

# Care UK Community Partnerships Ltd

## Clara Court

### Inspection report

21 Courthouse Road  
Maidenhead  
Berkshire  
SL6 6JE

Tel: 01628776022  
Website: [www.claracourtmaidenhead.co.uk](http://www.claracourtmaidenhead.co.uk)

Date of inspection visit:  
12 April 2016

Date of publication:  
08 June 2016

### 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

Clara Court is a residential home located in Maidenhead. It provides accommodation for up to 76 people who require personal care and support on a daily basis. The home cares for older people who are physically and/or mentally frail and people living with dementia. Clara Court does not provide nursing care.

Clara Court is a purpose built care home situated over three floors. The service had a light, airy and homely feel and was kept clean and tidy. The home had a lift which meant people with mobility issues could access all areas of the service. One person commented "Lovely and clean, not a speck of dust."

People, relatives and professionals were extremely complimentary about Clara Court. Comments included "Yes they do look after me very well. Very happy here", "Very good care - can't grumble about anything", "Oh yes! They look after us so well. Get what you need. Lovely caring people", "Carers brilliant - care brilliant, couldn't be better", "Wonderful care by kind people", "Staff very loving, sense of humour, good rapport", "Staff take time to introduce X to new carers", "Carers supportive, senior people really very good and supportive", "Carers brilliant. Everything I have seen is superb. Very focussed care", "First, when came X came in she was worried but now for the last 5 months no tears and has settled thanks to the care she has received", "100% sure. Over the moon about this place. So impressed with every member of staff" and "Care is beyond expectations."

People were treated with dignity and respect by staff who were kind, considerate and caring. We made good observations of staff engaging people in conversations, kneeling down next to people to be at their level and responding quickly to people's requests. Discussions with staff demonstrated they knew people's needs well and knew how to support them in a person-centred manner. Staff also promoted best practice when working with people with dementia to enable them to have fulfilled lives.

Throughout the inspection, we found common themes of 'Choice', 'Striving for excellency' and 'Clara Court is their [The people who lived at Clara Court's] home. One staff member told us "This is the person's home. They should get what they want, when they want it and how they want it."

There was clear management oversight of the service and efficient procedures in place to ensure the service was run well and people were kept safe.

Plenty of activities were provided to people living at Clara Court by activities co-ordinators who had a clear

passion for their roles. We saw staff were dedicated and hard working to ensure people were kept safe and well.

Staff received an array of training in order for them to be competent in their roles. Staff also received regular supervision to update their knowledge and skills. People's medicines were managed well to ensure their safety.

We observed good use of dementia aids and tools to support people living with dementia. People were supported to receive appropriate nutrition and hydration and procedures were implemented to ensure people had enough to eat and drink. Staff took their time to support people in a person-centred manner. People's health was promoted through good links with health community professionals.

## 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.

People were protected from risk of potential harm by staff who knew how to respond appropriately.

Medicines were managed well.

Staffing levels were appropriate to the number of people living at Clara Court.

### Is the service effective?

Good 

The service was effective.

Staff received effective training and supervision to ensure their knowledge and skills were up to date.

People were supported in line with the Mental Capacity Act (MCA) and DoLS (Deprivation of Liberty Safeguards).

There were excellent procedures in place to ensure the service ran as effectively as possible.

### Is the service caring?

Good 

The service was caring.

Staff were kind, caring and responsive to people's needs.

People were treated with dignity and respect by staff who knew their needs well.

Staff took time to engage with people and to improve their quality of life.

### Is the service responsive?

Good 

The service was responsive.

There was a wide range of activities for people to participate in.

People were encouraged to have their voice heard about the way the service ran.

Care plans were reflective of people's needs and reviewed accordingly.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was excellent management oversight of the service.

Management consistently thought about how they could improve the service and implemented changes to do so.

Clear auditing and assurance procedures were in place to ensure the quality of the service provision.

# Clara Court

## **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 the 12 April 2016 and was unannounced. The inspection team consisted of an inspector, a specialist advisor 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.

We checked to see what notifications had been received from the provider since their last inspection in January 2014. Providers are required to inform the CQC of important events which happen within the service.

We did not ask the provider to submit a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the manager, deputy manager, operations director, seven staff members, six relatives, one visitor and 11 people who used the service. We also spoke with the visiting GP. We reviewed six care plans, medicine records and staff documentation including supervision and training records and copies of quality assurance documentation. We also spoke with activities staff and kitchen staff.



## Our findings

People, relatives and visitors we spoke with told us they or their loved ones felt safe living at Clara Court. Comments included "I do not worry about when I cannot visit X. I know she is safe and well looked after", "Feel very safe-never had any problems at all", "Very safe and very happy. Feel at home here. It is full of nice people", "People looking out for me so it feels a safe place to live" and "Safe yes! X is very happy with the place. Very well looked after and supported to live with her condition."

People were protected against potential harm by staff who had been trained to recognise abuse, and how to raise concerns appropriately. Staff had received safeguarding training and received refresher training to ensure their skills and knowledge were up to date. Safeguarding was also discussed regularly at meetings and during supervision. Staff we spoke with knew how to protect people from harm and were able to explain how they would raise their concerns. Throughout the service, we saw safeguarding information displayed which provided guidance on how to raise potential concerns.

Risk assessments were in place where it was identified that people could potentially be placed at harm. For example, limited mobility, risk of falls and risk of malnutrition. We saw risks were assessed and assessments were updated frequently to ensure people were safe. For example, where people were unable to use a call bell to call for assistance, regular checks were in place to ensure the person was safe. During our inspection an incident occurred which placed a person at risk. Staff were quick to respond and put measures in place to ensure the person was safe.

The environment of the home was adapted to ensure people's safety, for example, window restrictors, clutter-free hallways and communal areas and keypads and locks on rooms where potentially hazardous substances were kept. Health and safety checks were also undertaken to ensure people were not placed at unnecessary risk.

There were appropriate numbers of staff working at Clara Court to ensure people's needs were met. We were provided with the last four weeks of rotas and found staffing levels to be in line with what the provider had assessed as appropriate. Throughout the day, staff were constantly visible and call bells were answered promptly. Where people requested assistance, staff quickly responded to help people. Staff told us although they were busy; they felt there was enough staff on shift to assist people. Each unit had its own senior carer and care workers who were overseen by a team leader. One person commented "I can talk to anybody if I am worried." Staff had time to sit and talk to people and to support with one to one activities.

Medicines were managed well within the service. Before staff administered medicines to people they were trained and assessed as competent to do so. Medicines were locked away securely in a temperature controlled room between each medicines round to ensure people's safety. We looked at Medicine Administration Record (MAR) charts for people living at Clara Court. We saw people were administered their medicines in a timely and safe manner. Controlled drugs (Medicines which need to be safely stored and recorded due to their nature) were given on time and we saw two staff were required to administer and check. We stock checked loose medicines for people and found them to be in line with the balance staff had recorded. Where people were provided with 'as required' (PRN) medicines, clear guidance was in place.

We found there to be safe recruitment procedures in place. We looked at five recruitment files and found required checks were in place including evidence of conduct in previous employment and a satisfactory Disclosure and Barring Check (DBS) to ensure staff's suitability to work with adults. Some files did not contain evidence of gaps in employment history explained, however by the end of the day, the management and administrators had collected this information.

People were protected against associated risks in relation to fire safety. Each person's door had a coded sticker on them which highlighted people who would need assistance in the event of a fire. We found a fire risk assessment and personal evacuation plans in place for people living at the service. On the day of our inspection, practical fire training took place for some staff members.



## Our findings

Clara Court had excellent procedures and oversight in place to ensure the service was running effectively. When documentation was asked for, it was provided swiftly and in full detail. There were clear processes in place in relation to the monitoring of staff, people's health and promoting good practice when working with people living with dementia.

Before commencing work, staff received an effective induction. New staff were introduced to the service and read the provider's policies and procedures. Staff were also provided with a handbook which they were required to work with alongside completing the new Skills for Care Care Certificate. New staff shadowed more experienced staff and were required to work with the deputy manager before they were signed off as competent. We saw excellent observation minutes from the deputy manager which demonstrated key areas they looked at and assessed whilst working with a new staff member. In one case, we were provided with a copy of an observation where the deputy manager had translated their findings into another language so they could fully understand how the observation went and the terminology associated with it.

We saw evidence of competency framework tools used to ensure staff were competent to undertake their roles. A key element of the competency framework was around reflection. Reflection is a tool which promotes staff to reflect on their practices in order to improve and is seen as a continuous learning exercise. Staff were required to complete their own self-evaluation which was then reviewed and assessed by management.

Staff received effective supervision from a supportive management team and clear structure of delegation. Staff received a mixture of personal supervision, and themed supervisions in order to develop their knowledge and skills. Topics of discussions in supervision consisted of: Safeguarding, confidentiality, observations, duty of candour and dementia awareness. Supervisions contained a high level of detail of discussions between the supervisor and the staff member. Staff we spoke with told us they were very supported through their supervision. One staff member commented "We are updating and refreshing our knowledge all the time!"

Staff received effective training to undertake their roles. At the time of the inspection, a mixture of e-learning and face to face training was provided. On discussions with the registered manager, it was deemed that they were looking at providing all training in the form of face to face training as they felt this was more effective than e-learning. On the day of our inspection, we saw staff undertaking a practical fire training course. Training on dementia awareness was provided face to face. Other areas of training included health and

safety, MCA and DoLS, moving and handling, medicines and safeguarding. At the time of the inspection, the service had over 90% attendance and completion of up to date training for staff. The deputy manager was also a qualified "train the trainer." People and relatives commented "X has falls and is prone to infections. Staff know what to do and are well trained to react to situations", "They are meeting X's specialist needs here" and "Staff are very good know exactly what to do. Never any worries here."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at how the service promoted people's rights under the Mental Capacity Act 2005 (MCA). Staff were able to demonstrate how, when and why a mental capacity assessment may need to be undertaken and how they did this in line with the Act. Where mental capacity assessments had been undertaken, we saw clear evidence of best interest meetings and how the person was best to be supported. A common theme throughout our discussions with people living at the service, staff, relatives and management was "Choice" and "This is the resident's home, not ours." People we spoke with told us "Can do anything you want. Staff help me to do what I want", "I like my door open at night. Staff do this", and "Get up when I like, go to bed when I like."

Applications had been made to the local authority for all people who used the service. We saw where people's DoLS had or were due to expire, these were resubmitted to the local authority for approval. A clear spreadsheet was kept which showed where DoLS applications were due to be resubmitted, the manager was able to track and resubmit accordingly.

People were supported to maintain good health through good links with outside professionals. As the service was residential, the home had made good links with local district nurses in order to meet people's health needs where they may need assistance with a nursing task. We saw the home had a good working relationship with the district nurses and Clara Court also had its own treatment room for the district nurses to use, and for people to be treated privately if they wished. We also saw the service had created good links with other specialists such as Parkinson's disease nurses and Multiple Sclerosis nurses in order to promote people's specific health needs.

Records of people's appointments with professionals were clearly recorded with outcomes and actions needing to take place. We saw one senior staff member making notes on people's care plans after they had seen the visiting GP. The senior staff member told us "After every doctor's round we ring the relatives so they are kept informed of any changes to the person's health." One visitor commented "They always tell me how X is. I don't even have to ask." Other relatives commented "They keep us informed about care. Very open to suggestions" and "If anything needs changing they involve me." When speaking with staff, it was evident that they were aware of people's health needs and how best to support them.

During our inspection we spoke with the visiting GP. They told us "We do a weekly round and visit all units of

the home. They are pretty good and very organised to work with. They are very sensible and speak more or less to them every day. We have a very good relationship and I think they punch above their weight for a residential home. They seem to manage people's welfare well. I would be happy for a relative to live at Clara Court." One relative commented "The home supports X well. X has MRI scans at a specialist hospital. The home could not be more supportive."

People were supported to maintain their health through appropriate nutrition and hydration. Where people were assessed at risk of weight loss or gain, effective procedures were in place. For example, we noticed on the lunch menu that finger food was provided. We asked the manager why this was. They told us that some people due to their dementia find it difficult to sit and eat a whole meal in one go. In light of this, finger food was provided so that if the person got up from the table, staff could easily follow them with the plate of finger food which allowed the person to eat as much as they wanted and at their own pace. Throughout the day we saw people were provided with drinks and snacks. Communal kitchens had their own 'hydration stations' so people could help themselves to cold drinks if they wished. We frequently saw staff offering people drinks and snacks throughout the day. Cooked breakfasts were also provided every day if people wished to have them. We found people's weights were monitored accordingly, and where people required special diets, for example, fortified or pureed, these were done. During the night, snack foods were available for people if they wanted them. People we spoke with told us "Lunch was lovely today", "The food is very nice", "Food is very good. Like it a lot", "The chef, comes round and asks us what we like and what we think of the food and if we have any suggestions" and "Food very good. My favourite is beetroot sandwiches. Chef makes these specially."

Clara Court promoted the use of dementia tools for people living at the service. If people wished, they had memory boxes outside of their rooms which showed items which were important to people. This meant visitors could gain an idea of what was important to people, and to use this to strike up a conversation. Some people had also chosen to have 'flash cards' in their rooms which provided information on what the person liked to do or liked to talk about. One relative commented "Staff have two plates of food which they show X so that she can see what is available. X makes her own choice." Reminiscence activities were also in place for people such as old scrapbooks, use of music, old radios and televisions and puzzle activities throughout the corridors for people to stop and use. We also saw an old telephone box for people to use if they wished. 'Dementia dolls' were also available for people which could be used as a reminiscence tool. Clara Court had 'Dementia champions' in place. These are staff who were committed to promoting dignity, choice and respect for people living with dementia. An internal audit completed in December 2015 stated "The home is also a beacon site for people with dementia, and following a visit from the dementia lead, the service was awarded a level 3 which was very good for a first rating. The manager is aiming for the highest possible award of 5." This meant where people lived with dementia, they were supported by staff who used best practice to promote their independence and life skills.



## Our findings

People were cared for by staff who treated them with dignity and respect. Throughout our inspection, we made good observations between staff and people who lived at the service. One relative told us "Staff never discuss other residents in front of people. Lots of dignity here." People told us that the care at Clara Court was good because staff are kind, sensitive workers who spent time talking to them and listening to their wishes.

Comments from people and relatives included "Yes they do look after me very well. Very happy here", "Very good care - can't grumble about anything", "Oh yes! They look after us so well. Get what you need. Lovely caring people", "Carers brilliant - care brilliant, couldn't be better", "Wonderful care by kind people", "Staff very loving, sense of humour, good rapport", "Staff take time to introduce X to new carers", "Carers supportive, senior people really very good and supportive", "Carers brilliant. Everything I have seen is superb. Very focussed care", "First, when X came in she was worried but now for the last 5 months no tears and has settled thanks to the care she has received", "100% sure. Over the moon about this place. So impressed with every member of staff" and "Care is beyond expectations."

We observed that staff supported people living with dementia, safely and in a dignified way. For example, a seated person was trying to explain what they wanted. A staff member got down on the floor in order to establish eye contact and spoke to them quietly, in soft tones until she had established what he wanted to do. The staff member was aware that the person didn't like loud voices. He wanted to go in the garden and was encouraged to go independently. We saw another person working on a shape puzzle with limited physical movement. The staff member was sensitive to this and encouraged the person to complete the task in a way that allowed them to feel a sense of achievement. Another member of staff knew that a person had a hearing impairment. The staff member moved in close to speak with the person and did not raise her voice. The staff member used a mixture of touch and gestures to communicate.

Over lunchtime we made observations. We saw that people, eating in their rooms, were well supported at lunchtime. We observed that a person who needed help with eating was given good support. We observed another person being supported with their meal. The staff member spoke to the person throughout and asked if they would like more food before offering another mouthful. Lunchtime was unhurried and people were not rushed. We saw that a number of people ate at a slow pace. We observed one staff member sat with a person until they had finished, giving them support. Only when they had finished or said that they had had enough was the plate removed.

We observed and people confirmed that their dignity was respected. A dignity champion was in place and was working to ensure that people's dignity was a high priority and embedded in the care at Clara Court. We saw that people's privacy and dignity was respected because staff knocked on people's doors before entering and closed them before delivering care. Staff got down to people's eye level when they conversed with them and used gentle reassuring touch. We also saw good examples of person-centred care with staff taking time to talk to people to find out what they wanted before offering assistance. On discussions, staff knew about people and their past history. Staff also supported people to be as independent as possible. One person commented

"I like to do things for myself but they are there for me if I need them."

Where appropriate, people's end of life needs were sought and recorded. Clear plans were in place on how people wished to be supported with their end of life needs and evidence of discussions and plans were in place. These were reviewed regularly to ensure people's needs were met.



## Our findings

We looked at care plans for people who lived at the service. We found care plans contained details of how people were to be supported with their day to day needs, for example, personal care, nutrition and mobility. Care plans were stored both electronically and a paper copy was kept on file. Care plans clearly demonstrated people's needs had been assessed and were reviewed on a monthly basis to ensure they reflected people's current needs. A 'flagging' system was also in place which highlighted important information for people. In addition to monthly reviews of care plans, yearly reviews also took place.

Before each shift a staff handover was undertaken. This allowed staff finishing and beginning their shifts to relay important information and to ensure communication was shared. Each handover sheet used contained details of important information for each person. For example, "Wears hearing aids, please check if working daily" and "Uses a pressure cushion to sit on." Handovers also passed on information in relation to any incidents or accidents and medication changes. Throughout the day we saw staff communicating with each other in regards to sharing important information about people's needs.

Throughout the day we saw various activities taking place which had good numbers of people attending. We saw people taking part in a Zumba exercise class, a quiz and other activities being undertaken by staff. At the inspection, Clara Court had four activities co-ordinators in place. We found they had energy, enthusiasm and a good approach towards people. People told us there was a large range of activities to participate in and throughout the home activity timetables were displayed. A local religious service was also provided on Sundays. We saw people had their newspapers delivered to them in the morning at their request. People we spoke with were complimentary about the activities co-ordinators. Comments included "For me it is not so much about care but about company and the staff are really good company", "I get picked up for church every Sunday. I go to the services here it is very important to me" and "Plenty going on here - X is never bored."

We spoke with three activity co-ordinators about their roles and the impact of the activities they provided. They told us "We provide something cognitive, something physical; you give people what they want. Activities are geared around peoples' strengths." A member of the activities team said, 'We had one person who liked to be by herself. Gradually we encouraged her to come and watch an activity, now she not only expects to be told what is happening on the day but she chairs the residents' meeting. She welcomes people to the meeting and is a spokesperson for the residents.'

Residents' meetings were held every frequently which were chaired by a person living at Clara Court. This

meant people could take ownership and provide vital feedback into how the service was run. The manager told us "We do not do anything without consulting the people that live here." We saw evidence that people living at the service had requested three trips for the summer and these had been arranged including a trip to Brighton, Cotswold Wildlife Park and Beale Park. This meant people's views were sought and acted on. A relative told us "I suggested that the curtains were replaced in the entertainments room. They were replaced with new blinds. I asked if they could trim the bush outside mum's room. The next day it had gone."

Clara Court has its own 'tuck shop' in the reception area which allowed people to purchase items they wanted. Clara Court also had its own resident cat.

Complaints were managed appropriately within the service. Where a complaint was made, a clear record of the complaint was written down along with any responses and any actions arising from learning from the complaint. We saw complaints procedures were visible throughout the service and where appropriate, some people living at the service had an easy read complaints procedure in their rooms. We noted the large amount of compliments which had been received by Clara Court from relatives of people who lived or had lived at the service.

Relatives told us they kept informed of changes to people's welfare. Comments included "Informed if anything happens. On one occasion X had a slight nick on her leg so they let me know straight away", "They let me know if she has had a fall or if anything happens" and "Anything happens I get an e-mail or a phone call."



## Our findings

People, staff and relatives were complimentary about the management of Clara Court. Comments included "We work well as a team. Management are approachable and helpful", "The management are so efficient and lovely. When you ask for anything, it's never a problem" and "Management are very open and there is a good working relationship." Other comments included "Management are brilliant, help with lunch all take it in turns", "Managers open and honest", "The manager is terrific –outstanding; she sets the standard. She is everywhere and watches everything. She knows X and talks to her regularly" and "Good relationship with the manager. She is always here till late at night." One person living at the home commented "The manager pops her head in to see me every day."

We found there to be a clear culture within the service on discussions with staff and management. Throughout the day management informed us that they always 'strive to improve and learn'. We found this to be a common theme throughout our inspection. Another comment from the manager was "We are always open to learning and I am proud to work at Clara Court. We strive for excellency." This meant people were living in a service which always strived to improve and to make improvements to the way the service supported people.

At present, the management team consisted of the registered manager and deputy manager. On the day of our visit, the operations director was present and was undertaking an audit on the service as part of their quality assurance process.

There were clear visions and values for the service and these were displayed throughout the service including a "Service user charter of rights" which showed what standards people should expect living at Clara Court. In 2014, the service was awarded "Care home of the year" at an external event and was rated 9.8 out of 10 in October 2015 by an external company.

There were clear quality assurance processes in place to ensure the quality of the service provided. Every quarter, an audit was undertaken by the operations director based on the CQC's five key questions which we ask when we inspect. We saw the last audit undertaken had highlighted some actions which had been promptly rectified. Every year the provider's governance inspection team undertook their own inspection of the service to see how Clara Court was meeting the required regulations. At their last inspection in December 2015, they had rated the service as 'outstanding' overall. A yearly auditing planner was in place which outlined when specific audits were to be undertaken, for example, medicines and infection control by management.

Management told us they regularly worked shifts providing care to see how the day to day running of the service was. They told us "If I don't work on the floor, I don't know what's going on. It's important for me to do so." We found there to be clear management oversight of the service. Management knew people's needs well and knew everyone by name. They were able to tell us about how the service ran and what improvements they intended to make over the coming future. We found management to be visible and accessible to everyone at the service.

Accident and incidents within the home were recorded well and clear analysis was undertaken to assess any trends and patterns. Appropriate action was then undertaken by management as required.

We saw management had used innovative initiative in order to improve the lives of people living at Clara Court. Examples of this included the use of case scenarios in staff meetings, allowing people to chair their own meetings and going above and beyond what was provided in a residential service to ensure people could stay at Clara Court if their needs changed. Management had also linked themselves with community projects to enhance the lives of people living at Clara Court. For example, working with schools to arrange children to visit and spend time with people living at Clara Court to challenge their perception of the care system. Another common theme throughout the inspection was "This is their [The people who live at Clara Court's] home". We found this to be evident during our inspection.

Carers and seniors meetings were also held regularly and demonstrated clear discussions on how staff fed back into the service. Senior meetings were held every other day. Management had introduced the use of role plays and care scenarios into staff meetings. They told us this allowed staff to understand how people would feel in certain situations and to make them reflect on their practice. For example, a role play involving assisting someone to have their lunch. Staff told us they had asked for more frequent meetings and this had been met by management.

The CQC had received appropriate notifications since Clara Court's last inspection in December 2013. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted.