

Greentree Enterprises Limited Clarendon House

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 

Overall summary

The inspection took place on 6 November 2014. It was an unannounced inspection.

Clarendon House provides personal care and accommodation for up to 23 older people including those with dementia. The home is an adapted two floor building with bedrooms on both floors. The home is suitable for people with limited mobility. At the time of our inspection there were 22 people living at Clarendon House.

The home has a registered manager. 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.

People who lived at Clarendon House told us they felt safe. Care staff understood their responsibilities around keeping people safe and understood what constituted abuse or poor practice. There were systems and processes in place to protect people from the risk of harm. These included a robust staff recruitment procedure and an effective procedure for managing people's medications safely.

Summary of findings

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care staff understood how people made decisions about their daily lives and assessments were in place for people's individual capacity to make specific decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family and appropriate health care professionals.

People had enough to eat and drink during the day and were supported to manage their health care needs to maintain good health. Care plans and assessments contained detailed information that supported staff to meet people's needs.

People told us staff were respectful towards them. We observed staff were caring and supportive to people throughout our visit. We saw staff respected people's privacy and dignity when providing care to people. People told us there were enough suitably trained staff to meet their individual care needs.

Everyone we spoke with considered staff to be kind and helpful. Staff understood how to treat people with dignity and respect. People said they felt listened to and were confident they could raise any concerns with the registered manager.

People who lived at the home, relatives and care staff said the home was well managed. People said there was a 'friendly' atmosphere. There were systems in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who lived at Clarendon House told us they felt safe. Care staff understood their responsibilities around keeping people safe and what constituted abuse or poor practice.

There were processes in place to protect people from the risk of harm. These included a robust staff recruitment procedure and an effective procedure for managing people's medications safely.

People told us there were enough suitably trained staff to meet their individual care needs.

Good



Is the service effective?

The service was effective.

People were supported by care staff who had received appropriate training to support people effectively.

The manager and staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make specific decisions, best interests meetings had been held with family members and appropriate healthcare professionals.

People were provided with a choice of meals and drinks that met their dietary needs. People were referred to appropriate health care professionals to ensure people's health and wellbeing was maintained.

Good



Is the service caring?

The service was caring.

People told us staff were friendly and respectful towards them. We observed staff were caring and supportive to people throughout our visit.

Care staff had a good understanding of people's care needs and their individual preferences. People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People told us they were happy with their care and had no complaints about the service they received. People said if they had any concerns they would raise these with the staff or the registered manager.

Staff were kept up to date about changes in people's care needs. Care plans were up to date and staff had a handover meeting at the start of each shift. This enabled staff to provide the care and support people required.

Good



Is the service well-led?

The service was well led.

There was a registered manager in place and people told us the home was well managed.

Good



Summary of findings

Staff were clear about their roles and responsibilities. Staff told us they were able to share their views and opinions to make improvements to the service people received.

Clarendon House

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 was an unannounced inspection carried out by two inspectors and an expert by experience on 6 November 2014. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with the local authority and asked them if they had information or concerns.

We reviewed the information in the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not all the people living in the home were able to give us their views and opinions about how they were cared for, as some had varying levels of memory loss or dementia. We spent time observing care in the lounge and communal areas. We also 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 seven people who lived at Clarendon House and two relatives. We also spoke with four care staff and the registered manager.

We looked at three people's care records to see how they were cared for and supported. We looked at other records related to people's care including the provider's quality monitoring audits, staff recruitment records, records of complaints and incident and accidents at the home.

Is the service safe?

Our findings

We asked people who lived at Clarendon House if they felt safe living at the home. People told us they did. One person told us, “I’ve been very comfortable so far, I do feel safe, why shouldn’t I. I’ve no complaints about the staff.” Another said, “I’m quite safe, never had a problem, I’ve been here a long time.”

Staff spoken with knew how to keep people who lived at the home safe and protected. They understood their responsibilities for keeping people safe and had an awareness of what constituted abuse or poor practice. Care staff told us they had completed training in safeguarding and knew what they should do if they had any concerns about people’s safety or if they suspected abuse. For example one member of staff said, “I would go to the manager and we would have to inform safeguarding.” “If I suspected anything at all I would record it and report it to the manager, she would look into it.” The registered manager was aware of the local authority safeguarding procedure and knew how to make referrals in the event of any allegations received. This meant staff understood how to safeguard people from abuse.

Staff understood risks associated with people’s care. For example, a person asked staff for assistance to transfer out of a wheelchair; the staff member responded by saying, “Yes, we are just getting your handling belt.” This is a piece of equipment that supports staff to assist people to transfer safely. Staff knew how to use the belt and transferred the person safely into an armchair. We also saw staff responded well to a person whose behaviour became agitated. Staff asked the person, “Tell me how I can help you.” The staff member took their time to listen to the person and reassured them. They knew what to do and what to say to support the person to become calm.

Records demonstrated staff had identified any potential risks to people and had put actions in place to reduce the risks. This included the support people needed to move around, to have sufficient to eat and drink and to take their medication. Behavioural management plans had been completed for people whose behaviours were sometimes challenging to others. Risk assessments had been regularly reviewed and changes recorded so that risks associated to people’s care could be minimised and safely managed.

We asked people and care staff if there were enough staff to meet people’s needs. Everyone we spoke with said there was. One person said, “There’s plenty of staff, there’s always someone around if you want them it doesn’t matter what time of day or night.” A staff member told us, “Yes there is usually enough staff. We were a bit short today as the cook phoned in sick and [a member of care staff] is covering in the kitchen. We had to get another staff member to come in, so there is still enough on duty.”

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. All the staff we spoke with told us they had to wait until their police check and reference checks were completed before they could start work. This was confirmed by looking at the recruitment records. Care staff had been recruited appropriately to make sure they were safe to work with people who lived at the home.

We asked the registered manager what emergency contingency plans were in place. These plans provided staff with information about action to take in the event of any unexpected emergencies that affected the delivery of service or put people at risk. The registered manager told us they would evacuate to the ‘sister’ home which was close by. Staff we spoke with did not know what they would do. The registered manager told us this would be rectified by informing staff of the contingency plans and displaying a copy of the plan on the staff notice board.

During our inspection we looked at how people were supported to take their medication. People we spoke with told us care staff supported them to take their prescribed medicines. One person told us, “I only take sleeping pills; it’s always just before I go to bed.” We looked at three people’s medication administration records (MAR). The records showed people received their medicines as prescribed. We asked staff about administering medication. We were told staff could not administer medicines unless they had been trained and assessed as competent to do this. Records confirmed staff had completed medication training and had their competency regularly assessed. This made sure people continued to receive their medication as prescribed. We observed the registered manager and a senior care worker administer medication to people. We found medicines were

Is the service safe?

administered safely. There was a safe procedure for storing, handling and disposing of medicines, including controlled medicines. These are medicines that have to be stored and recorded in a certain way.

Is the service effective?

Our findings

People told us the staff had the skills and knowledge to provide the care and support they needed. One person said, “Yes, they know how to look after me.” and a relative told us “I think they cope with [person] quite well. [Person] can’t make care decisions [Person] has no short term memory.” People said they were happy with the care provided, “I’ve been here six years, it’s very good indeed, the best staff in the world.”

Care staff told us about the training they attended. One member of staff said “I have completed training in moving and handling, dementia care, food hygiene, infection control and safeguarding.” One member of care staff told us they had completed an induction programme when they started to work in the home that included training and shadowing experienced staff. The senior member of staff said they had undertaken their level three National Vocational training (NVQ) in health and social care. Staff we spoke with, and records confirmed, staff had completed training to enable them to deliver the care and support people required.

Staff told us they had a handover meeting at the start of their shift. They said the handover supported them to provide appropriate care for people as it informed them when people’s care needs had changed. This meant staff were kept up to date about changes in people care to enable them to provide the care and support people required.

People told us they could make their own decisions and were able to live their lives as they chose. For example, “I can do what I like, they leave me to myself.” Staff understood about consent and said they always asked people if it was alright with them before they did anything. One person told us, “When they want to do things, they nearly always ask me if it’s okay first.”

We found staff had a good understanding of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation makes sure people who require assistance to make decisions receive the appropriate support, and are not

subject to unauthorised restrictions in how they live their lives. We saw one person had a DoLS assessment in place. The registered manager had followed the requirements in the DoLS. We saw staff put their knowledge of the MCA into practice and ensured people’s human and legal rights were respected.

People told us they had a choice of meals and enough to drink during the day. Comments included, “The food is nice, enjoyable. They put in on the table and ask if you want it, you can have something else if you don’t like it,” and, “The food is very good, there’s a choice but not a lot. They change the lunchtime menu every day it’s on the board downstairs; you just say what you want.” We observed the lunchtime meal. There was a quiet atmosphere with background music being played. We saw people who needed assistance to eat were supported appropriately by staff. Staff sat with people and encouraged them to eat their meals. People were served the main meals they had chosen and were offered a choice of puddings and drinks. We saw people could take their time and were not rushed to eat their meals.

Care plans contained risk assessments for people’s nutrition. Where risks around eating and drinking had been identified, a care plan was in place to minimise the risk. For example people who had difficulty swallowing received pureed food and thickeners in their drinks. We saw where people had difficulty eating or drinking the Speech and Language Therapist (SALT) had been involved to offer professional advice.

People told us they were able to see healthcare professionals to maintain their health and wellbeing. Comments from people included, “I think the doctor is coming to see me about my back. I have a chiroprapist as well. I go to my own dentist.” “The chiroprapist comes in fortnightly.” A relative told us “The GP came to see him recently. An optician came in the last few months.” We saw staff recorded when health professionals, such as opticians, dentists, speech and language therapists, dieticians and their General Practitioner (GPs) had visited the person to review their care. The service made sure people received appropriate healthcare support.

Is the service caring?

Our findings

People who lived at the home and relatives we spoke with, told us all the staff were caring and kind. Comments from people included, “Yes, very caring, they always give me everything I want,” and “Yes, very caring. I haven’t noticed that they are ever disrespectful.”

We saw staff engaged people in conversations and supported people to move around the home at their own pace. We saw staff provided comfort and support to people by holding people’s hands or put an arm around them. We observed a person in a wheelchair become very agitated, calling out for help. A staff member spoke to them in a kindly manner asking, “How can I help you, what is the matter.” The staff member then spent time with the person, asked what music they would like to listen to and stayed with the person until they were calm. Staff were caring and compassionate towards people.

People said they were happy living at the home and were satisfied with the care they received. One person told us “I asked to come here, I’m glad I came, its good here.” One staff member told us, ‘I would have no problem if a relative of mine moved here. The care is really good.” We saw staff interacted positively with people and understood people’s communication methods. There were processes in place for people to express their views and opinions about the home. People said they had ‘residents’ meetings and two people told us they remembered being involved in a review meeting about their care.

People told us they could make their own decisions and were listened to. One person said, “I do what I want really, I don’t need a lot of support but I do need help with

remembering to do things.” Another person said “Staff help me, but they also help me do things for myself.” Two other people told us they needed help with daily living tasks, “I can’t be independent, I need their help for my care”, and “They do everything for me.” The registered manager told us all the people living at the home had relatives or an advocate to help them with major decisions for example, finances.

People living in the service, told us that staff maintained their privacy and treated them with respect. One person told us “They always use my name, they are very kind and respectful.” Another person told us, “The staff are all good; they treat everybody very respectfully.” Staff told us they would shut doors and curtains when providing personal care and would use towels to cover parts of the body not being washed to maintain people’s dignity. People told us, “They always knock on my door before they come in.” Another person told us, “When they wash me, they cover me with a towel; I don’t feel too embarrassed that way.” During our visit we saw staff understood how to treat people with dignity and respected people’s privacy. Staff knocked and waited for a response before going into people’s bedrooms and we heard staff address people by their preferred names.

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. A visitor told us, “We come at all different times; there are no restrictions on seeing him.”

People’s care records and staff personal records were stored securely. This meant people could be reassured that their personal information remained confidential.

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning. People told us they could not remember. Some people did remember being asked about their likes and preferences, “I think they do know my likes and dislikes, I’ve been here a while now.” Staff told us they spent time with people getting to know their life histories, likes and dislikes.

Staff said they had completed training in ‘personal centred care’ which supported them to provide individualised care to people. Staff told us they encouraged people to be involved in their care but said some people did not want to participate in reviews. We looked at three people’s care files. Care plans and assessments contained detailed information that enabled staff to meet people’s needs. Plans contained personal preferences. The care plans we looked at had been reviewed and updated regularly. We saw ‘life books’ had been completed or were in the process of being completed with people and their relatives. The registered manager told us it was not possible to complete ‘life books’ without the assistance of family members as people had difficulty remembering past events due to their dementia. The completed life histories supported staff to understand people’s work background and memories from people’s childhood.

Staff knew how to appropriately respond to people whose behaviour could be challenging to others, people who required assistance to move around and when people used their call bells. Where people needed to be assisted to move, staff were competent in carrying out moving and handling procedures and people looked calm throughout the process.

We asked people if they had enough to do during the day. People had different experiences. “They have card games and dominoes; they ask you if you want to play. A woman comes in and does a sing song with flutes and rattles.” “I don’t do any activities; the staff leave me to myself.” When

we arrived at the home music was playing quietly in the lounge area. The television was not on despite a number of residents facing the television and looking at a blank screen. The registered manager told us staff had been trying to involve people in activities other than watching the television and would ensure televisions were turned on for people to watch.

During the morning we sat with people in the lounge and observed how they spent their time. This identified staff were busy carrying out tasks associated with people’s care and had little time to sit and talk with people. Some people were able to occupy themselves. Two people were sitting in the garden talking together while they smoked a cigarette. Another person spent their time reading. People who are unable to occupy themselves should have more things to do during the morning. Later in the morning staff spent more time in the lounge area and there was good interaction with people. During the afternoon there was a ‘sing a long’ with two people who visited the home. People joined in with the singing and there was a very sociable atmosphere during the entertainment.

People told us they had no complaints about the service they received. People said if they were unhappy about anything they would let the staff know or talk to the registered manager. “I’ve not complained but I wouldn’t have a problem doing so. I would speak to the carer. I’ve not been given any complaints information.” “I would complain if I had to but I would have to find out how. I haven’t needed to; it’s all very good here”.

We looked at how complaints were managed by the service. The registered manager told us the home had received one formal complaint in the past 12 months. This had been investigated and responded to in line with the provider’s policy. The complaints policy and procedure was included in the service user guide. We were told everyone had been given a personal copy and a copy of the complaints procedure was available in people’s bedrooms.

Is the service well-led?

Our findings

People told us the home was well managed. “The staff do their job very well. I think the home is well managed, it seems ok”.

The registered manager told us she walked around the home at least once a day and spoke to everyone in the home. We were told by staff due to people’s dementia and short term memory loss they recognised the registered manager but did not always remember who she was.

People described the management of the home as open and friendly. A relative told us “The atmosphere is quite friendly here. We are quite happy that the manager is always available to talk to.”

Care staff told us the registered manager was knowledgeable and approachable. Staff said they felt well supported by the registered manager. They said the registered manager had made improvements to how the home operated, mainly around staff roles and responsibilities that were now clearly defined. Staff told us the home was a, “Good place to work”. We asked staff if they felt able to raise any concerns they had. One staff member said, “Definitely. No problem at all.”

Staff told us the manager observed how they worked and gave staff constructive criticism if they noticed areas that needed improvement. Staff said they felt supported in their work and had regular work supervision and team meetings. We saw records that confirmed this. Staff told us they had

confidence to question the practice of other care staff and would have no hesitation reporting poor practice to the registered manager. Staff said they felt confident concerns would be thoroughly investigated.

Records showed staff recorded when an accident or incident occurred. Incident records were reviewed to identify patterns or trends, for example when people may have had a fall and if there was an issue related to the environment. We saw that appropriate action had been taken to learn from incidents to avoid re occurrence.

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of audits, including checks for maintenance and safety of the building.

We found the registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included the local authority contracts team and the district nurse team.

The registered manager submitted the requested Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operated and how they provide the required standard of care. What we had been told was reflected in what we found during our visit. The manager was registered with us and understood their responsibility for submitting notifications to the CQC.