Mr Garry Michael Small

Clarendon Care Home

Inspection report

64-66 Clarendon Road
Southsea
Hampshire
PO5 2JZ

Tel: 02392824644

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on the 3 and 11 January 2018 and was unannounced. Three inspectors and an expert by experience in the care of older people carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Clarendon Care Home is registered to provide accommodation for up to 20 older people. There were 18 people, some living with dementia, at the home at the time of the inspection. It is situated in a residential area of Southsea. The home is an adapted building with bedrooms provided over two floors in single of shared double occupancy rooms. Stair lifts provide access between the floors. There are two communal lounges, a dining room and appropriate toilet, bathing and shower facilities. Externally there is a level enclosed courtyard style garden.

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

A registered manager was in place. 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 previous inspection of the service in November 2016 had identified six breaches of the Health and Social Care Act 2008 and associated Regulations in relation to safe care and treatment respect and dignity, good governance and statutory notifications. Whilst improvements had been made these have not been sustained over the longer term and we found three continuing breaches of regulations.

A quality assurance process was in place. However, this had not identified the areas of concern we found during this inspection and ensured that improvements were sustained over time.

Medicines, including tablets and prescribed topical creams were not always stored or administered safely.

Individual risks to people were not always managed safely and all risks posed by the environment had not been assessed.

Improvements were required to the laundry room where staff did not have hand washing facilities and cleaning equipment was not stored so as to reduce the risk of infection.

On most occasions people were treated with dignity and their right to privacy was respected although staff were using one bedroom as a 'walk through route' to get to an outside laundry area and some staff used inappropriate terminology when talking to people.

We discussed these and some other minor issues with the registered manager who was responsive to the issues raised and undertook to take action.

Recruitment practices ensured that all pre-employment checks were completed before new staff commenced working in the home although full information about applicant's previous employment was not always known. Staff were suitably trained and although they felt supported in their work.

Where necessary Deprivation of Liberty Safeguards (DoLS) applications had been made. Equality and diversity was seen to be actively supported with people being able to express themselves.

People received the personal care they required and were supported to access other healthcare services when needed. Staff worked well as a team and with external professionals.

People received a varied diet and meal times were sociable unrushed occasions.

People felt safe and staff knew how to identify, prevent and report abuse. Staff offered people choices and respected their decisions. People were supported and encouraged to be as independent as possible. People were encouraged to maintain relationships that were important to them.

Staff were ware of people's individual care needs and preferences although these were not always documented in care plans. People had access to healthcare services and were referred to doctors and specialists when needed.

People and external health professionals were positive about the service people received.

People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering our regulatory response.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Individual risks to people were not always managed effectively as not all risks had been assessed and staff did not always follow actions required to minimise risks.

Medicines were not always managed safely and systems to protect people for the prevention and control of infection were not all in place.

People felt safe and staff had received training in safeguarding adults.

There were enough staff to meet people's needs and recruitment practices helped ensure only suitable staff were employed.

Is the service effective?

Good

The service was effective.

People praised the quality of the meals and were supported to eat and drink enough.

Staff acted in the best interests of people and followed legislation designed to protect people's rights and freedom.

People had access to health professionals and specialists when needed. When people were transferred to hospital, staff ensured key information accompanied them to help ensure their received ongoing healthcare support.

People received effective care from staff who were competent, suitably trained and supported in their roles.

Adaptations had been made to the environment to make it supportive of people who lived at Clarendon Care Home.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always protect people's privacy and ensure they were treated in a dignified way.

People and family members where appropriate, were involved in planning the care and support they received although people were not always enabled to make some day to day decisions.

Staff treated people with kindness and compassion. They interacted positively with people and promoted their independence.

Staff supported people to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans were reviewed regularly and staff responded promptly when people's needs changed.

They had access to a range of physical and mental activities suited to their individual interests within the home and local community.

Staff had the necessary training and commitment to support people to receive end of life care that helped ensure their comfort and their dignity.

People knew how to raise a complaint and there was an appropriate complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A quality assurance process was in place to assess and monitor the service although this had not identified areas for improvement found during this inspection.

People were happy living at the home and had confidence in the management. People, their families and staff felt engaged in the way the service was run and were consulted regularly.

Staff were organised, motivated and worked well as a team. They felt supported and valued by their managers.

People described an open culture. Visitors were welcomed at any

time and links had been developed with the community to the benefit of people.

Clarendon 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 3 and 11 January 2018 and was unannounced. The inspection was undertaken by three 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 service.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people living at the home and six visitors. We spoke with the provider, registered manager, five care staff and ancillary staff including, the cook and housekeeping staff. We also spoke with three visiting healthcare professionals. We looked at care plans and associated records for seven people, records relating to staff recruitment, training and support, records of accidents and incidents, policies and procedures and quality assurance. We observed care, support and activities being delivered in communal areas.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in November 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found individual risks to people had not always been managed safely. We also found prescribed topical creams were not always managed correctly. We told the service they must make improvements. The provider sent us an action plan detailing the action they would take to ensure these improvements were made. However, at this inspection we found these improvements had not always been sustained and further improvements were required. The service remained in breach of this regulation.

Individual risks to people were not always managed effectively. Risk assessments had been completed for individual identified risks, together with action staff needed to take to reduce the risks. However, staff were not always following these. We observed a staff member supporting a person to use a stair chair lift. The lift was fitted with a safety lap strap but this was not used. We asked the staff member if the chair lift had a lap strap and they replied yes but did not then use the lap strap. Individual risk assessments for the use of the stair lifts all recorded that the safety lap strap should be used. Staff had therefore failed to ensure the safe use of this equipment and people had been placed at risk.

At the last inspection we identified that the documentation for people who had bedrails did not show that other less restrictive options had been considered and discounted before bedrails were put in place. We found this was still the case where bed rails were in use. The registered manager had completed risk assessments for individual risks such as risks relating to mobility, falls and nutrition. However, these did not always assess the risk but assessed the solution to the risk which meant that there was no information as to whether less restrictive options had been considered in order to manage the risk. Where some people were supported to undertake activities such as going to local shops unescorted or smoking cigarettes the registered manager was able to describe the actions they were taking to minimise these risks. However, individual risk assessments had not been completed to record the identified risks with clear plans of action for staff to follow. The registered manager had failed to provide risk management guidance to ensure staff consistently supported people in a safe way.

Fluid thickener powder is prescribed for people who are at risk of choking and aspiration pneumonia due to a decreased ability to swallow normal fluids. We saw an in use tin of fluid thickening powder on a cabinet in a shared bedroom. The registered manager and care staff were unaware of the risks fluid thickener powder posed to people if eaten dry and not mixed with a drink. The registered manager confirmed a risk assessment had not been completed.

Some general risks to people had not been assessed. The home had an open plan kitchen and dining room meaning people would be able to access the kitchen including when staff were not in the immediate area. The risks presented by kitchen equipment such as cookers, kettles or knives had not been assessed and where identified action taken to minimise these risks for the protection of people. The registered manager told us that some equipment such as multi positioning beds and airwave mattresses had not been serviced regularly to ensure they remained safe to use. They undertook to arrange for this to happen.

The failure to ensure all risks to the safety of people are identified and action taken to minimise these risks a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we returned on the second day of the inspection the registered manager had reviewed some risk assessments and undertook to complete further risk assessments we identified to them. They had also acted to ensure staff always used the safety lap straps on the chair lifts.

People were protected from the risk of falling. Some people had been given walking aids. Staff prompted people to use them correctly. When people experienced falls, their risk assessments were reviewed and additional measures considered to keep them safe. We saw movement sensor equipment had been put in place to alert staff that some people may be moving around in their bedrooms. The registered manager reviewed all falls in the home on a monthly basis to identify any patterns or trends; none had been identified, but they described appropriate action they would take if a common theme emerged.

At the last inspection we identified that where people were at risk of pressure injuries these risks were not being correctly managed. At this inspection we found improvements had been made. Where people were at risk of pressure injuries we saw special pressure-relieving mattresses had been provided. Staff understood how to adjust the mattresses and there was a clear process in place to help ensure they remained at the right setting according to the person's weight. People were supported to change their position regularly reducing the risk of skin damage.

At the last inspection we found prescribed topical creams were not being safely managed and that medicine administration records (MARs) were not always fully completed. The provider sent us an action plan which stated the improvements they planned to make which included weekly and monthly monitoring of prescribed topical creams and MARs. However, at this inspection we found continuing concerns with this and other aspects of medicines management meaning medicines were not always managed safely.

Prescribed topical creams should only be used for the named person they have been prescribed for, should be stored within certain temperatures and replaced when they have been opened for longer than specified as safe by the manufacturer. We found prescribed topical creams, which were in use and in people's bedrooms, did not all have the person's name or date that they had been commenced in use. We found some prescribed topical creams were stored on a shelf which formed the top of a radiator cover meaning they would be exceeding the maximum temperature for safe use. These were therefore not being managed safely.

Medicines were not kept secure at all times or stored safely. We saw a pot containing five prescribed tablets in a person's bedroom. No staff were present and the person was asleep. When medicines required to be kept at cooler temperatures the registered manager told us these were placed in a non-lockable plastic container and kept in the fridge in the kitchen. These would therefore be accessible to people as neither the fridge nor kitchen were locked when staff were not present. Otherwise medicines were kept in a locked cupboard adjacent to the kitchen. There was no system in place to ensure medicines were stored at a safe temperature as this was not being recorded. The position of the medicines storage cupboard meant that at certain times of the day when meals were being prepared this area could become warmer meaning medicines may no longer be safe to use.

People did not always receive prescribed medicines correctly. We identified that one person who was prescribed a varying dose of a medicine had not received the correct amount on each occasion during the week preceding the inspection. We also identified that Medicine Administration Records had not been fully

completed and where recording gaps had occurred subsequent care staff had not identified these and raised this with the staff member concerned or informed the registered manager.

Several people were prescribed an 'as required' (PRN) medicine for agitation. The prescription stated to 'take when needed' however, there was no additional guidance as to when this should be administered or information about other actions staff should take to calm the person before administering medicine. The registered provider understood the need for clearer information and undertook to provide this for staff. Whilst most people would be able to say if they required PRN pain relief medicine this was not the case for all people. A pain assessment tool was not in place to help care staff identify when pain medicine may be required and so ensure consistency in its use.

Where hand written additions or changes to MARS had been made these were not being counter signed by a second staff member to confirm accuracy of the change to the prescription. This was contrary to best practice guidance issued by the National Institute for Health and Clinical Excellence (NICE), recommendation 3.14. This meant, should the first staff member have made an error, this would not be identified placing the person at risk.

The failure to ensure the proper and safe management of medicines was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these areas for improvement with the registered manager and saw that action had been taken to address these areas when we returned for the second day of the inspection.

People were not always protected from the risks of infection. The laundry room did not have a separate hand washing sink. Staff and the registered manager told us that on leaving the laundry room they would re-enter the home via the kitchen where they would wash their hands. This presents a significant infection risk to people and staff. We noted separate colour coded buckets and mops were available however these were not stored in a way that enabled the mop heads to be dry when not in use. This increased the risk of bacteria spread as this requires a warm damp environment to multiply. The registered manager was unaware of how they should protect people from the risk of Legionella and confirmed no specific tasks were completed in respect of ensuring the safety of the home's hot water supplies.

The failure to ensure the proper and safe management of infection risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we returned on the second day of the inspection we saw that a separate hand washing basin had been fitted in the laundry room.

A cleaner was employed six days a week. They told us they felt they had sufficient time to complete cleaning tasks and when necessary would work a late evening shift to deep clean communal rooms such as the lounge. Cleaning schedules were in place and these showed allocated cleaning was being completed. Infection control and environment audits were completed by the registered manager and these recorded that deep cleaning of communal areas as described by the cleaner were occurring. The home had been awarded five stars (the maximum) for food hygiene following a visit by the local environmental health team. People had been supported to receive the annual flu immunisation and staff had been informed of the availability of free immunisation provided by the government for care workers. The registered manager was aware of the actions they should take in the event of an infectious outbreak at the home.

People told us they felt safe at Clarendon Care Home and their visitors confirmed that they felt people were

safe. When asked if they felt safe one person said, "Yes – I think safety is a priority, the carers know what they are doing and they take care when helping the residents who are not steady on their own. I am fit and able but I can see that help is given when it is needed." A relative told us they visited daily and had never seen anything to cause them concern. They said they thought people were safe and that they could "Go home and relax and know [relative] is safe." Staff had received safeguarding training and knew how to identify, prevent and report abuse. A staff member said, "If I had any concerns I would go to the manager or provider, they would do something straight away." Another staff member said, "I would go to the manger with any concerns. I know they would do something but if they didn't I would go to the safeguarding team or CQC." They were confident that the registered manager would respond to any concerns they raised. Records confirmed that the registered manager had reported incidents appropriately and promptly to the local safeguarding authority and taken action when required to keep people safe.

People and their families told us there were sufficient staff to meet people's needs. One person who was in their bedroom said that if they need help and press their call bell "They [staff] always come quickly." This person also said "The staff have been popping in and out [of their bedroom] all day to check that I am alright." Another person said, "They [staff] always come quickly when I need them, I never have to wait for long." A family member told us, "My [relative] always gets the help they need, when they need it."

Staff we spoke with confirmed there were enough staff to provide appropriate care without being rushed in their duties. A staff member said, "There is definitely enough staff at the moment." A second staff member said, "For the residents we have there is enough staff". They went on to confirm that if it was needed more staff would be put in place. Another staff member said "It can tend to be busier around teatime after the registered manager has left but if we need to we can always call the on call worker in to help."

The registered manager told us that staffing levels were based on the needs of the people using the service and said that they monitored the staffing levels by observing care provided and listening to feedback from people and staff. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime. The provider had also signed up with a care agency which allowed additional staff to be sourced at short notice if required. However, the registered manager confirmed that they had not yet had to use this service as short term absences had always been covered by a member of the management team and existing staff members.

Appropriate recruitment procedures were in place and followed. These included pre-employment reference checks and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home. All potential new staff attended an interview which was completed by the registered manager. The registered manager also said that she introduced the potential employee to some of the people living at the home to see how they interacted with them.

Good

Is the service effective?

Our findings

At the last inspection in November 2016 inspection we found people were not always receiving adequate drinks and records of drinks people had received were not well maintained. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

Throughout the inspection we saw people had cold drinks within reach at all times. People were also provided with hot drinks at regular intervals in addition to when they requested these. Where needed staff were recording all drinks some people received. These records showed people were receiving drinks and their hydration needs were being met. We observed that people were encouraged to drink which was done in a kind and caring way. One person in the lounge needed a large amount of encouragement and some physical support to assist them to drink. Throughout the day we saw staff sitting with this person frequently to provide assistance. Assistance was provided in a respectful, gentle way and staff did not hurry the person. When one person's records had noted they were drinking less than was required, action had been taken by the registered manager to speak with the person's GP. Following a change in the person's medicines their fluid intake had increase.

People told us they enjoyed the food provided at Clarendon Care Home. One person said "It's very tasty". Another person said "very nice" when we enquired about their lunch time meal. Some people needed a special diet and we saw this was provided consistently with the cook able to state who required specific diets and how these were met. We noted that where people required their meals in a softer format due to the risk of choking this was provided. However, the main meal was pureed all together meaning people would not be able to enjoy the individual tastes which made up the meal. We discussed this with the registered manager and cook and they stated that they would in future puree the components of meals, meat, potatoes, and vegetables separately. On the second day of the inspection we saw this was occurring.

Staff were attentive to people during meals which people could eat either in the dining room, lounge or their bedrooms as according to their personal preference. When people did not want what was on the menu for the main cooked meal an alternative such as an omelette or jacket potato was provided. Where people needed support to eat, this was done in a dignified way. Each person had a nutritional assessment to identify their dietary needs. Staff monitored people's weight and action was taken when people were identified as suffering from unplanned weight loss.

Prior to admission to the home the registered manager undertook an assessment of people's individual needs to ensure these could be met at the home including any equipment of specific adaptations that may be required. This was confirmed by a person and a relative. One visitor told us the registered manager had met with them prior to their admission to identify care needs and other things which were important to the person. We saw copies of assessments in care files and these showed that there had been consultation with family members and others such as health or social care staff when these pre-admission assessments were undertaken. We also saw that a request was made to the person's GP for medical information and copies of this and hospital discharge documents were kept within care files. This would help ensure all needs were

known and met on admission.

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

A formal mental capacity assessment had been completed for all people. This covered all aspects of care required such as personal care and medicines. Where the assessment showed people lacked capacity to make decisions for example about the use of sensor mats and bed rails used to keep them safe, the registered manager had discussed this with relevant people such as the person's relatives. The resulting best interest's decisions were recorded as required by the MCA.

Staff described how they sought verbal consent from people before providing care and support. They said they were led by the person and always acted in the person's best interests. One staff member who administered medicines was able to describe what they would do if someone declined their medicine. They said they would, "Explain to the person what the medicine is, why it was needed and that the doctor wants them to have it. If they still didn't want to take it I would try again a bit later or ask another carer to try."

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 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 found staff were following the necessary requirements. The registered manager had applied for DoLS authorisations where needed and taken action where conditions had been applied to DoLS. There was a system in place to ensure DoLS were reapplied for when necessary.

People were supported to access healthcare services when needed. A family member told us, staff had contacted them and advised that they had requested a doctor to visit as their relative was unwell. The person had subsequently been prescribed antibiotics for a chest infection showing staff had been right to be concerned. Another family visitor said "If my relative is unwell they [staff] always act and will call the GP." Care records viewed showed when staff had identified a health need and sought appropriate medical care. We saw the registered manager informing a visiting relative about a medical appointment and also telling a person that a GP) had been organised to attend as the person was feeling unwell. Care records showed family members were kept informed about any changes to people's health or care needs. Records confirmed that people were seen regularly by doctors, specialist nurses and chiropodists.

Staff responded promptly when people's needs changed. For example, staff were aware when people were "not their usual self". Care records showed that, where indicated, external medical advice was sought such as when staff were concerned a person may have an infection. In addition, some people had their blood sugar levels checked regularly and care plans detailed the action staff needed to take action based on the results. When people were transferred to hospital or to another care setting, staff photocopied the person's medicine administration records and a care plan summary was available to go with the person. This detailed the support the person usually required with aspects of their care such as continence, meals and washing and dressing. This helped ensure continuity of care between care settings.

The provider had arrangements in place to ensure staff received an effective induction to enable them to

meet the needs of the people they were supporting. A staff member said that when they started working at Clarendon Care Home they received a period of induction and worked alongside experienced staff before they were permitted to work unsupervised. The registered manager told us that the length of the induction and the number of supervised shifts new staff were required to complete was dependent on the experience and abilities of the staff member.
All new staff were expected to hold a qualification in care. Where new staff did not have this qualification they were supported to complete this training.

Staff had the skills and knowledge to carry out their roles and responsibilities effectively. People and family members were confident in the abilities of the staff. A person said, "The staff are very good." A family member told us, "The staff know what they are doing. I have confidence in them." The provider had a system to record the training that staff had completed and to identify when training needed to be updated. This included essential training, such as medicines training, moving and positioning, safeguarding adults, fire safety and first aid. Staff had access to other training which focused on the specific needs of people using the service, such as dementia awareness, challenging behaviour and end of life care.

All training was provided through an external training organisation and was delivered face to face. Staff understood the training they had received and how to apply it. For example, they explained how they would support a person to mobilise, how to use moving and handling equipment appropriately and how they provided care to people living with dementia. Staff comments included, "We get the training we need", "We do lots of training" and "If I felt I needed training in a particular area I only have to ask and know this will be provided."

All staff received one-to-one sessions of supervision approximately every three months. Supervision is an opportunity for the registered manager to meet with staff, to discuss their training needs, identify any concerns, and offer support. Supervision sessions were completed by the registered manager and written records of the supervisions were produced. Staff who had worked at the home for over a year had also received an annual appraisal, with the registered manager to assess their performance and identify development needs. Staff members confirmed that they received supervision regularly and spoke positively about the support they received from management on a day to day basis. One staff member told us, "I can approach the manager at any time." Another staff member said, "The manager and the provider are very supportive. I am always able to discuss things with them when I need to and know they would take action if I have any concerns." The registered manager said, "My door is always open and staff can come and talk to me anytime."

Adaptations had been made to the home within the structural limitations of the building. Stair chair lifts were provided to enable people to access all areas of the home. Bedrooms were personalised to the individual and people had their own furniture, personal fixtures and fittings. Things that were important to people were on display such as personal photos, art work and ornaments. The registered manager told us they and a senior staff member had visited another care home in the area and had identified ways in which the home could be made more suitable for people living with dementia. They told us about plans to paint hand rails in contrasting colours and to add photographs to bedroom doors to help people find their own bedrooms. Some areas including the exterior of the home and some bedrooms had been redecorated during 2017 although other areas of the home appeared in need of some redecoration. The registered manager identified this as an ongoing need within the Provider Information Return (PIR) submitted prior to the inspection. There was level access to a flat enclosed rear courtyard garden which we were told people enjoyed the use of in warmer weather.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in November 2016 inspection we found staff did not always respect people's dignity, promote their independence or enhance people's wellbeing. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found people were supported to be independent however there remained some instances when people's dignity, respect and privacy was not fully supported.

Whilst we were in a bedroom we saw a staff member enter and walk through the room and leave via a second door to the garden to access the laundry room. We asked another member of staff and the registered manager if this was normal and they confirmed this was the route staff took during the day as they were "Unable to take laundry through the kitchen". Both people in this room spent most of their time in the bedroom with one person being cared for in bed at all times. The use of people's bedrooms as a 'walk through' does not respect that this is their private area. The external door was located near to the bed of the person who was cared for in bed. This also meant they would be disturbed on a regular basis and with the opening and shutting of the door they would be exposed to colder air during the winter.

At lunch time we noted five people sitting in the lounge wearing clothing protectors although they had not yet received their meal. We also noted one person who had already had their meal was wearing a clothing protector. Staff confirmed the person was not due to have any more food but they "Had not had time to remove the clothing protector" although they had taken away the empty plate. We saw a person twisting their neck and back to watch television which was at right angles to their seat. We spoke with them and they confirmed this was "Not good for my back". We noted that most chairs were at a right angle to the television making it hard for anyone to sit comfortably and watch should they wish to. Staff had not considered the layout of the room or where people sat. Staff did not always address people in an adult respectful manner. For example, we heard one staff member tell a person they were a "Good girl" whilst they were being assisted to use a stair chair lift. On another occasion at lunch time a staff member asked several men "You boys ok". These examples demonstrated that people were not treated with dignity and respect and staff did not always consider how they might enhance peoples' quality of life.

The registered person has failed to ensure all staff treated people with dignity and respect and maintained their privacy at all times. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these with the registered manager who took action to address our concerns with staff.

We observed other interactions between people and staff which were positive and supportive. Staff engaged with people, made eye contact, bent down to their level and used touch appropriately to reassure. Assistance was provided in a respectful, gentle way and staff did not hurry people. Staff supporting people spoke to them kindly about general things and personal things that were important to the person, i.e. their family. This demonstrated that care staff knew about the person and their life/family well. After assisting a person in the lounge a care staff member checked with the person that they were comfortable and asked if

they had enough to drink. When people became confused, staff used supportive prompts and gentle reminders to help people process information and make decisions.

People were not always given options to make choices about their day to day lives. People told us there was limited choice about meals however this did not seem to be a concern for them. The main menu for the week was written on a board in the dining room. This listed one option for each meal and although we were told alternatives such as omelettes or jacket potatoes could be provided people were not readily made aware of this. We discussed with the registered manager how people could be informed about menu plans and choices. They agreed to look at providing photographs of meals to both inform people of the planned meals and what alternatives may be available. We didn't hear people being offered choices of tea or coffee. For example, we heard the cook say to people would you like tea which was then provided but people were not asked if they wanted coffee or other hot drink options. This could have been because the cook knew people's individual preferences well however people may have wanted a change from their usual hot beverage. People were provided with biscuits (morning and afternoon). People were asked if they wanted biscuits which were then provided, they were not however given the opportunity to choose the type of biscuit themselves.

People and their visitors felt the service was caring. A person said, "They [staff] are very kind." Another person said "The staff are always helpful, I only have to ask." Whilst a third person said The staff are all likeable and kind, they are all very caring. I can say no more other than that they treat me well, actually they spoil me." A family member said "All the staff are caring and they know people as individuals, they don't ignore them." A second visitor said "They [staff] always know of any special occasions such as birthdays or anniversaries, (the staff do this for all residents) they make cakes and give presents. I visit three to four times a week and I am very satisfied with it [the care home].

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. At lunch time we saw a person was provided with a plate guard and spoon to enable them to eat independently. The staff member informed them they were going to cut the meal (a roast dinner) into smaller pieces which the person thanked them for doing. A person told us "I am a very independent person and can look after myself. The staff here are marvellous, they look after my clothes, clean my room and make my bed for me each day."

Staff supported people to build and maintain relationships that were important to them. Visitors told us they were able to visit whenever they wanted to do so and were always made to feel welcome. Many people living at the home had previously lived in the local area of Southsea. We saw they were supported to continue to use local services where possible.

Staff protected people's privacy during personal care. One person said, "They [staff] are very good at respecting my privacy." We saw staff always knocked before entering people's rooms and kept doors closed while personal care was being delivered. Staff described additional steps they took to respect people's privacy during personal care, including keeping the person covered as much as possible, asking the person what support they wanted and maintaining communication throughout. Care staff members said, "I would always let people do what they can themselves and only help if they need it." Whilst another staff member said "I would ensure the doors and curtains are closed and that they are covered up." Privacy was also respected at other times. One person became upset. A staff member sat with them and reassured them. This staff member also offered the person the opportunity to go with them somewhere private so they could talk about their concerns.

The staffing level in the home provided an opportunity for staff to interact with the people they were

supporting in a relaxed and unhurried manner. Throughout the inspection we saw staff sitting and interacting with people and giving people the time and support they required. Staff were seen to respond to people's needs promptly. For example, when one person asked for support to visit the bathroom assistance was immediately provided. People told as they could receive ad hoc pain relief when required. One person said, "If I have a headache I only have to ask and they [staff] will get me something for it." Another person said, "They [staff] always give me my medicine when I need it."

Some people were accommodated in shared companion rooms. We saw screens were available to ensure privacy during personal care tasks such as washing and dressing. One person told us they had been fully aware they were to share a room prior to moving into the home and that they got on well with the person they were sharing with. Portable screens were available should they be required in an emergency in communal rooms.

Good

Is the service responsive?

Our findings

At the last inspection in November 2016 we found people were not always receiving person centred care which met their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

People told us they received personalised care and support that met their individual needs. One person said, "The staff work really hard. I am very well looked after." A family member told us "I know the care is of a high standard." Another visitor said "All the staff are caring and they know people as individuals, they don't ignore them."

Assessments of people's needs were completed by the registered manager, before people moved to the home. This information was then used to develop an individual care plan in consultation with the person and their relatives where appropriate. Care plans contained sufficient information to enable staff to provide suitable care for people and were reviewed monthly, or sooner, if people's needs changed. Where people were unable to make clear choices there was limited information within care plans about individual preferences they may have such as which toiletries they preferred or favourite drinks. Care staff were aware of this information and the registered manager agreed to include further detail within these care plans. On the second day of the inspection the registered manager showed us short term care plans they were introducing, for example when people had a urine or chest infection and for following a fall. These were kept with people's daily records meaning staff would be able to access the short term care plans to ensure these needs were being met. Care plans included information about people's life histories such as where they had lived, employment and family relationships.

Care records showed people were included in planning their care where able and kept informed about anything which may affect them. The registered manager explored people's cultural and diversity needs during pre-admission assessments and included people's specific needs in their care plans. For example, they were aware of how one person wished to follow their chosen religion and had made sure that at Christmas they were able to choose how and what activities they wished to take part in. Another person was supported to continue to attend a nearby church for religious and social occasions.

The home operated a 'key worker' system where a named staff member was responsible for each person and ensuring they had everything they needed. One staff member told us they were also included in reviewing care plans and records monthly for their 'key people'. Staff demonstrated an understanding of people's individual needs and how to meet them. They described how they supported different people with personal and other care needs. For example, one staff member told us how a person needed to have their drinks thickened to a specific texture and also about the care another person who remained in bed required. We joined care staff for their handover between shifts. The handover was informative and staff demonstrated that they knew people well. For example, staff discussed how one person appeared to be increasingly low in mood during the morning and ideas were shared how this could be managed. Staff kept records of the care and support they provided to people. These records confirmed that people's needs, as

outlined in their care plans, had been met consistently.

People told us they felt there was enough to do. One person said, "I don't get bored, there are always different things going on." A visitor said "They [staff] will encourage [relative] to take part in activities." A staff member said, "People have enough to do, we do activities and we will often take people out to the shops or to a café." Another staff member said, "There is enough going on, we take people to the beach, rose garden, café and the local town. We do lots of activities with people such as play games and watch films." In November 2017 an activities audit had been undertaken and although the number of survey responses was low these were positive about the activities provided at the home.

A senior member of the care staff team had been allocated the additional responsibility of being the activities organiser. They told us they or other care staff would organise a range of group or individual activities as requested or chosen by people. Where possible these included some element of physical activity including a chair exercise to music activity which they said was popular with people. Some external activity providers also visited the home. People were offered the option of having a massage from a visiting professional and some therapy animals had also visited for people to interact with. Where people remained in their bedrooms we saw staff had ensured radios were playing suitable music for people's entertainment.

Although no-one was receiving end of life care at the time of this inspection staff spoke positively about their desire to provide people with high quality care at the end of their lives, to help ensure they experienced a comfortable, dignified and pain free death. People's end of life wishes were discussed with them and their families and recorded in their care plans. The registered manager and a senior care staff member told us they were completing an end of life course run by the local hospice. They described how this was helping them to understand what good end of life care meant and how they could provide this. They identified this had also strengthened their relationship with the hospice and meant they were able to access support when required. They said this helped them advocate for people and helped ensure they had access to anticipatory medicines to manage their symptoms.

People told us they felt able to raise concerns or complaints with the management, although they all said they had not had cause to complain. One visitor told us "I have made a complaint in the past; it was dealt with immediately by the manager. I am confident they get things done and listen to me." A person said "I have not been in that position [need to complain] I certainly would if I had to." They added that although they were not aware of the complaints procedure they would "Go to [registered manager's name] the manager." A complaints procedure was in place. A copy was given to people and their relatives when they moved to the home. The registered manager identified that they spoke with people and wherever possible all visitors meaning they could resolve any issues before the need for formal complaints were made. Should a formal complaint be made this was recorded and records showed previous concerns or complaints were investigated fully and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in November 2016 we found that the quality assurance systems used by the provider and the registered manager were ineffective in assessing where the service required improvement and implementing and sustaining improvement effectively within a reasonable timescale. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we identified three breaches of regulations; these were all continuing breaches from our last comprehensive inspection in November 2016. This demonstrated the provider had failed to take sufficient action in response to shortfalls previously identified. The shortfalls related to key aspects of the service, such as safe care and treatment, dignity and respect and good governance. The registered manager told us that they and senior staff undertook a range of audits and where these had identified action was required this had occurred. The registered manager also undertook some unplanned 'spot' checks attending the home at weekends or evenings to monitor staff although these had not been recorded. Although the quality assurance systems had been improved since our last inspection the systems used had failed to ensure that shortfalls were addressed.

During the course of the inspection each time we informed the registered manager of our findings of an area that required improvement they were responsive and acted to address our concerns. For example, when we returned on the second day of the inspection action had been taken by both the provider and registered manager to address issues as detailed in the various preceding sections of this report. This demonstrated that the provider and registered manager were reactive when shortfalls were identified. However, they did not have effective systems of governance in place to ensure that they were able to proactively prevent shortfalls in the service from occurring or recognise when the service was not meeting the fundamental standards associated with the Regulations of the Health and Social Care Act 2008.

The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the registered manager had failed to notify the Commission of specific incidents that they are required to do so by law. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

People and relatives described an open and transparent culture within the home where they had ready access to the management at all times and visitors were welcomed. The home's last inspection rating was displayed although this was not in an area of the home usually accessible to people or relatives. The registered manager moved this to a more prominent position as soon as we identified this. Positive links had been developed with the community, including a nearby school from where children had visited at Christmas to entertain people. There were plans for further visits from the children in the future. When local events of interest were occurring people were offered the opportunity to attend. A duty of candour policy was in place. This required staff to act in an open and transparent way when accidents occurred and to

provide information and an apology in writing to the person or their relatives.

People and relatives were happy with the service provided at Clarendon Care Home and felt it was well managed. A relative said "I can talk to the manager anytime". One person said of the home's management "I think it is OK, it all seems to run smoothly. There is a nice atmosphere here and I have got used to it. So I am satisfied." People and visitors felt able to approach and speak with the registered manager and were confident any issues would be sorted out. Many people and visitors were able to name the provider and registered manager, showing that the management team made sure they were available to people and visitors.

There was a registered manager in place. 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 a health qualification and background working in a hospital setting which they identified helped them understand and meet the health care needs of people. The provider contracted with an organisation who provide updates and information for registered providers to help the registered manager keep up to date with changes and information they needed to be aware of. They supported care staff when necessary providing hands on care for people which they felt helped them understand the pressures felt by other staff and ensured they knew people and relatives well. A staff member said Staff member said, "The manager is very supportive and will take action." An external health professional was complementary about the registered manager and said that they were supportive of and acted on changes suggested for the benefit of people.

There was a clear management structure in place consisting of the provider, who took an active role in the running of the home and a registered manager. The provider was present in the home for part of both days of the inspection. Staff were seen to be at ease talking with him. The registered manager was further developing the management team and had appointed a deputy manager and senior care staff member with additional responsibility for activities. They identified that each member of the management team would have specified responsibilities, which would enable them as registered manager to take an overview of the service and monitor its performance. A duty manager system was also in place to enable staff to seek support and advice out of hours.

Regular staff meeting was held (approximately six per year). Minutes from these meetings were reviewed and we saw that these meeting provided the registered manager with the opportunity to update staff on any changes in polices, remain staff of their responsibilities and discuss any concerns about care provision. These meetings also provided staff with the opportunity to share ideas with the registered manager and talk about any concerns they may have. Staff told us they were happy, motivated and worked well as a team. For example, we saw care staff assisting the cook to take a food delivery to the larder store room. All staff said they would be happy for a member of their own family to be cared for at Clarendon Care Home.

People were consulted in a range of ways about the way the service was run. These included "residents meetings" held every two months, yearly questionnaire surveys, individual discussions with people and their relatives and a comments/suggestions box where anonymous comments could be left. Any issues raised were acted on promptly. For example, some people had asked for suet puddings and Manchester tart to be available. This had been discussed with the cook and had been added to the menu. This showed the provider was willing to listen to others opinions and views about the service. A family member told us, "I can walk in the office anytime and they [the managers] listen to you. You never feel you're being a nuisance."

Policies and procedures were supplied via an external company and had been adapted to the home and

service provided. We were told policies were reviewed yearly or when changes were required and updates were received from the external company when legislation or best practice guidance changed. We saw these were available for staff in the office and ensured that staff had access to appropriate and up to date information about how the service should be run.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person has failed to ensure all staff treat people with dignity and respect at all times Regulation 10 (1)(2)(a)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person has failed to ensure the proper and safe management of medicines and that risks, including those related to infection control, are managed safely at all times. Regulation 12 (2)(a)(b)(g)(h)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person has failed to ensure systems have been developed and operated effectively to ensure compliance with regulations and to monitor and improve the quality of the service provided. Regulation 17 (1)(2)(a)

The enforcement action we took:

We have issued a warning notice telling the provider they must make improvements. We will return to check that they have made the necessary improvements.