

## Integrated Nursing Homes Limited

# Clarence House Care Home

### Inspection report

40 Sea View Road  
Mundesley  
Norwich  
Norfolk  
NR11 8DJ

Tel: 01263721490  
Website: [www.ehguk.com](http://www.ehguk.com)

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 11 February and was unannounced.

Clarence House provides residential care and support for up to 41 adults. Some people also stay at Clarence House for periods of respite or convalescence, before returning to their own homes. At the time of our inspection, 28 people were living in the home.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had left the service in December 2015 and an acting manager was currently completing their probation with the organisation, with plans to register with the CQC upon successful completion of this. This person had been working in the home for three years and, prior to taking on the manager's role, had been the head of care. This person is referred to as the manager throughout this report.

People were safe in the home. Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. Although the premises and some equipment looked very 'tired' and well worn, staff were observant and communicated any areas of concern promptly to ensure the premises remained safe for people. Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people. People received their medication on time and in the manner the prescriber intended.

Staffing levels were sufficient to meet people's needs appropriately and all the staff on duty had the skills and knowledge to support people effectively and meet their needs in a timely manner. Appropriate and safe recruitment practices were followed, to ensure staff were suitable to work with people in a care environment.

Staff received good support from each other as well as from senior staff and management. Staff received good levels of supervision and the management team were approachable.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The manager and head of care ensured the service operated in accordance with the MCA and DoLS procedures and staff demonstrated a good understanding of the MCA, DoLS, capacity and consent. People were supported to make their own decisions as much as possible, even where limited capacity had been identified.

People received enough food and drink to meet their individual needs and staff had a good understanding

and knowledge of people's dietary needs.

Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff. There was also consistent monitoring and appropriate communication between staff, regarding people's healthcare needs and any changes.

People were actively involved in planning their own care as much as possible and, even when people's capacity was limited in some areas of decision making, staff ensured they were supported appropriately to make informed choices for themselves.

The staff were kind, caring and compassionate. People were treated with dignity and respect and their privacy was always upheld. People were also supported to do as much for themselves as possible, in order to enhance and maintain their independence.

People had access to activities that complemented their interests and enhanced their wellbeing. Visitors were welcome, without restrictions. People were listened to and their complaints were welcome. Any complaints were fully investigated and actions taken to improve the quality of care provided.

There were effective systems in place to monitor the quality of the service and these were used to develop the service further. Staff and people living in the home were involved in making decisions on how the home was run.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place. Administrative support for the service was an effective and valuable asset.

An open and inclusive culture was demonstrated in Clarence House, with clear and positive leadership at all levels.

## 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

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately.

Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

Staffing levels were sufficient to meet people's needs appropriately and in a timely manner. Safe recruitment practices were followed, to ensure staff were suitable to work with people in a care environment.

Medication was administered, stored and managed safely and appropriately and people received their medication on time and in the manner the prescriber intended.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people effectively, had regular supervisions and completed training that was effective and relevant to their roles.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures and staff demonstrated a good understanding of the MCA, DoLS, capacity and consent.

People had sufficient amount to eat and drink and staff had a good understanding and knowledge of people's dietary needs.

Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and their privacy was consistently upheld.

People were fully involved in making decisions around how they spent their day and what care and support they received.

Visitors were welcome, without restrictions.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and people engaged in appropriate stimulation and meaningful activities, including one-to-one interactions.

People could complain or raise any issues if they had any and felt they were listened to properly.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were effective systems in place to monitor the quality of the service. Staff and people living in the home could make suggestions for improvement and contribute to the planning and development of the service.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

An open and inclusive culture was demonstrated in Clarence House, with clear and positive leadership at all levels.

# Clarence House Care 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 was planned to check 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 11 February 2016 and was unannounced. Our visit was carried out by two inspectors 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.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During our visit we spoke with 15 people who used the service and three relatives. Observations were made throughout the day.

We gained feedback on the service from one visiting healthcare professional. We also spoke with the acting manager, the head of care, five care staff, the housekeeper, cook, activities coordinator and the maintenance person.

We viewed the care records for six people and the medicines records for eight people who used the service. We tracked the care and support of two of these people. We also looked at records related to the management of the home. These included staff recruitment files, staff training records, quality auditing systems, health and safety records and minutes of meetings.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe living in Clarence House. One person said, "I have been here for the last two years and I feel very safe all the time. I know they will take care of anything for me." Another person told us, "I feel very safe here and they always make sure everything is as you want it." A third person said, "Oh yes I feel very safe here and nothing is too much trouble."

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. All the staff we spoke with told us that they had received effective training in respect of safeguarding people, were aware of the whistleblowing procedure and would not hesitate to follow it if necessary.

One member of staff told us that they understood how to detect signs of possible abuse. For example, this member of staff told us how they had noticed one person showing signs of anxiety, which was followed up appropriately. It transpired that the person was actually anxious about their family and the issue was therefore not a safeguarding concern. However, this assured us that staff were astute in respect of recognising when people were acting 'out of character' and could potentially be experiencing situations that were harmful to their health and wellbeing.

Although the premises and some equipment looked very 'tired' and well worn, staff were observant and communicated any areas of concern promptly. The maintenance person was vigilant and proactive and demonstrated a very good understanding of assessing risks and taking preventative as well as remedial action. For example, we noted how the maintenance person had cordoned off the main entrance to the home, after identifying concerns with the safety of the ceiling. Appropriate assessments of the area were carried out promptly and we noted that arrangements were being made for the relevant repairs to be carried out as soon as possible.

Fire alarm tests were being carried out weekly and drills were also practiced on a regular basis. There were also emergency evacuation plans in place for people living in the home. Because the external fire escape staircase would not be an appropriate means of exit for many people on the first and second floors, staff explained the 'horizontal evacuation procedures' that were in place. This meant moving people away from the area of any fire and putting as many fire doors as possible between people and the fire. The maintenance person also showed us the safety mechanisms that were in place in respect of the home's boiler and explained how people were safeguarded against any potential risks posed by possible carbon monoxide emissions. All of these factors assured us that people were cared for in a safe environment.

Individual and personal risk assessments in respect of people's safety were clear and detailed. These included areas such as mobility, nutrition, pressure sores, personal care and behaviours that could challenge others.

Our observations showed that staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people. For example, staff knew when and how to check people's skin integrity

and understood the importance of turning people regularly to prevent pressure ulcers. Staff also ensured that people had the appropriate equipment in place to support their physical health and wellbeing, such as pressure relieving cushions or mattresses.

One member of staff explained how some people liked to go out for a walk and that staff would always check that they were appropriately dressed for the weather. For example, it was noted that one person had a tendency to forget their coat when going out.

During this inspection we saw that staffing levels were sufficient to meet people's needs appropriately and all the staff on duty showed good knowledge and understanding of people and their needs. Occasional staff shortages were noted to be mainly due to sickness but, on the whole, the levels identified as required by the manager and head of care were agreed as being 'mostly enough' by staff and people using the service.

People we spoke with told us, that they had no complaints about how long they had to wait when they press their call bells. One person said, "Whenever I press my call button they always turn up quickly. They are very good like that." Another person told us, "Most of the times when I ring my bell, they turn up relatively quickly. However, there are times when they are a little slow because they dealing with someone else."

Staff told us that there had been noticeable improvements to staffing levels over the last two to three months. One member of staff said, "Staff levels are alright most of the time, although it sometimes gets busy if residents are ringing their bells a lot." Another member of staff stated with a smile, "As long as everybody turns up, everything runs 110%." The head of care told us that quite a few new staff had recently been recruited and that, where sickness had previously been an issue, this had improved significantly. They felt this was due to better absence management and support for staff, with 'return to work interviews'.

The manager and head of care explained how staffing levels had historically been determined by the provider, based on the numbers of people living in the home. However, after analysing people's dependency levels, the manager and head of care identified that the service was understaffed. As a result, a case was successfully presented to the provider, which enabled an additional member of staff to be recruited. Staff told us that bank staff, who were familiar with the service, and occasionally agency staff were used to keep the staffing levels stable.

The staff files we looked at and discussions with staff confirmed that appropriate and safe recruitment practices were being followed. All staff were checked for suitability with the DBS (Disclosure and Barring Service) and appropriate references were obtained to make sure that new staff were safe to work with people who lived in the home. One member of staff told us that they had needed to prove their identity and that they had not been allowed to start work until their DBS was returned.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. One person told us, "My tablets always come at the right time each day and they make sure I take them." Another person said, "They come and see me the same times each day to give me my tablets and they stand and watch me take them."

The head of care told us that either they or a specifically designated and appropriately trained member of staff administered people's medicines. We observed the head of care giving people their lunchtime medicines and noted that this was done in a professional, caring and engaging way.

We saw that people's medicines were appropriately stored in trolleys that were kept locked when not in use. Effective recording systems were in place and people's records, including the medicine administration



record (MAR) charts, were clear, up to date and completed appropriately.

We noted that one person's painkillers had been brought in to the home by their relatives. However, staff observed that these were out of date and would therefore not administer them. An appropriate alternative pain relief was subsequently administered and the person's relatives said they were pleased that the service was being careful and ensuring that appropriate care was being taken over medication.

# Is the service effective?

## Our findings

People we spoke with who were using the service told us that their needs were met appropriately by well trained staff. One person told us, "I have every confidence that the staff know what they are doing. They always smile and talk with you, not at you." Another person said, "I think the staff are really well trained. They know what to do, when and how. They are always smiling which cheers me up." A third person stated, "The carers here are really well trained. Even the young ones are very good."

Staff confirmed that they received good support from each other as well as from senior staff and management. Staff received regular supervisions and training that was effective and relevant to their roles. One member of staff stated that they had, "...definitely been given the training needed to provide safe care."

Another member of staff told us that they had completed an appraisal a few weeks ago, which had included setting targets for the coming year. They also told us that they had enrolled to undertake a level three qualification in care and felt totally supported with regard to accessing appropriate training, including refresher courses.

Staff commented on the 'excellent' support and provision to access training that was in addition to basic and mandatory training. For example, three members of staff told us that they had recently been able to attend a training course on neurology, which would help them to understand and work better with people who had multiple sclerosis or had experienced a stroke. One member of staff said, "It was a cracking course. We had to go Swaffham [another of the provider's services] for it but it was well worth it."

Some staff commented that more specific 'end-of-life' and palliative care training would be beneficial but added that the current input they received from medical and health professionals, as well as more experienced staff, ensured that people were supported well at the end of their lives.

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 are called 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 saw that the manager and head of care ensured the service operated in accordance with the MCA and DoLS procedures.

However, although risk assessments for bed-rails had been appropriately completed for some people, evidence of the decision making process for two people was lacking. We discussed this with the manager, who explained how and why the decisions had been made and confirmed that they would ensure the appropriate records were immediately completed to reflect this. The manager explained that one person had capacity and chose to have the bed rails in place. The second person did not have capacity and was very unwell and so a decision had been made in the person's best interests but not fully recorded. We were satisfied that the manager and staff were acting appropriately and were confident that the relevant paperwork would be completed as required.

Staff we spoke with discussed and demonstrated a good understanding of the MCA, DoLS, capacity and consent. We saw good evidence of people being able to make their own decisions and choices as much as possible, even where limited capacity had been identified. For example, one member of staff explained how they always made sure that people knew what was going on and gave their consent before any care was provided. Another member of staff said they were clear about enabling people to make their own decisions, such as what time they came down to the communal areas if they wanted to, what time they went to bed and whether they wanted to wear their false teeth or not.

People using the service confirmed that their consent was consistently sought before staff did anything. One person told us, "They [staff] are always careful to ask if it is alright to do things for me and also know when I want to do things for myself." Another person said, "They always ask my consent before they start any personal care."

Staff had a good understanding and knowledge of people's dietary needs, including cultural choices and allergies. People we spoke with gave good feedback regarding the meals, including a person who said they 'loved their kippers' for breakfast. One person told us, "I get all my meals in my room as I prefer to stay in it. The food is really good and I enjoy it." Another person said, "The food is good here and they always make sure you get what you want." A third person stated, "The food is very nice here. I really enjoy each meal."

We saw the mealtime experience was very positive, cheerful, relaxed and sociable. There was good evidence of people's wishes and choices being listened to and action taken appropriately. For example, a number of people had expressed that they would like hot options as well as sandwiches to be available at tea time. One person had written a letter of request on behalf of themselves and other people using the service, which was included as part of a 'residents and relatives' meeting, and we saw that hot options were subsequently being offered at tea times, as requested. There were 11 people in the dining room at lunchtime on the day of our inspection and four people we spoke with all said that they enjoyed the food and were always offered choice. One person added, "...and plenty of vegetables, which is what I like."

The cook explained to us how they understood and catered for each person's individual requirements and gave examples such as gluten free, vegetarian, diabetic, soft and pureed. The cook told us that where people required their food to be liquidised, they always did the ingredients separately, so it could still be presented as a proper meal. A member of staff told us that the cook regularly asked people what they enjoyed and that the menus were adapted as a result. For example, bread and butter pudding was highlighted and subsequently added to the menu.

We saw that a board in the kitchen clearly noted people's likes and dislikes and highlighted those on specific diets. This information was also recorded in a separate folder, which contained information regarding people who needed prompting or assistance with eating and whether they needed to have particular cutlery or crockery, such as drinks in a beaker with lid and straw. We noted that people who were noted to be at risk of losing weight received input from the dietician, had fortified diets and were weighed regularly. Food

intake was also tactfully adjusted if people started gaining too much weight.

People told us they had good access to various healthcare services. One person told us, "If I need the doctor, then they arrange it for me and we can also get the District Nurse if we need to." Another person said, "The GP's Surgery always send someone to test my blood and I also get a regular session of physiotherapy to help my movement." A third person explained, "If the staff spot anything wrong with me they will refer it to the manager who will contact the Doctor."

These comments supported information we saw in people's care records and daily notes and confirmed that prompt referrals were made to healthcare professionals as needed. We also noted that any advice or guidance provided was followed appropriately by staff. There was also good evidence of consistent monitoring and appropriate communication between staff, regarding people's healthcare needs and any changes.

## Is the service caring?

### Our findings

Everyone we spoke with who was living in the home commented positively regarding how good, kind and caring the staff were. People said they were listened to and their needs were met appropriately. All the staff demonstrated caring attitudes towards people and we saw this was consistent, regardless of the staff's roles, age or experience.

One person told us, "The staff here are really outstanding in the way they care for me. They are very observant when they change my dressing and if they see anything that concerns them then they contact the Doctor. I feel supported here."

Another person said, "The level of care is really very good and the staff always do whatever is asked of them. They always speak to you as though you were a family member and that makes a big difference. They always keep an eye on you while letting you do what you want to do. I can't fault them."

A third person explained, "They always speak pleasantly to me and we always have a good laugh every day which makes a real difference to my life. Nothing is too much trouble and just because I like to stay in my room that is not a problem. It's the way I like things." A member of staff told us that they felt the relationship between staff and 'residents' was a strength and that they placed great value on interacting with people and knowing how to make them laugh.

Two relatives we spoke with explained that their family member had only been in a few days for respite. These relatives said they were pleased with the service and stated, "[Name] is safe, warm and well fed and cared for and appears happy here." They also added that they would have no reservations about the person staying longer term in the home.

We observed consistently positive interactions between people using the service and all the staff. Nothing appeared rushed or 'too much trouble'. For example, when people came into the dining room, the manager asked one person where they would like to sit and assisted them to their chosen seat. We also saw a member of staff check that another person was warm enough, as they had bare arms; they offered to fetch their cardigan and returned with it soon after. When another person was assisted into the dining room in their wheelchair, the member of staff asked where they would prefer to sit and carefully positioned them at the table. Meanwhile, another member of staff brought a cushion to go behind a person's back to help them to be more comfortable.

One person said, "The girls here are real gems. Nothing is too much trouble for them and they are always there when I need a helping hand. They are so patient when dealing with me as there are occasions when I need more assistance."

People were actively involved in planning their own care as much as possible. Even when people's capacity was limited in some areas of decision making, staff ensured they were supported appropriately to make informed choices for themselves. People also had access to independent advocacy services as and when

needed.

One person told us, "I have been able to plan my support and soon will be able to leave to go home." Another person said, "I still feel I am in charge of life which is important to me." A third person explained, "They know what I like and what I prefer and make sure I get it. They are always polite and make me smile. We always have a good laugh. I am able to do exactly what I want to and they help me do that."

A member of staff explained how they tried to encourage people to come into the communal areas so they did not feel isolated. However, for those who preferred to stay in their rooms, meals were taken to them and staff checked that they were alright as they passed their rooms.

Staff told us that they ensured people's privacy by closing doors and drawing curtains before any personal care was carried out. Everyone we spoke with confirmed that they were always treated with dignity and respect and told us their privacy was always upheld.

We also saw that people were supported to enhance and maintain their independence. One person said, "They make sure I can be independent and, with my chair, I can be." Staff explained how they encouraged people to do as much for themselves as possible, such as washing, doing their own hair, brushing their teeth and choosing their own clothes from the wardrobe.

People's individual choices were seen to be fully respected and there were no restrictions on visitors. One person explained, "They always chat with me and treat me like one of their family and allow me to do what I like doing. I like to take time over my breakfast and that has never been a problem."

## Is the service responsive?

### Our findings

We saw that care was centred around each person as an individual and all staff showed good knowledge of people's wants, needs and preferences. Care plans and assessments also gave good guidance on providing person centred care and it was easy to see how to support people in accordance with what they wanted.

For example, one person told us, "They [staff] certainly know what I like, a cup of hot milk in the morning with a biscuit. They know where I like to sit. They do make sure I get what I like at mealtimes." Another person said, "The staff here really know what I like and what I don't like. They really understand me. They always have a chat and make sure they get to know me, as I have not been here very long." A third person also confirmed, "They [staff] understand what I like and always make sure they remember it. How I like my room, how I like my food and how I like my tea."

Other people also gave positive feedback about life in Clarence House, such as, "Nothing is too much trouble for them [staff]; they are always ready to change things to make your day better. They understand what I like and what I don't like. Everything is kept so clean here and they are always painting and cleaning the place." And, "The girls [staff] know what I like and what I don't like which has made my stay here really good."

Information from people's daily notes, staff communications and care records could all be cross referenced and provided a good audit trail of the individualised care and support people had received. People's needs were regularly monitored and reviewed, with any required changes implemented promptly.

A member of staff told us that people's care plans were based on the initial assessments that were carried out prior to them moving in. This staff member explained that these needed adjusting once the person had been using the service for about a week. They said that they preferred to reassess them to see what needed changing as, "...people change in a different environment..."

Staff told us that they knew people well and respected their preferred routines, such as when they liked to have their bedside lights turned off. Staff also said that care plans gave enough information to enable them to provide safe and effective care that was individual to each person. We were told that handovers were effective for sharing updates about people, with some information discussed verbally and the main issues recorded in a handover book. Staff said the handover book was particularly good because it was, "...easy to look back and update yourself..." if they had been off work or on leave for example.

Although only very recently employed at the home, the activities person demonstrated a very good understanding of appropriate stimulation and meaningful activities with people, including valuable one-to-one interactions.

The activities person said that they were in the process of compiling a monthly activities programme but, in the meantime, they currently wrote the events on a weekly basis on a white board near the main lounge. This person told us that there was a church service on alternate Tuesdays; a 'patting dog' had been booked

to come in four weekly and 'Zoo-Tastic' was coming at Easter. We noted that a singer had come to the home to entertain people the previous day and that this had been very well received. We were also told that, with people's permission, photographs were being taken for a 2016 Activities Book.

The activities person explained how they had a record of everyone's birthdays and that they asked each person if and how they would like to celebrate the day. They told us they then tailored activities to suit, such as arranging for a birthday cake and singing 'Happy Birthday' during the afternoon tea trolley round.

People we spoke with who lived in the home and staff told us that the activities person also spent time visiting people in their rooms, particularly if they were unwell or unable to join others in the communal areas. The activities person said it was equally important to just chat about the view and the weather or look at photographs with people in their rooms, even if the person had a limited ability to communicate.

Staff and people living in the home said that more opportunities for trips out would be very welcome. One person who had been staying in the home for respite told us, "If I were staying, I would like to see more chance to go out and visit outside the home, which would help me stay in contact with the real world..." Another person said, "I would like to go out on the occasional visit for a change of scenery, particularly in the summer months." The manager told us that this was something that was being looked into with the provider and the head of care told us that a local minibus, with wheelchair access, had been arranged to take six people to the local pantomime. They also added that they still wanted to organise more outings.

During this inspection we saw that all staff consistently interacted with people in a positive way, including chatting with them at every opportunity. We observed a lot of humour and cheerful 'banter' all round. There were six people in the lounge during some of our observations on the morning of this inspection. One person was comfortably dozing in the sun, with a blanket over their knees. Four other people were participating in a bingo session, with the activities co-ordinator calling out numbers - which were also displayed on an illuminated sign. Two care assistants checked that the sixth person, who was sitting passively, was comfortable and adjusted some cushions under their feet. Another person was cheerfully greeted by people, when they arrived a little later in their self-propelled wheelchair.

People said they could complain or raise any issues if they had any and said that they felt they would be listened to properly. People also said that, "In most cases, things are sorted out and put right quickly." For example, one person said, "I have complained a couple of times, but generally it's very good here." Another told us, "I did complain once about the marmalade, which I don't like and we get every breakfast." Both people said their complaints had been listened to and responded to appropriately.

Other people made comments such as, "I have no complaints, everything is good for me and I have settled in well. Even given the little time I have been here; they really understand what I like." "I have never had a reason to complain. They always ask if everything is alright." And, "I have never had to complain. The manager is always available and often comes and has a chat to see if everything is alright."

A member of staff told us that if people expressed any concerns or complaints, they would try to address these but would also tell the manager or head of care, particularly if the concern needed resolution at a higher level. This member of staff gave an example of one person's family who were concerned that their relative was not eating very much at their evening meals. The member of staff referred the concerns to the head of care who spoke with the family. The family were reassured that the person ate well during the day and there were no concerns identified with the person's weight. As a result, the family sometimes brought in additional items they felt the person may like to eat but respected that it was the person's choice not to eat in evenings.



## Is the service well-led?

### Our findings

We received very positive comments from people living in the home, relatives and staff regarding the new manager and head of care. One person said, "I am very happy here. The staff are always trying to make sure you are well looked after. You can talk to the new manager and she will listen to what you have to say." Another person told us, "...everything works well and the manager and the staff are so helpful. There is plenty to do if you want to be involved." One person who had been staying in the home for respite told us, "I have been happy here and will miss the staff. The new manager is approachable and friendly and always has time to chat. I like having a go at the activities as it helps me keeping doing things. I liked the cake decorating as it means I can use my hands."

All the staff we spoke with said that they enjoyed their work. Staff and people living in the home also told us that they could contribute to the planning and development of the service and make suggestions for improvements.

One member of staff told us that things were not as hectic as they had been when they first started, especially since the increase in staffing levels. This person added, "It comes down a lot to management." Two members of staff concurred that the acting manager was supportive and ensured that staff carried out their work properly. They said that the manager was always ready to help on the floor and, "...everyone mucks in together; it's a great team to work with. Communication is really, really good."

Staff told us that the head of care did supervisions, "...all the time..." as they were always on the floor and observing practice. We were also told that group meetings were convened regularly as well as impromptu, for staff or managers to raise and deal with any issues promptly.

For example, we were told how it had been identified recently that some staff members had fixed ideas about how the service should be run and were getting a bit irritated with some staff who did things differently and not as fast. As a result, a staff meeting had been called, in order to explore the issues and promote mutual understanding. Everyone we spoke with confirmed that this had been very effective and beneficial for all.

The registered manager had left the service in December 2015 and an acting manager was currently completing their probation with the organisation, with plans to register with the CQC upon successful completion of this. This person had been working in the home for three years and prior to taking on the manager's role, had been the head of care.

Staff told us there was a 'really good team' at Clarence House and that staff morale was very good. One member of staff stated, "I absolutely love it..." and described the manager as, "...amazing!" They went on to say that the manager was very accessible and always willing to help. They also said that the head of care was, "...also very hands on."

Another member of staff told us the service was, "...better organised under the new manager who is very

approachable and will listen..." Other staff told us that all the staff and management were very helpful and supportive, that it was a nice working environment and that they would feel comfortable voicing any concerns.

The head of care said they were, "...very pleased with the standard of care." They told us that some of the paperwork still needed sorting but felt that this had improved greatly and, "...care plans are now up to date!"

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

We noted that 'resident' and relative's meetings were held regularly and quality assurance surveys were carried out with people using the service and their relatives. Any issues or areas for improvement that were identified were responded to, with appropriate responses provided and action taken as quickly as possible.

Administrative support for the service was also seen to be an effective and valuable asset and the manager told us, "I've got three right hands when it comes to managing Clarence House; our head of care, our administrator and our maintenance [person]. I certainly couldn't manage without any of them!"

Overall, an open and inclusive culture was demonstrated in Clarence House, with clear and positive leadership at all levels.