

Prime Life Limited

Clarendon Beechlands

Inspection report

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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

About the service

Clarendon Beechlands is an 18-bed residential home providing personal care to 18 people at the time of the inspection. The care home supports people in an adapted building.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible life outcomes for themselves that include control, choice and independence.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Risks to people had been assessed and People were supported with their medicines in a safe way. Recruitment checks had been carried out to ensure staff were suitable to work with people at the service. Medicines were stored and administered safely. Staffing levels were adequate to provide good levels of care.

We made recommendations the provider consider areas around people's independence, complaint responses and infection control.

Training relevant to people's support needs had been undertaken by staff. The staff team felt involved in the running of the home and were supported by the registered manager. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had supervision from the registered manager to ensure they met people's needs. There was enough staff on duty to respond to people's health and care needs.

People were provided with a varied menu which met their dietary and cultural needs. Staff promoted people's privacy and dignity.

People were involved in making decisions about their care and support and their consent about the care and services offered was obtained. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

Staff were knowledgeable about the range of needs people had and care plans were well detailed with people's support needs. People were encouraged to develop some of their independence skills. However, staff had concentrated on increasing people's social care and pastimes which were seen positive areas of change and had a beneficial effect on people's outlook.

There was a complaints process in place and management had responded to complaints. Staff had

considered people's end of life choices and made reference to this in care plans.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings, surveys and informal chats. The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well led.

Details are in our well-led findings below.

Clarendon Beechlands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The team consisted of two inspectors.

Service and service type

Clarendon Beechlands is a care home. People in care homes receive accommodation and nursing or 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.

The service had a registered manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

Notice of inspection

The inspection was unannounced. The inspection site visit activity started on 19 August 2019 and ended the same day. We visited the service on 19 August 2019 to see and speak with the people living there, the registered manager and office staff; and to review care records and policies and procedures.

What we did before the inspection

We reviewed information and notifications of incidents we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time observing the care and support being provided throughout the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who lived in the home. We also spoke with the area registered manager, the registered manager, a senior support worker and two support staff.

We looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

After the inspection

We asked the registered manager to send us further documentation following the inspection which included copies of the training records, the staff rota and minutes of meetings for the people who lived in the home, and staff meetings. These were supplied and considered when writing this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe, there is always staff around to help." A second person said, "Yes I'm safe the doors locked, but I can go out when I want with staff."
- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people; they demonstrated they knew their responsibilities for keeping people safe.

Assessing risk, safety monitoring and management

- Regular safety checks had been carried out on the environment and on the equipment used in caring for and protecting people.
- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing levels and recruitment

- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.
- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. One person said, "There's always somebody [staff] to take me out."
- Staff confirmed there were enough staff rostered to support people in a way they preferred. A number of staff are specifically employed to assist people with one to one hours, where people have the freedom to choose how and where they spend that allocated time.
- The registered manager and senior support staff provided assistance to staff in their care of people.

Using medicines safely

- People were provided with their medicines in a safe way. A person said, "Staff have my tablets, that's fine with me."
- Staff administered people's medicines in line with the provider's policies and procedures.
- Detailed guidance was in place to assist staff in administering 'as and when required' medicines safely.
- Staff received training and their competencies in administering medicine were checked regularly.

Preventing and controlling infection

- Staff received training in infection control and were provided with personal protective equipment to help

prevent the spread of infections.

- Good practice around prevention of infections was shared as part of team meetings or supervisions.

We recommend the provider consider the potential for cross infection in the laundry room.

Learning lessons when things go wrong

- Information from outcomes from complaints, investigations or company updates was shared with the staff through individual supervision or group meetings.
- Changes to people's care plans and risk assessments was made from information shared from professionals to the staff group.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed prior to their admission. Assessments included information about their physical and mental health needs, emotional needs, ability to communicate; relationships and how best to support them to make choices.
- This information was then used to inform people's care plans. Some people had lived in the home for an extended period and had their needs re-assessed. Changes were then made to the care plan, clearly recorded and communicated with staff.

Staff support: induction, training, skills and experience

- The range of training offered to staff ensured staff were trained to safeguard and protect people from abuse. Other training had been undertaken and a small number of courses were 'in progress', which staff were due to complete within the four weeks following the inspection.
- Staff told us they felt induction training was good and enabled them to commence their roles effectively. A staff member said, "I started shadowing other staff in the home as well as doing my time in the office doing the induction training."
- Staff had regular supervision with the registered manager or another of the senior staff team. Spot checks were also undertaken to ensure staff adhered to the training provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a suitable diet that met their nutritional and cultural needs. One person said, "The food is ok and there are good choices, sometimes I go out and buy my own meal." A second person said, "The food is alright."
- People's requirements around eating and drinking were clearly documented. Changes to menus were discussed at regular meetings. The home had a varied menu which was planned in advance taking people's choices and preferences into consideration.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff helped people access healthcare services. One person said, "Staff help me to walk to the doctors when I need to go."
- People living at the service had regular access to a range of healthcare professionals in the community or who visited the home.
- People were supported to receive good care when they had to transfer between services. For example, each person had an 'emergency grab sheet' which included information for a hospital admission. This

contained vital information including their health conditions, medicines and communication needs.

Adapting service, design, decoration to meet people's needs

- The home was in a good state of repair and equipped to meet people's needs. Communal areas were bright and comfortable and led to an outside area with a large pleasant garden.
- People's rooms were decorated according to their preferences and included personal items such as photographs and ornaments. The registered manager said people could bring in items of furniture as long as they met the fire regulations.
- People's independence skills were constantly under review, and some people had moved out of the home into supported accommodation. However, people were unable to launder their own clothes without accessing the cellar of the home.

We recommend the provider consider how to promote people's independence skills to aid their transition out of the home.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make decisions had been considered at the time of their assessments and was updated regularly. We heard care staff seeking consent from people before offering support to them.
- Care plans included consent forms for a range of areas including personal care and sharing information with other agencies. We saw evidence that staff had consulted with relatives and professionals involved in people's care to ensure that all decisions were made in people's best interests.
- Staff demonstrated they were aware of how to safeguard people.
- Where people's freedom was restricted we saw the registered manager had applied for or been granted a DoLS. Where these had been granted we saw that none had conditions set by the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and compassion by the staff group. Interactions with people throughout the inspection showed that they were treated respectfully. One person said, "[Named staff] is good we have a good old chat now and again."
- We saw that people had the opportunity of involving an independent advocate, and there was evidence of advocate's contact details displayed in the home. An advocate can assist people who have difficulty in making their own, informed, independent choices about decisions that affect their lives. We were assured that people were supported adequately to make informed choices due to visits from local authority staff and individual advocacy support.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in reviewing their care plan. There was evidence in people's care plans where they had been involved and where they or where people representing them had signed to agree the care plan.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity of a bedroom door key. This provided people with a feeling of ownership and promoted their wellbeing. One person said, "Everything in my room is safe, I know no one will touch it even if they could get in."
- We observed staff respected people's privacy and dignity, and heard staff knocking on people's bedroom doors before announcing themselves and entering. That demonstrated staff were aware of the need to ensure people's privacy and dignity.
- The home provided single en-suite bedrooms for everyone which assisted with people's privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans we reviewed were detailed, included risk assessments and provided staff with information based on people's personal care needs. Pre-admission paperwork was included within people's care plans. There was detailed information about people's past history, likes, dislikes, wishes and aspirations and an up to date photograph in people's files. Staff demonstrated they were aware of people's individual needs. One person said, "I can care for myself, the staff remind me if I haven't had a shower."
- We spent time and observed people in the public areas of the home. Some sat around watching television with staff, whilst others remained in their bedrooms. Several people accessed the community independently and another person was taken out shopping. One person said they would like more activities in the home. We spoke with the registered manager who said they would look at people's choices around activities and expand these where necessary.
- People had the option of regular planned activities which in part had helped develop their self-help skills and provided them with meaningful pastimes. People were supported to follow their hobbies or interests and there was evidence where a person's self-help skills had been used to support a move to independent living. One member of staff said, "I like it here, it gives you the chance to do things with people."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were communication passports in care plans for those who required them. Communication passports are a means of communicating people's support needs, where the person is unable to express those needs verbally or has a cognitive impairment that has reduced their ability to communicate on a temporary or permanent basis.
- We asked the registered manager about the accessible communications standards. The accessible information standards allow staff to formally recognise, assess and record the communication needs of people who have been affected with a hearing and /or sight loss, or communication debility caused by a life changing event. The registered manager had adapted some documents in pictorial form to assist in this process.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them.
- People told us relatives and friends could visit the home and told us they were made welcome by the staff

team.

Improving care quality in response to complaints or concerns

- People were aware they could make a complaint about the service. One person said, "If I had any problems I could go to the manager."
- The provider had copies of the complaint's procedure placed throughout the home.
- The provider had systems in place to record complaints. Records demonstrated the service had received six complaints in the past 12 months. The registered manager had responded to most complainants in writing.

We recommend the provider consider how responses are communicated to complainants.

End of life care and support

- End of life planning had been recognised in care and support plans. The registered manager said discussions had taken place with everyone in the home, but some people did not wish to participate in this process.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well led.
- The registered manager had commenced a number of processes to ensure people were cared for and supported safely in line with current legislation. At the time of our inspection visit, the registered manager had started to update staff training and provided consistent guidance for the staff.

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

- The registered manager understood information sharing requirements. Records showed information was shared with other agencies, for example, when the service had identified concerns, and the registered manager had sent us notifications about events which they were required to do by law.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the home and on the providers website.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements

- The registered manager had auditing system in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service confirmed they were provided with questionnaires to rate how well the service performed.
- The registered manager said the company sent questionnaires to people in the home, where appropriate their relatives, home's staff and external professionals. The registered manager sent us the outcome from the 2018 questionnaires which provided the basis for changes in the home.

Continuous learning and improving care

- People told us there were regular meetings to discuss any issues that had arisen at the home, which had been acted on. One person said, "There are regular house meetings, I always attend." Another person said, "The meetings are about house rules and food etc."
- Staff said the registered manager was accessible and approachable and dealt with any concerns they raised. They added they felt confident about reporting any concerns or poor practice to the registered manager, deputy or senior care staff.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, the local authority social care and safeguarding teams, mental health and other healthcare professionals.