

Shelley Park Limited

# Clarendon House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Clarendon House is a care home registered to provide care, rehabilitation and support for up to eight people who are living with acquired neurological conditions. The home does not provide nursing care. The building has been adapted and is accessed over three floors by stairs. There were seven people living at the home at the time of inspection.

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

Improvements had been made and the home was well-led. The registered manager had introduced a new governance and auditing system following the previous inspection. Audits were up to date and identified any lessons learnt following incidents and accidents so that they could take action to keep people safe.

The home had a recruitment process in place, but this had not always been followed. We have made a recommendation about recruitment practices within the home. The provider was responsive to address the shortfalls found within this inspection and took immediate action.

People told us they felt safe and liked living at Clarendon House. One person told us, "You can talk openly, and I feel positive about this place. It's incredible." Another person stated, "It's good here. They [staff] are good, you can talk to them."

Care plans and risk assessments were person centred. Relatives told us staff knew their loved ones well. Staff supported people in a kind and compassionate way, considering their dignity and respecting people's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The culture of the home was open and transparent. The registered manager demonstrated joint working with health professionals which provided specialist support to people, involving their families and other professionals as appropriate. Staff demonstrated good understanding around providing people with person centred care and spoke knowledgeably about how people preferred their care and support to be given.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations about risk assessments, environmental safety and medicines management. At this inspection we found the provider had acted on the recommendations and had made improvements.

#### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Clarendon House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Clarendon House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clarendon House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we held about the home and contacted the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people and three relatives about their experience of the care provided. We received feedback from six members of staff including the registered manager and clinical lead. We contacted two health and social care professionals.

We reviewed a range of records. This included two people's care and support records and four people's medicine administration records. We looked at two staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, accident and incident records, safeguarding records and reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service had a recruitment process. However, this had not always been followed, some of the files did not contain the information required. For example, where information needed further assessment such as where a staff member had a specific health condition this had not always been carried out. This meant that checks to ensure safe recruitment of staff were not robust. The provider took action to address this shortfall during the inspection.

We recommend the provider follows their procedure for the employment of all staff to ensure robust checks are made on the suitability of staff to work with people who require care and support.

- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet people's needs. The registered manager told us the number of staff on duty was reviewed each time a new person moved into the home or if a person needed extra support following a period of time in hospital.

### Assessing risk, safety monitoring and management

At our last inspection we recommended that the provider ensure all necessary risk assessments and environmental safety checks were completed on time and systems were robust to ensure people's wellbeing. The provider had made improvements.

- Maintenance information and record keeping of contractor visits were accessible. During our visit we observed improvement works taking place as part of a planned schedule of works.
- Risks to people's safety were assessed and reviewed. The provider used an electronic care plan system. The care plans had individual risk assessments which guided staff to provide safe care.
- Risks specific to people's health and wellbeing were assessed and the relevant referrals made such as; risks from malnutrition.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans which were available to all staff.

### Using medicines safely

At our last inspection we recommended that the provider seeks guidance from a reputable source to ensure all medicines are administered in a consistent way. The provider had made improvements.

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- People had medicines guidance in place for as and when required medication. A health and social care professional told us, "I visit whenever the home has a new resident or request a medication review. I have supported them with their when required medications to ensure the when required medications are as clear as possible. Whenever I give [staff member's name] any advice, they are very organised, and it is always acted upon."
- Medication records were complete and matched stock balances.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe at Clarendon House. One person stated, "I want to stay here forever it is warm and secure. I'm safe here." A relative told us, "It is a great worry off my mind to know my relative is safe, especially when they have a bad turn. I am always notified if there is a problem."
- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- The registered manager shared with us details of recent safeguarding allegations outlining how they have been investigated and listed what actions were taken to support people stay safe.
- Learning was shared through team meetings, staff supervisions and email communications to all staff. We reviewed some recent incidents which demonstrated how staff discussed and learnt from the incident.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Preventing and controlling infection

- During the inspection the registered manager stated the home was in progress of updating the Infection Control Policy in line with new government guidance for care homes. This was in place on day two of the inspection.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, a completed action from the infection control audit was an upgrade from carpet to hard flooring which could be cleaned easily in communal areas.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The home encouraged visiting from people's relatives and friends. People are able to visit family and friends without restriction, one person told us, "I went away for Christmas."
- A relative told us, "I'm able to visit whenever and take [relative's name] out and about, I can be as short



notice as I like, they always have them ready to go."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection the provider had failed to have effective systems and processes in place to ensure the safety and quality of the service. This was a breach of Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made and quality assurance systems had been revised. Auditing and monitoring systems had improved. The registered manager and provider had oversight of the home.
- The registered manager undertook a series of audits to ensure the home was safe and responsive to people's needs. These included: care planning, infection, falls, wounds and medication.
- Staff were clear about their role and responsibilities and what they were accountable for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- On day one of our inspection, staff did not always follow the care home's policy. For example, staff were not asking visitors to wear PPE within the provider's policy. This was brought to the attention of the registered manager who took immediate action to update the policy and communicate this to all staff.
- The registered manager and clinical lead understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "The staff are all so caring, they give you so much warmth and feeling, it makes you feel good." Another person stated, "[staff member name] is

always looking for things to improve, asking what I think of things, approachable... [staff member name] is very nice." A relative commented, "I couldn't hope for better carers. They know what [relative's name] wants they don't treat them like they are elderly or need lots of help, they know about getting their nails done right and shopping for clothes their age. They treat them as if they are the same age, they are on [relative's name] level, it's nice that they are in good hands."

- Staff told us that they are proud to work at Clarendon House. One staff member told us, "I do viewings and love to show off everything the team has done, I am proud of them. There have been so many positive changes to this service in so many ways. I do believe [registered manager] has built a strong, competent and hardworking team." Another staff member stated, "The main thing is the residents are happy, we do everything we take them here, go out, make sure they have plenty to eat and drink, they are well looked after. Residents get what they want, they get choice. This is their home."

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

- People were consulted in the running of the home. The home regularly asked for people's views at house meetings. An example of the feedback being used to make changes was, following concerns from people that the sofas were too low, new furniture was purchased by the registered manager.
- The provider had introduced a feedback survey that was sent to all relatives and visiting professionals, in addition to written requests for feedback which were sent every three months.
- The home worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed. One health and social care professional told us, "I am always made to feel very welcome by the staff. I feel the residents are very well supported by the staff and they go out of their way to encourage them with everyday activities."