

# Brancaster Care Homes Limited

# Clarendon Grange

## 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

At the last inspection in February 2015 the service was rated good. At this inspection we found the service remained good overall but we identified some improvements needed in relation to good governance.

The home had a suitably qualified and experienced registered manager. She had created an open culture where both staff and people in the home felt they could be honest and open. Everyone we spoke with judged that the care of vulnerable people was the focus of the service.

We saw evidence to show that the registered manager audited aspects of the operation of the home and that the registered provider sent surveys to people in the home (and others) from time to time. We noted that although senior members of the company visited the service there was no in depth records of their visits and quality audits. There was no written plan in place to outline the future plans for the home. We made a recommendation about these matters.

Clarendon House is a residential care home which can accommodate up to twenty five older people, some of whom may be living with dementia. Accommodation is in single, ensuite rooms. The home has suitable shared spaces and a pleasant, enclosed garden.

Staff were trained to understand and report any potential or actual abuse. We had evidence to show that the manager made appropriate referrals, where necessary.

The service had suitable risk assessments in place and a plan for any foreseeable emergencies. Accidents and incidents were monitored and dealt with appropriately.

Staff were suitably recruited, inducted and trained. Staff received supervision. Staffing levels were suitable and the night staff levels were increased on the day of our inspection.

Medicines were appropriately managed.

The house was warm, safe, well decorated and well furnished. The home was clean and good infection control practice was in place.

The registered manager understood her responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Restraint was not used and we had evidence that people were asked for consent for all interventions.

People ate well and told us the food was of a very high standard.

People had ready access to health care professionals. Staff supported and cared for people during times of

ill health and at the end of life.

We observed caring and sensitive interactions between staff and people in the service. We learned that people were respected and treated with dignity and patience.

Each person had a care plan and these gave suitable guidance for staff. People were well groomed and told us that the care delivery was of a very high standard.

The home had an activities organiser and people enjoyed the activities and entertainments on offer.

We had evidence to show that complaints were suitably managed.

Further information is in the detailed findings below.

## 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 remains safe.

Staff understood how to protect people from harm and abuse.

Recruitment was suitably managed.

Medicines management was of a good standard.

### Is the service effective?

Good ●

The service remains effective.

Staff received suitable training.

The team understood their responsibilities when they judged people were deprived of their liberty.

The catering in the service was of a very high standard.

### Is the service caring?

Good ●

The service remains caring.

Staff in the service displayed kind, sensitive and appropriate care.

### Is the service responsive?

Good ●

The service remains responsive.

Every person had an up to date care plan.

People were supported to be well groomed.

Varied activities were on offer.

### Is the service well-led?

Good ●

The service is well-led.

The registered manager encourage an open and caring culture in the home.

It was recommended that external quality monitoring is improved.

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# Clarendon Grange

## **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 Friday 7 July 2017 and was unannounced. The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The team had experience of supporting older adults and people living with dementia.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the provider for completion. The PIR 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. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals about the delivery of care and services. On the day of the inspection we met three health care professionals.

We walked around all areas of the home including the kitchen, laundry and communal areas. We looked at arrangements for food and fire safety. We checked on infection control around the home. We were also invited into bedrooms.

We met all twenty five people who lived in Clarendon Grange. We spoke with people in groups and also spoke with fourteen people individually and privately in their own rooms. We also met seven relatives, friends and other visitors. We spoke with seven members of staff including the registered manager.

# Is the service safe?

## Our findings

When we last inspected this service in February 2015 we judged that this domain of safe was rated as Good. We judged that this rating was maintained at this visit.

People told us, "I am very happy here, I have no worries, they look after me" and "They are nice to me...I am treated well." People said that staff came to assist them quickly and told us, "When I ring the buzzer...they come quickly." A visitor told us, "I'm in every day, I've never seen anything to worry us. There always seems to be enough staff on duty."

We had evidence to show that staff received suitable training about what was abusive and that the local safeguarding team had given the team further training. The registered manager was aware of how to make safeguarding referrals.

Suitable arrangements were in place to ensure the house was safe, incidents and accidents minimised and any emergency could be dealt with appropriately. We saw risk assessments and risk management plans which supported this.

The registered provider agreed to increase the number of staff at night to three from two on the day of the inspection due to the noted changes to dependency levels.

We checked on personnel records for new staff. Staff were suitably recruited and all checks on background completed before the new staff member had access to working with vulnerable adults. The organisation had policies and procedures which would support any disciplinary processes. The registered manager was able to utilise the support of an external company, if necessary.

Medicines were suitably managed. We saw that these were ordered, stored, administered and disposed of correctly. Recording was completed appropriately and people were assisted to take their medicines in a timely manner. Staff received on-going training in the safe handling of medicines.

Good infection control was in place and the house was exceptionally clean in all areas. Staff understood how to prevent cross infection and told us they had recently had training on managing cleaning materials and other chemicals in the house.

# Is the service effective?

## Our findings

When we last inspected this service in February 2015 we judged that this domain of effective was rated as good. We judged that this rating was maintained at this visit.

People in the service told us, "The staff are very good...yes they are trained, I think." Another person said, "The staff are good...they have to be...its expected that they know their job."

People were very complimentary about the catering in the home. They said, "The food is good, excellent in fact, I've put on weight" and "The food is good you get a choice."

A new person said, "The food is excellent and I have lost weight and now I walk better." We also learned that, "The staff get the doctor or the nurse if I am unwell. They look after you if you are ill." A visiting relative told us, "They contact us if something is wrong. We don't worry anymore as they get the doctor. [My relative] eats better and is looked after. I think the staff understand older folk really well."

We received a copy of the training matrix showing that training was on-going and that staff kept up to date with all the training the provider deemed to be mandatory. This included safeguarding, health and safety, fire and food safety and care related issues. Staff told us they completed training and that they also gained qualifications in care. The registered manager was planning the appraisals for 2017 and we saw that supervision was done routinely. Staff told us they discussed practice issues at each hand-over every day.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary. The management team were aware of their responsibilities and the staff had a good working knowledge of the principles of the MCA. People were not subject to restraint and we had evidence to show that consent continued to be gained before any interventions.

People in the home were very positive about the high standard of food provided. We looked at arrangements in place and saw that people received a varied diet of high quality food. One or two people needed support and this was included in the care plans. There had been no need for complex nutritional plans but the staff team understood the principles of this and could draw on the advice of health professionals if necessary.

People in the home told us they saw the GP and the district nurse when necessary. They also said they had things like 'flu injections that helped them keep well. Visiting health professionals were very positive about the, "Really high standards of care in this home."

Clarendon Grange is an older property that has been extended and adapted to create a comfortable home



for vulnerable adults. The décor and furnishings were of a high standard. The garden spaces were well tended and the enclosed garden had good quality furniture. We saw that maintenance and freshening of décor were on-going in this service. The call bell system had been updated in one area.

## Is the service caring?

### Our findings

When we last inspected this service in February 2015 we judged that this domain of caring was rated as good. We judged that this rating was maintained at this visit.

We judged this outcome by talking with people and their visitors and by sitting with people and observing the interactions between people and with the staff. There was a calm and pleasant atmosphere in the home.

People were spoken to kindly and with sensitivity. We observed gentle reassurance from staff with a person who was anxious. They told them, 'There's nothing going on, it's alright you are safe.' People's dignity was maintained because the staff supported people's personal care discreetly.

People told us that they felt the staff were caring. One person said, "It's very good we are very well looked after." Another person said, "The girls are very good ...I can't fault it, it is so nice." Other people told us that they were, "Well looked after" and that, "The girls are so kind."

Staff told us that they could access the services of an advocate but that many of the people in the home had asked that relatives had that role.

Care plans guided staff to support people to be as independent as possible. We learnt from staff that people in the home had become more dependent. We saw that the staff were supporting people well and changing the care plans to show that they needed to give more care and attentions to the group in the home.

We spoke with visiting health care professionals and they told us that the staff were very good at caring for people at the end of life. They said that the team worked well with them and that, wherever possible, people stayed in their home until the end of life. Staff had completed training on supporting people at the end of life.

## Is the service responsive?

### Our findings

When we last inspected this service in February 2015 we judged that this domain of responsive was rated as good. We judged that this rating was maintained at this visit.

People told us they were happy with the personal support they were given. One person said, "The girls look after me well...every care given." Everyone we spoke to was positive about the high standard of care. People confirmed that they had been, "Asked about my care and it's in my file...what I want and need."

A visiting relative also told us, "[My relative] is always clean and well looked after. [My relative] asked me to check the care plan. Everything needed is in the plan and the staff ask if it's still OK." Another visitor confirmed this, "They look after [my relative] well...always well dressed... the girls are great. We look at the care plan with the staff to check it's suitable."

We saw that everyone in the home was supported to be well groomed. Women were helped with make up if they wished and the hairdresser visited two days a week. Staff had ensured that men in the home had been helped to shave. People dressed in a way that reflected their preferred personal style. Records showed that staff were good at giving people the levels of personal care they wanted, at the frequency they preferred.

We heard from people in the home, the staff team and from visitors that people in the home had become frailer and more dependent on staff support. Some changes to need had been identified in the weeks preceding the inspection. The registered manager said she had identified these issues and had made some changes to accommodate this. For example she had taken the laundry tasks from the night staff so they could concentrate on the care delivery. She judged that staff needed to be deployed differently and the senior team were going to direct staff more because they needed to monitor some people more closely.

We looked at five care plans in depth and we saw that these covered all the wishes and needs of the people they belonged to. We sat with a team leader who was in the home to update care plans. We discussed some of the plans with her and the registered manager. We saw that care planning was being considered all the time and the staff team were working on the plans to ensure they covered all the changing needs of people in the home.

The home employed an activities organiser. She organised group and individual activities in the home. People enjoyed quizzes, exercise classes and discussion groups. Entertainers came into the home and there were parties and other social events organised on a regular basis. People were supported to go out to events or to shop.

There had been one formal complaint against the home and this had been dealt with in a proactive way by the registered provider. No one had any complaints during our inspection but people told us they knew how to complain if necessary.

## Is the service well-led?

### Our findings

When we last inspected this service in February 2015 we judged that this domain of well-led was rated as good. We judged that this rating was maintained at this visit.

People told us that they knew who the registered manager was. One person said, "She is out and about all the time and knows us well." Another person told us that the staff were good at their job and said, "They have to be..." This was because the person judged that the manager and the team leaders ensured that staff understood their roles and worked appropriately with people in the home.

The home had a suitably qualified and experienced 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.

At this inspection we asked to see copies of her supervision notes and any action planning that the provider expected of her. She said that she did not have any written notes but did see representatives of the provider and could access them if there were any issues she needed to discuss.

The service had a record book of visits made by the provider that had been completed six times since our last inspection. The last dated visit on record was in February 2017 and the notes of the checks made were scant. Representatives of the provider did not make in-depth reports of these visits which were intended as part of the quality monitoring of the service.

The provider did send out surveys to people in the home, their relatives, staff and visiting professionals. These were analysed by the company. We saw the analysis of the surveys completed in 2016. The registered manager was waiting for the outcome of the 2017 surveys. The manager audited medicines management, care planning and risk assessments for people in the home. Activities were well recorded and efficacy analysed by the activities organiser. The fire log book was completed appropriately as was the paperwork around food safety. Money held on behalf of the people in the home was audited and checked by the registered manager. A registered manager from another home owned by the provider had audited medicines once and had looked at some risk assessments and some care plans.

We recommend that the registered provider review and formalise its external auditing process. We considered that the monitoring of quality would be improved if there were more external checks in place to support the auditing done by the registered manager. We also recommend that a simple development plan be put in place to cover any suggested changes arising from the monitoring of quality.

We saw a variety of records in the home and we judged that many of these had improved since our last visit. The registered manager discussed some areas where she felt recording could be improved further. She was working on some changes to records of food taken when people were at risk of malnourishment and some changes she planned to make to her quality auditing records so she could see at a glance where any

shortfalls had occurred. We found the records to be easy to follow and most were suitably detailed.