

Greentree Enterprises Limited

Clarendon Mews

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 30 March 2015 and was unannounced.

Clarendon Mews provides residential care for up to 45 people many of whom are living with dementia. At the time of our inspection there were 40 people in residence. Accommodation is provided over three floors with access via a stairwell or passenger lift. The majority of communal living areas are located on the ground floor, with smaller seating areas located on the first and second floor. There is a garden which is accessible and provides areas of interest.

Clarendon Mews had a registered manager in post at the service at the time of our inspection. 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.

Summary of findings

People who used the service and visiting relatives told us they felt safe and were well cared for. People were supported by staff in a timely and sensitive manner, which meant people's needs were met and that there were sufficient staff on duty.

Staff were able to tell us what action they would take should they believe somebody was being abused and were aware of the provider's policies and procedures, which included whistleblowing. Records showed staff had received training to support them in recognising potential abuse and this provided them with guidance as to their role in promoting people's welfare.

Potential risks to people were assessed and measures put into place to reduce risk, which included the use of equipment and the provision of personal care which were reflected within people's plans of care.

People received their medication as prescribed and their medication was stored safely. We found that the principles of the Mental Capacity Act (MCA) 2005 had been correctly followed with regards to the administration of medication covertly (without the person's knowledge).

People we spoke with told us that staff provided the care and support they required and had a good understanding as to the needs of people living with dementia. Records showed staff had undertaken training which enabled them to meet people's needs.

People were protected under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA 2005 DoLS). We found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions themselves about receiving personal care and leaving the service without support.

People we spoke with were complimentary about the meals provided at the service. Where people were at risk of poor nutrition, advice from health care professionals was sought and their recommendations followed. This meant people were supported to eat and drink enough and maintain a balanced diet. The dining experience for people did not meet everyone's needs in a timely manner. Following our inspection the registered manager advised us they had reviewed how staff supported people and had made changes to improve the service people received.

People we spoke with and their visitors told us they had good access to healthcare. Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon. This meant people were supported to maintain good health.

There were open and positive relationships between people who use the service, their relatives who visited and staff. This created a friendly, calm and welcoming environment for people to live in and visit. People were supported by staff who sought to provide companionship and social interaction in a caring manner. Where people became distressed or anxious staff offered reassurance.

People we spoke with told us they were involved in the development and review of plans of care and that staff kept them up to date with any change to people's needs and health. Visitors said they were encouraged to be involved in decisions about their relative's needs and were provided with opportunities to comment on and influence the care provided.

Staff had a good understanding as to the needs of people and told us how they supported people in making day to day decisions about their lives. We observed staff supporting people in a way that respected their privacy and dignity.

People's needs were assessed prior to them moving into the service. The registered manager met with people to ensure their needs could be met by the service and spoke with them about the care they needed. People who used the service, visitors and staff spoke to us about the care and support within the service and how this was personalised and reflective of people's individual needs and choices.

The environment was decorated and adapted to meet the needs of people living with dementia. The environment was interactive and enabled and encouraged people to take part in activities and perform tasks which provided them with reassurance and a sense of purpose. The garden was accessible and provided areas of stimulation and was used by people who wished to have a cigarette.

Summary of findings

People were encouraged to take part in activities and events which promoted their well-being individually and with staff support. The service had a range of animals which people who used the service interacted with and helped care for, which included walking the dog.

People who had expressed concerns told us these had been responded to quickly and well. Information about the providers' complaints procedure was accessible. The service had not received any complaints within the last twelve months.

The registered manager and staff had a clear view as to the service they wished to provide which focused on

promoting people's rights and choices, and the provision of a stimulating lifestyle. Staff were complimentary about the supported they received from the management team and commented that they led by example.

The registered manager undertook effective audits to check the quality and safety of the service. The service had strong links with health and social care professionals who helped to ensure people were in receipt of quality care.

People and staff had the opportunity to influence the service by attending meetings and sharing their views through one to one discussions that were both formal and informal, which enabled the provider to review and develop 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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

People received their medicines correctly and at the right time.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights, were respected.

People's dietary requirements with regards to their preferences, needs and risks were met.

People were referred to the relevant health care professionals in a timely manner, which promoted their health and well-being.

The environment had been decorated and adapted with consideration to the needs of people living with dementia.

Outstanding



Is the service caring?

The service was caring.

People we spoke with were happy with the care and support they received and said that staff had a kind and caring approach.

People and their relatives were involved in the development and reviewing of plans of care.

People's wishes were listened to and respected by the staff who promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to then moving into the service. Staff knew how to support people and took account of people's individual preferences in the delivery of care. People were encouraged to maintain contact with family and friends.

Good



Summary of findings

The registered manager had a range of measures for seeking people's views. People we spoke with told us that concerns they had raised had been managed quickly and well.

Is the service well-led?

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices and providing support to people living with dementia.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the services' development.

The registered manager undertook effective audits to check the quality and safety of the service.

Good



Clarendon Mews

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.

The inspection took place on 30 March 2015 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had expertise in caring for older people living with dementia.

We contacted commissioners for social care, responsible for funding some of the people that live at the service, and

asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

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 to us.

We spoke with eight people who used the service and six visiting relatives. We spoke with the registered manager, deputy manager and two care staff. We looked at the records of four people, which included their plans of care, risk assessments and medication records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of staff meetings.

We asked the provider to send us additional information, which included information on staff training and documents for the maintenance of specific equipment and systems. These were provided.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, “Yes I feel very safe” and another person commented “I’ve never felt unsafe.” A visitor when asked told us “I feel sure [my family member] is safe, if I didn’t feel that, they wouldn’t be here.”

We looked at how the provider protected people and kept them safe. The provider’s safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their role and responsibilities. One staff member told us, “If I wasn’t happy I would tell the Care Quality Commission (CQC).” Another staff member said, “After the home’s manager, I would talk to CQC or use the whistle-blowing line, it’s confidential.” This is a telephone line which staff can access to report concerns anonymously.

We saw staff ensuring people moved around the service safely by encouraging them to use equipment, which included aids to enable people to walk independently. This showed that the provider had taken steps to provide care in an environment that was safe. The staff had a good understanding of the risks associated with the needs of people. For example staff were quick to assist people who they knew were unsteady on their feet when they got up out of a comfy chair to walk.

People’s care records included risk assessments. These were regularly reviewed and covered areas of activities related to people’s health, safety, care and welfare. The advice and guidance in risk assessments were being followed. For example, a person at risk of poor appetite had a nutritional assessment in place, measures to reduce the risk and to maintain the person’s health and well-being were documented within their plan of care. People where appropriate had been assessed as being at risk of falling when walking around, or moving from place to place. Risk assessments had been completed and information provided within the person’s plan of care that detailed how people’s health, safety and welfare was to be promoted by the use of equipment and through staff monitoring and

observation. We observed staff using equipment to move people safely. Staff used the provider’s procedures for reporting accidents, incidents and injuries and sought appropriate medical advice to ensure people’s safety.

Staff told us how they supported and respected people’s freedom and choices whilst keeping them safe. They told us, “We clean the equipment, don’t leave things lying around, or leave residents alone. They [people who use the service] have buzzers.”, “We make sure people are using their frames and their own slings, have a clear environment and we have emergency buzzers.” Twice a day I do an environmental audit of the whole building, fire doors, windows, anything broken is feedback from staff. Any concerns are picked up by the handyman as they are on site and get fixed straight away.”

There were systems in place for the maintenance of the building and its equipment and records confirmed this. We found that windows on the first floor did not have window restrictors in place. We were advised by the registered manager that windows on the second floor did have restrictors. The registered manager told us they would speak with the provider about installing window restrictors on the first floor. We spoke with the deputy manager following our visit who confirmed that window restrictors had been ordered. We received confirmation from the registered manager that the window restrictors had been installed, this meant whilst windows could be opened the degree of opening was restricted to ensure people’s safety.

The registered manager monitored incidents which included falls on a monthly basis, records showed that the number of falls had reduced. The registered manager told us this was because people’s medication had been reviewed and often reduced, which meant they were more alert.

We found there were sufficient staff on duty to meet people’s needs and keep them safe. The registered manager advised us that ten staff were on duty during the day and five overnight. They told us that they never let staffing levels drop below this. Staff spent time with people on a one to one basis providing social stimulation. We spoke with visitors; two told us that in their view there were not sufficient staff on duty.

Staff we spoke with when asked whether in their view sufficient staff were on duty told us, “We are now. We went through a phase when we were recruiting when it was

Is the service safe?

difficult and we used a lot of agency but we only use one now. We have bank (regular staff who work as and when required) staff.” And, “Yes we are fully staffed.” Whilst a third member of staff said “The manager and deputy manager help out a lot.” The staff member told us they worked alongside staff providing care and support to people.

We spoke with the registered manager about how they determined staffing levels. They told us, “It starts at the initial assessment of new residents; I spend as much time with people as I can. Then I’m guided by the staff if they are struggling, I have no problem putting extra staff on if needed. You’ve got to have a higher staffing ratio so they can go out and do what they enjoy. We’ve got someone who requires one to one support. We’ve got seven residents who have additional staffing due to their greater needs.” This showed that the registered manager had a flexible approach to staffing, which was kept under review to ensure people’s needs were met.

We asked the registered manager how the layout of the building was considered when planning and managing staff. They told us “The environment does a lot of the work for us so it’s totally considered. When I first came here they had one little lounge and now we have seven seating areas. It’s bright and tactile and there’s full access to the garden. The offices have moved and I now have ears on each of the corridors.”

The registered manager spoke to us as to the skill mix of staff and how it was determined. They told us, “It’s about the residents needs and they interview with me. Even if people have no experience in care I can see how they blend with the residents and if they can have a conversation. Residents tend to choose the staff with me. We take people on if they have skills in line with the residents’ likes and hobbies. I always make sure there’s a mix of new and more experienced staff on shift.”

People’s safety was supported by the provider’s recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service.

Records showed that the provider followed its staff disciplinary policy and procedures. This ensured that any unsafe practice was investigated and that staff received the appropriate support and training to improve their practices for the benefit of those using the service.

One person we spoke with told us that staff came around to give them their medication. The person was knowledgeable about the medication they were prescribed. A visitor spoke to us about their relative and how the GP had been working with the service to find out the best medication to support their relative’s needs, which had improved their health.

People received their medicine in a timely manner. Medicine was administered by staff who had received training. We observed staff following the providers’ policy and procedure for the administration of medicine. People were asked if they wanted to take their medicine and were given prn (prn medicine is administered as and when needed) when they requested it. One person asked the member of staff what their medicine was for; this was explained to them to their satisfaction demonstrating that staff ensured people were consulted and understood issues regarding their health.

We looked at the records of four people who used the service and found that their medicine had been stored and administered safely.

People’s records showed that their medicine was regularly reviewed with a health care professional. We saw that this had resulted in the number of medicines people were prescribed being reduced.

People’s capacity to manage and administer their own medicine was assessed when they moved into the service and was kept within the person’s records.

Staff told us they had undertaken training in the handing of medicines and training records confirmed this. The deputy manager told us that upon completion of the course they ‘shadowed’ staff prior to them administering medication without supervision.



Is the service effective?

Our findings

Displayed on the wall in the entrance foyer were photographs of staff who had achieved the status of 'Dementia Champion' (a member of staff who has received training which has provided them with additional skills, knowledge and understanding to provide care to people reflective of best practice). One visitor told us, "Staff here do understand about dementia." Records showed staff had received training in dementia awareness.

We spoke with an 'in-reach nurse' who was visiting the service. They told us they supported people with dementia and were part of the community mental health team. They told us they supported the staff to develop care packages for people. We asked them for their views about the service and they told us that a majority of relatives had noted improvements to people's health following their moving into Clarendon Mews. They told us that they were very happy with the care provided at the service and that people were encouraged to play football, access the garden and interact with the environment.

We saw staff putting into practice their training when people became distressed or anxious. Staff provided reassurance by sitting with people and talking with them about what was worrying them. They also diverted people's attention onto a topic which they knew they would enjoy talking about. Staff also distracted people by walking around the service with them, and introducing them to activities and other people.

We spoke with staff and asked them whether induction training prepared them for their role and responsibilities. They told us, "It was very useful they showed me around the place and all about health and safety, fire exits, wheelchairs, moving and handling and safeguarding. It did prepare me for my job." The staff training matrix we looked at showed staff received training for their job roles and received training on conditions that affected people such as those living with dementia.

Staff told us that they received training which enabled them to meet people's needs. Staff comments included, "Yes we have enough training. We push for government funded training as much as possible. And for me I put

myself forward for lots of training and I'm supported to do that." And, "We have enough training. It's useful in terms of communication, health and safety and how to support people.

Staff told us that there was good communication between the registered manager and care staff which meant they were aware of the needs of people and were therefore able to provide timely support and respond to people's changing needs. We asked staff how information was shared, and they told us daily 'handovers' which involved all staff, and were used to update staff on people's health and well-being. Staff also told us they attended regular staff meetings where issues were discussed. We noted that staff communicated effectively with each other to ensure people's needs were met, which included seeking advice from the registered manager.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We talked with the registered manager and staff about the MCA 2005 and DoLS and what they meant in practice for the service. Staff were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. One staff member told us, "Don't assume that people do not have capacity. If in doubt do a capacity assessment, we have forms which guide you. It might be around personal care. We do sometimes involve the DoLS team. We make sure it's in their best interests and causes no significant harm."

The registered manager told us that there were three people who used the service that had a DoLS authorisation in place which had been granted by a 'Supervisory Body'. We looked at two people's records that were subject to a DoLS and found that the provider was complying with the conditions where these had been applied by the 'Supervisory Body'. A DoLS assessment and authorisation is required where a person lacks capacity to make a decision and needs to have their freedom restricted to keep them safe or to have their needs met.

Some people's care records showed they had made an advanced decision about their care with regards to emergency treatment and resuscitation. This had been



Is the service effective?

done with the involvement of relatives and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed.

People we spoke with told us that the meals were good and that there was enough to eat. One person told us they could ask for more if they wished. We saw people being offered additional servings at mealtimes. One person told us, "We get very good food." They told us that staff came around in the morning with the meal choices for the day. A visitor told us that they often brought in food for their relatives and that the cook always cooked it for them, so that they could eat something provided by their relative.

We asked staff what their understanding was about the care and support people needed to ensure they had sufficient to eat and drink and spoke with them about people's dietary needs. One staff member told us, "We always have drinks where they are sitting; we give drinks regularly and make sure people have food and drinks in their room. Some people need help with eating; we have different biscuits with tea, and soup and sandwiches for tea." Staff told us they routinely weighed people and any concerns about people's weight were recorded and acted upon. People were offered refreshments throughout the day and snacks were available for people to serve themselves. People who chose to eat in their room were supported to do so.

People were provided with a diet which met their needs. Where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and dieticians. People's weight was monitored in accordance with their assessed needs. We saw that people were supported on a one to one basis by a member of staff at mealtimes where needed.

People told us that they had regular appointments with a chiropodist and optician. A visitor told us that staff showed an understanding about pain relief for their relative who was unable to articulate their needs themselves. A second visitor told us that a member of staff would notify them immediately in the event of an emergency.

On the first floor of the service is a room dedicated for the use of the visiting GP. The registered manager told us that the GP specialises in dementia care and provided valuable support to people who used the service. The GP visited weekly to meet with people and discuss their health care needs.

Care had been taken to create a dementia friendly environment with sensory items hanging from corridor walls that were interactive, and included washing lines and pegs for people to hang up items of clothing. The 'bright lounge' provided a range of interactive items for people to use, which included a work station, shoes, 'dressing up' outfits, and friezes on the wall. There were themed rooms around the service which included a baby's room, the London lounge, a seaside lounge and a sensory room. All areas provided props to encourage people to take part in activities which were meaningful and stimulating to them.

The garden was accessible to people and we saw people using the outside space to have a cigarette. The garden contained a caravan which people could use and plans were in place to create a beach scene around the caravan. The garden had a bus stop with a timetable and bench for people to sit and provided people with an opportunity to take part in an everyday activity.

Is the service caring?

Our findings

People we spoke with told us, “I love being here they [staff] look after us very well”. And, “They [staff] are very kind and good.” Visitors spoke positively and made these comments, “It’s first class.” “They’re [staff] all wonderful.” “I’m 100% happy with this place.” And “I couldn’t fault any of the staff.” This demonstrated people were very positive about the care they received.

Visitors told us there were no restrictions on when they could visit and one visitor told us that when their relative had been very ill the service had provided them with a room to stay overnight so that they could be with their relative. They told us, “They were brilliant.”

People were happy at Clarendon Mews, we saw people smiling throughout the day and we noted that staff took time to talk, laugh and joke with people. Staff were friendly and welcoming to visitors and we observed a good rapport between all. The attitude and approach of staff helped to create a calm and welcoming atmosphere. Where people became distressed or anxious staff quickly responded offering reassurance. This response was consistent with information provided within people’s plans of care and was tailored for the needs of the person. The staff’s approach to care and support was focused on the needs of the individual and staff had a good insight as to the personalities and differing needs of people.

One person told us that they had been involved in the development and review of their plan of care. Visitors told us that they had been involved in the reviewing of their relatives’ plans of care when their needs had changed.

Staff listened to the views of people and respected their wishes and provided support where needed. We asked staff how they supported people to express their views and encourage them to be involved in decisions. One staff member told us, “Different residents like to get up at different times. Some people don’t like to be washed and you just have to talk to them or wait outside their room. Some like to eat in their rooms. Some like to have make-up on, some like to have their hair done every week.” A second member of staff told us, “We empower people as much as possible. Support where needed like running the water in the basin if they can wash their face. A person told me to leave them alone earlier today so I did and then went back to them later.”

Clarendon Mews had a light and airy feel and people were able to walk around freely through the variety of different rooms and sitting areas. People who preferred to be on their own sat in smaller sitting areas with little interruption. Staff took time to speak to people and it was noticeable from the recognition on people’s faces and their comments that many had a good rapport with staff.

We were told that representatives from four different denominations visited Clarendon Mews regularly. One person told us that the previous day had been Palm Sunday and there was evidence of a Palm cross on the wall in one of the small lounges to help people recognise this festival.

Is the service responsive?

Our findings

We spoke with visitors and asked them if their relative received personalised care. One person told us, “I feel they are looked after well with their personal care.” Another visitor told us, “They’re quite comfortable and their room is nice.” A person who used the service told us, “It’s lovely, I like it here.” A second person told us, “I please myself what time to get up and what time to go to bed.”

A visitor told us that a member of staff had taken their relative out to enable them to buy Easter eggs for everyone; they went onto say, “They take people to the park to walk the dog.” A second visitor told us that their relative could see the local park from their room and said, “They love it because they can see the children playing in the park.” A third visitor told us staff had taken their relative shopping and to the pub when the weather had been warmer.

People’s plans of care included their views about the support they required, which included information about their lives prior to moving into the service along with information about their families, work, life, hobbies and interests. These were used to develop meaningful activities and pursuits for people.

We asked staff how they provided personalised care to people. One staff member told us, “One person likes you to take your time. Some ladies like to wear jewellery. One person likes to see gestures to help them communicate. One lady loves to wear pink.” A second member of staff told us, “One person doesn’t like showers; they like to sit in the bath. They tell you to start with their feet and scrub them, and then move to their back and so on. They like you to make the bed in a very special way with the valance and flat sheet, they watch you do it.” Staff comments showed that they were aware of the individual needs of people and responded to people as they requested.

We observed the lunch time and tea time dining experience for people who used the service and noted that the mealtimes were not coordinated well in some instances, which impacted on a few people. We spoke with the registered manager about our observations and we discussed possible improvements to the dining experience. Following our inspection we received information from the registered manager that they had implemented a change. The number of dining tables had been reduced in the main dining room, and a dining table put into the ‘London

lounge’. They told us this had been well received by people who had dined in the room. They stated that staff were now allocated specific dining tables to ensure people received a timely and consistent response at mealtimes.

The registered manager told us they carried out an assessment of people’s needs before they moved into Clarendon Mews and went onto say that they spent as much time as possible with them finding out about them and their needs. This meant the registered manager was able to determine whether they could meet the needs of the person within Clarendon Mews and well as providing an opportunity for people to talk about their expectations of their care.

Plans of care had been developed from people’s assessed needs and their views about their care had been incorporated. This included information on their personal history, preferences and interests. People’s needs were regularly re-assessed and the appropriate changes made to their plans of care. Information about people was provided along with a photograph on their bedroom door, the information included information about their hobbies and interests and anecdotes about their lives.

A hairdresser visited weekly. We heard people talking with the hairdresser which provided social stimulation and was something people enjoyed.

We noted a number of people enjoyed having nail varnish applied by a member of staff, whilst others enjoyed talking with members of staff and holding their hand. A group of people sat in the Rose lounge watching television and one person told us, “I love the television, it is my life.”

Clarendon Mews had a small dog, which was warmly received by everyone. They had two rabbits and the registered manager told us that one of the rabbits was pushed around on occasions in a pram by someone who used the service, which the person enjoyed. One person spoke to us about their Love birds and how important they were to them. They said staff assisted them in caring for them.

The registered manager told us about the shed in the garden. They told us that people who used the service who had a background in decorating were asked to provide quotes for its decoration. They told us that paint was then provided to people, which resulted in the shed often changing colour.

Is the service responsive?

We spoke with a police community support officer who told us that they and their police colleagues regularly visited to speak with people living there and staff. They told us they had held a 'meet and greet' sessions and were involved with fund raising. They advised us that on occasions they had brought police cars to the service and encouraged those living at the service to sit in the cars with the lights flashing. They told us this was enjoyed and helped to develop community relations.

A visitor told us that they had raised concerns about their relative and felt this had been addressed and the appropriate action taken. A second visitor told us they had made complaints previously and they had been dealt with

quickly. Records showed that the service had not received any formal complaints within the last twelve months and that concerns had been recorded and dealt with. The complaints procedure included the process on how to escalate issues internally and externally. The complaints procedure was displayed on the notice board and had been provided to people within the brochure made available to people when moved into the service.

The registered manager met with people who use the service in a range of formats each month dependent upon the needs of people. These included one to one meetings and discussions along with coffee or breakfast chats.

Is the service well-led?

Our findings

We spoke with the registered manager and asked them what their view of good quality care was and how they provided it. They told us, “It’s knowing that all the residents are happy. Two residents always welcome me into their home in the morning. Good practice is happy residents. They are not restricted; they use the whole of the home and the community with the police and the church.”

We went onto ask them how they encouraged innovation and recognised good practice. They told us, “We speak to staff and residents for ideas. The pink corridor was chosen after discussions with a resident who loves dancing, they had always wanted an oil painting of a ballerina, but never had one. The staff are all involved and we say let’s try it; if it doesn’t work we can’t say we didn’t try. The ideas usually come from the residents and their life histories. One couple had never been to London and so we did the theme and created the London lounge.”

Visitors we spoke with were positive with regards to the registered manager. They told us, “Without a doubt she’s the best one so far.” And, “The manager is fine, she’s great.”

We observed throughout the day that the registered manager had a hands on attitude to the service and its people, providing a positive role model for care staff to follow. The staff team worked well together. All the staff, including the domestic, catering, and maintenance staff, were aware of the needs of people living with dementia and knew how to interact with them in a way which provided reassurance.

We asked staff what their understanding was of the service’s vision and values and how they were put into practice. Staff told us, “Our aim is to try to develop high quality care for people with dementia.” And “Good quality of life for their remaining years. Be happy, have empowerment, to have choice, and a holistic approach to needs.” Another member of staff said, “I’m a dementia champion. I provide training to staff and talk to relatives as it can be quite hard to deal with. You need to think outside the box, look for triggers.”

We asked staff what communications systems were in place to enable them to work well. A typical response was, “Handover, staff meetings, we discuss getting along and how we can work together to meet the needs of the residents.”

We asked staff for their views as to the management and leadership of the service. One staff member said, “I think I have the best role model in my manager and mentor. She’s very strict, if I’ve done something wrong she’ll tell me, but praise me when I get it right. Very supportive, open door and a thank you goes a long way.” Another told us, “It’s [the service] great so far. I can see some things have improved, staff, resident’s needs, and there are more staff now. Residents receive a better service.” And a third member of staff said, “The management are very good and listen to us if we’re bringing an idea about a resident.”

Two visitors we spoke with told us they had completed questionnaires which sought their views about the service. There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles and the development of the service and the care of people.

The registered manager and members of the management team had undertaken audits of the service which focused on a range of areas. Where action was required the registered manager had assigned a person responsible for addressing the issue and a timescale for its completion, which was then reviewed.

We spoke with the commissioning department of Leicester City Social Services and asked them for their views about the service they commissioned on behalf of people. They told us that in their view the registered manager had a good insight into the needs of people with dementia. They said following their recent assessment of the service they had found Clarendon Mews to be a good progressive service with an environment that had been adapted for the needs of people living with dementia. They also commented as to the positive effect the animals who were housed at the service had on people.

We asked the registered manager what quality assurance feedback systems were in place. They told us, “Once a month we have a cinema evening with choc ices and the families can come along. I have an open door policy.” The registered manager said of the provider, “Very supportive. They are very family orientated. We have regular two monthly management meetings and they’re really good at looking at changes to legislation and issues that come up in the press.”

We saw there were systems in place for the maintenance of the building and equipment. This included maintenance of

Is the service well-led?

essential services, which included gas and electrical systems and appliances along with fire systems and equipment such as hoists. One person who used the

service told us that the maintenance person was good in his role saying, “The maintenance guy is always on top of things.” This showed that people were aware that the service was maintained.