applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Is the service caring?

Our findings

People spoke positively about staff. Comments we received included, "Staff are friendly, kind, respectful and loving."; "The staff have time to sit down and listen to what I have to say."; "I only want a woman to do my personal care, and it's not a problem at all."; "I need help in eating and there is someone ready to cut up my food nicely to be able to eat."; "And, "I'm happy with the care they provide. Nothing to complain about."

Staff were enthusiastic and caring about the people they supported. One staff member said, "The best thing is my relationship with the residents and when you see they are content and satisfied." Another staff member told us, "I love my job so much, I love to look after people." And another staff member said, "We work as a team and this helps with the challenges...knowing the residents is really important."

During our inspection we observed positive interactions between people and staff. Staff chatted with people, asked how they were and regularly checked if people required any help and assistance from them. People appeared comfortable and relaxed with staff and readily asked for their support when they wanted this. People were not rushed and given time to make choices. Staff were patient and considerate, listened to people and respected their choices about what they wanted. People moved or did activities at a pace that suited them and they were not hurried or rushed. For example, we observed a staff member seated with a person who had difficulty eating without support. The staff member let the person eat at their own pace, praised them for their efforts and encouraged them to eat as much as they could. All the time this was done the staff member remained patient and understanding and maintained a friendly and chatty conversation with the person to make the experience more enjoyable for the person. We saw staff reacted promptly and appropriately when people became agitated, distressed or disorientated. They alleviated people's anxiety or agitation in a calm and reassuring manner and gently supported people to reorientate.

People's privacy and dignity was respected and maintained. One person said, "They knock when coming to your room. They greet you with respect and they are not pushy." A staff member told us, "I always give people a choice (about), the food they eat or the clothes they wear." Staff addressed people by their preferred name and asked for their permission before providing any support. We observed staff knocked on people's doors and waited for permission before entering their rooms. Doors to people's rooms and communal bathrooms and toilets were kept closed when people were being supported with their personal care to ensure they were afforded privacy. People were dressed in fresh, clean clothes and their hair and nails were tidy and trim.

Staff encouraged people to be as independent as they could be. One person said, "I have days that I go out for shopping if I need anything for myself or just to go and look around with staff." People's support plans set out for staff what people could do for themselves in terms of their care needs. This guided staff on how to support people to retain as much control and independence as they could with the tasks of daily living. For example, where people could undertake some aspects of their personal care staff were instructed to only step in when people could not finish this safely without their support. We saw staff prompted people to do as much as they could and wanted to do for themselves, offering appropriate praise to encourage people.

People said staff were welcoming towards their relatives and friends and did not place unnecessary restrictions on them when visiting the service. One person said, "Staff are good with my family. They always try to make them feel at home and there is always an offer of a cup of tea." A relative told us they could visit at any time and if they wanted to join in and help in activities they could do so.

Is the service responsive?

Our findings

People contributed to the planning and delivery of their care. Records showed people and their representatives were involved in discussions about how their care and support needs would be met by staff. Senior staff undertook detailed assessments with people before they started to use the service to establish the level of support they required and their choices and preferences for how this was provided. Where people could not participate in these discussions their representatives provided important information about them and how they would want their needs to be met. Information from these discussions was then used to develop an individualised support plan for people.

People's care records were current and contained information about their likes and dislikes and their preferences and choices for how support should be provided to them. There was information for staff on how people should be supported. For example, with the help they needed in the morning to get ready for the day ahead, how and from who they wished to receive personal care and how they wished to spend their day. There was also important information about their cultural and spiritual beliefs and how they wished to be supported with these, for example, to attend religious services when they wished. Information in people's support plans helped staff deliver support that was personalised and tailored to their individual needs. Staff demonstrated a good understanding of people's needs and how people wished to be supported with these. People's needs were reviewed by senior staff and we noted where changes to these were identified, their records were updated promptly so that staff had access to current information about the level and type of support people required.

The provider offered people a range of activities to meet their social and physical needs and to reduce risks to them from social isolation. The service had dedicated staff to provide daily activities which ranged from games, quizzes and puzzles, pampering sessions, exercise classes, arts and crafts, tasting and baking and watching movies. On the morning of our inspection we saw people took part in a faith service. We noted people from different faiths and cultural backgrounds were encouraged to take part so that they were not excluded from the activity. People enjoyed taking part and were laughing and singing along to hymns and songs. In the afternoon we saw staff do one to one activities with people such as playing dominoes or pampering sessions such as nail painting. In addition to activities at the service, outings were also arranged for people to attend in the community such as trips to the seaside and one was currently being arranged at the time of this inspection. People told us they were encouraged by staff to pursue their individual interests and hobbies. One person told us, "I go out to play golf once every week." Another person said, "I go out to a local church every Sunday for worship... [staff members] will go with me." Another person told us, "I go out to help at my local church's activities every Wednesday."

The provider had appropriate arrangements in place for dealing with people's complaints or concerns if these should arise. The provider's complaints policy was displayed in the main entrance of the home and contained information about how and to whom people and/or their representatives should make a formal complaint. Records showed when a concern or complaint had been received the registered manager had investigated, provided appropriate feedback to the person making the complaint and offered an apology, where this was appropriate.

Staff had received specialist training to provide care and support to people at the end of their lives. This training helped staff to coordinate and plan the care and support people needed so that people did not have to leave the service to have this support delivered by another provider. This helped to ensure people would be afforded the comfort and dignity they deserved at the end of their lives.

Is the service well-led?

Our findings

Management monitoring and oversight of the safety and quality of the service was not as effective as it should have been. At this inspection we identified a serious concern about the storage of medicines in one of the three clinical rooms at the service. Our checks of the provider's own internal audits showed the registered manager had been aware since June 2018 that the recorded temperature in this clinical room had exceeded recommended ranges. However, the medicines in this room had not been removed whilst a solution to remedy the issue was sought. This could have posed an unnecessary risk to people's health and wellbeing as their prescribed medicines may not have worked as intended, due to the temperatures they had been stored at.

We identified concerns about the current numbers of staff on duty and whether there were enough to meet people's needs. We found the registered manager was not formally reviewing staffing levels each time a new person started to use the service or when a person's care and support needs had changed. This meant the provider could not be assured that staffing levels had been adequate at all times to safely meet the needs of all the people using the service.

We also identified insufficient monitoring and application of the provider's staff supervision and appraisal policy. We found not all staff had had a formal meeting with their line manager within the last three months. This meant staff were not consistently being provided opportunities to discuss current working practices and any concerns or issues they may have had about this. The provider could therefore not be assured that senior staff were promptly identifying and addressing any issues or concerns about staff's working practices that could be impacting on the health and wellbeing of people using the service.

After our inspection the provider took steps to address the concerns we found. However, the issues we found constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks and audits of the service such as people's care records and the health and safety of the environment had been more effective. We saw any improvement actions following these audits had been dealt with promptly by staff. People's care records were well maintained, up to date and stored securely. There was up to date information about the risks posed to people's health and safety with appropriate plans in place to manage these.

We received positive feedback about the senior staff team at the service. One staff member said, "We have had some difficult times but the managers are always open and supportive." Another staff member told us, "If we need anything the manager is really good. I try to help [registered manager] and they help me. They listen to me. I'm really happy in my work." The registered manager told us they operated an 'open door' policy and people, their representatives and staff were welcome to pop in and see them when they liked. The registered manager had a good understanding of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider took appropriate action to ensure

people's safety and welfare in these instances.

People were provided opportunities by the senior staff team to give their views and to make suggestions for how the service could be improved. People and their relatives were invited to attend quarterly 'relatives and residents' meetings at the service hosted by the registered manager. Following these meetings peoples' feedback had been used to improve aspects of the service such as the menu and the activities provided. Staff were also provided an opportunity to make suggestions for improvements through staff team meetings which took place monthly. The registered manager told us plans were underway to invite people, relatives and staff to share their views and feedback about the service through a quality survey.

Since the provider took over ownership and management of the service in July 2017, we saw they had acted to make positive changes and improvements at the service. Bathrooms and shower rooms had been refurbished. New lighting had been introduced to make communal areas brighter. People's individual rooms were being refurbished and new bedroom furniture and televisions had been bought for peoples' rooms. New flooring was also in place around the premises and the garden had been made into a more pleasant space for people to spend time in. The registered manager told us improvements were continually being made as and when required and the changes had made the Clarendon Nursing Home a more pleasant and comfortable place for people to live.

The registered manager said they were well supported by the provider in their role. We saw senior staff from the provider's organisation had been working closely with the registered manager to identify ways in which staff working practices could be continually improved. The provider undertook their own checks of the current quality of the service and shared any issues or concerns identified, with the registered manager who made improvements when these were needed. A staff member told us the provider had brought in positive changes to their working practices and they said they had new duties and responsibilities which they said they enjoyed. They told us, "I feel there is more stability now. [The provider] has done quite a bit and have really invested in the home.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, senior staff at the service worked collaboratively with local authorities funding people's care so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those service) Regulation 17(2)(a).