

Anchor Hanover Group

Clayburn Court

Inspection report

Clayburn Road
Peterborough
Cambridgeshire
PE7 8LB

Tel: 03001237235

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clayburn Court is a residential care home providing personal care to 30 people aged 65 and over at the time of the inspection.

Clayburn Court accommodates up to 64 people across three separate floors, each of which has separate adapted facilities.

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

Care plans and risk assessments were not all up to date, and some had conflicting information so did not provide clear information to staff to fully meet people's needs. The local authority had been supporting the provider in putting together a full action plan to address shortfalls in the service. The regional manager had worked hard to ensure improvements had been made and had a plan in place to sustain the improvements. One person said, "On the whole I'm very happy here, especially now it's a bit more settled."

The regional manager and the manager provided good leadership, made sure appropriate people were informed when if things went wrong and involved people and their relatives in the running of the service.

There were enough staff to meet people's needs and the provider had followed good recruitment procedures to make sure new staff were suitable to work at the service. Staff had undertaken training and received support from senior staff to ensure they could do their job well.

Staff knew how to keep people safe from avoidable harm and followed good infection prevention and control procedures.

People enjoyed food that they had chosen, and staff involved external professionals to help people maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care and were involved in most decisions about their care. People and their relatives were confident their views would be listened to and complaints would be addressed. Staff provided compassionate and kind care to people at the end of their lives.

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

Rating at last inspection

The last rating for this service was good (published 29 September 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the leadership of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the relevant key question sections of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Clayburn Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clayburn Court 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who have been working 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 inspection. We used all of this information to plan our inspection.

During the inspection-

We saw how the staff interacted with people who lived at Clayburn Court. We spoke with eight people who lived there and five visitors. We spoke with the newly appointed manager, regional support manager, district manager, and five members of care staff

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 looked at five people's care records as well as other records relating to the management of the service. These included medicine records and audits.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse and avoidable harm. However, these had not always followed. The provider has since provided additional training sessions for team leaders. The provider continues to monitor the learning through their weekly visits to ensure that the training has been embedded and people are fully protected.
- Staff understood the process to report to senior staff and were aware that they could report to agencies outside the service, for example to the local authority, if no action had been taken.
- People told us they felt safe living at Clayburn Court. Relatives told us they felt many improvements had been made over the last few months and they trusted their loved ones were safe. One relative said, "When I leave [family member] after a visit I leave happy in my mind that they are well looked after, and they are safe here."

Assessing risk, safety monitoring and management

- The regional manager told us they were in the process of updating all care plans, which they said when completed would include updated and more personalised information regarding risks to people.
- The updated plans we saw contained comprehensive information and guidance relating to risk. One person's plan, which had not been updated, did not have sufficient information and guidance for staff regarding how to fully reduce the risks. Staff were aware of risks associated with this person's care and how they needed to be supported. The registered manager assured us they would update this person's records as a matter of priority.

Staffing and recruitment

- There had been a high use of agency staff. This has improved and there were enough staff deployed to meet people's needs.
- A person told us, "Sometimes I ring the bell, and no one comes, not even to acknowledge or say 'I'll be with you as soon as I can' it does make me cross. I used to hear the bells ringing all the time, but it has got better." A relative told us, "My family and I were not happy when [family member] first came here a few months ago, they seemed short staffed and staff were all pushed to meet their needs but since then head office have brought in new managers, it seems to have turned a corner. They are happy and that is so important."
- The provider's recruitment procedure ensured as far as possible that new staff were suitable to work in the service. The management team had followed the procedure and all the required checks had been completed before new staff were allowed to start work.

Using medicines safely

- The provider had systems in place to make sure that medicines were managed safely.
- Staff had been trained to give people their medicines. One person said, "I have to take four or five tablets. Recently I had a chest infection to add to the load, but staff do help me to take them. It's nice to have a joke about it 'Oh no, not more pills!' the staff who do it are lovely."
- There were protocols in place for medicines prescribed as 'when required'. Staff had recorded why the medicine was needed. Staff confirmed that checks on medicines were undertaken daily.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infections. The service was clean.
- Personal and protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks.
- There were mal odours in one main area of the service. The regional manager told us that they have been looking at additional training for all staff, a deep clean of carpets and seeking alternative products to use.

Learning lessons when things go wrong

- The regional manager continued to review incidents and events. Any learning was discussed with the staff at staff meetings.

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

- The manager told us that once they start to admit people they would ensure they carried out a full assessment of people's needs before they offered the person a place at the service. This was to make sure that the staff team could meet the person's needs. Support plans would be developed to ensure staff knew how the person wanted the staff to support them.
- The regional manager ensured that staff delivered up to date care in line with good practice.
- Equipment was available to enhance people's care and promote their independence.
- Care plans were in the process of being reviewed and updated, although guidance was available regarding people's health and daily support needs.

Staff support: induction, training, skills and experience

- Staff confirmed that the support and morale has much improved over the last few months and the management team were very approachable. One member of staff said, "I have regular 1-1 now, I am happy and if there is anything I want to ask I can. It is an opportunity to get things changed."
- Staff were happy with the training they received. The regional manager confirmed that almost all staff were fully up to date with all the training the provider considered was 'mandatory training'. Topics included first aid, safeguarding, dementia care, moving and handling and fire safety.

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

- People were offered choices of food and drink. One person said after their lunch, "That was lovely." Another person told us, "The food is very good."
- Staff had sought advice from specialists such as the speech and language therapist and dieticians where this had been identified to support people's nutritional needs. One relative told us, "The staff suggested that [family member] should see the speech and language service. They came and suggested they might be better with thickeners to help them swallow more easily. The food is definitely better on some days than others but there's always options and choices."

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

- People had access to health care professionals.
- Staff were kept informed of any changes to people's health and wellbeing through handover meetings.
- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. One person told us, "The Doctor is coming in to see me today to deal with [a medical condition]. The staff call them in when I need it, and they're referred me for a hearing check, but

they'll have to take me to the surgery for that."

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

- People had access to plenty of indoor and outdoor space where they could choose to be alone, sit with other people or join in activities.
- Each person had their own bedroom. Staff encouraged them to choose what they wanted in their rooms and how they wanted their room decorated and furnished.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.

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.

- Staff had all received training in the MCA & DoLS.
- Staff asked for verbal consent when delivering care and support.
- Capacity and best interest assessment were in place.
- DoLS authorisations were in place where required.

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

- People and their relatives had positive comments about the care and support provided by staff. One person said, "They take care of me. It's very reassuring to know that there's always someone here." Another person told us, "The staff know what I like and treat me kindly."
- Staff supported people in a kind and compassionate manner. When people were becoming anxious, we saw staff had recognised this and used different ways to try to engage with the person to listen to their concerns and to try to reduce these anxieties.
- Staff knew the people they were supporting and their likes, dislikes and wishes. A relative told us, "The staff are fine. They seem to like [family member], they have always been involved and doing things to help."

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

- People were treated as individuals and supported to make choices. One person told us, "I choose to eat in my room." A relative said, "Staff are sensitive to [family member's] needs and moods."
- People were supported to maintain relationships with those most important to them. Relative comments included, "We are always in and out, no restrictions on visiting [family member].", "Staff know us and make us feel welcome." And "No barriers (on visiting), I visit [family member] most days."
- Information was available for advice and support or advocacy if people required additional independent support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They were discreet and sensitive in the way they supported people. For example, we noted that staff spoke quietly to people to support them to manage their personal care.
- Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff. One person said, "Staff always knock on the door before they come in."
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently.

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 deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan. The regional manager told us that there was still further work to do on the care plans to ensure they fully supported personalised care. One person said, "The care plan is okay, but I think it would work better if they had a key worker who we could go to who knew [family member] really well."
- Some information in care plans was not detailed. For example, where a person was showing signs of distress it was not clear from the care plan the actions to be taken to minimise their distress. Another example was a person who choose at times not to have their medication and again it did not give staff instruction of what action to take to maintain their health.
- Some information in care plans was contradictory and confusing. For example, for a person's oral health care, the care plan explained how staff needed to manage the person's dentures. In the oral assessment it detailed that the person did not wear dentures.

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

- The provider has moved away from employing an activities co-ordinator. They were moving towards a whole team approach with the support of the regional activity's organiser.
- On the day of the inspection the regional activities organiser was offering a painting activity in which a small group of people engaged in.
- Staff told us that activities were limited at present but there was motivation for all to support people in daily living activities. Activities that have been offered included, bingo, cake baking afternoon and painting. One person told us, "The so-called activities here are not generally for me, I don't do bingo. I use my phone and iPad to talk to family, I have a relative that lives abroad. My family take me out, so I stay in touch with them and the wider community." Another person said, "I'd like more opportunity to get out of the building. We don't seem to get offered many trips these days."

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.

- People's care plans included information about their communication needs, their preferred style of communication, and how staff were to effectively communicate with people. For example, using short sentences. Staff were observed supporting people in a way that was consistent with people's

communication care plans.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place.
- People and their relatives told us they felt able to talk to the regional manager at any time and were confident their concerns would be addressed. Comments included, " I'm not afraid to speak up if there's a problem. If we (relatives) have had an issue it's been dealt with promptly." And, "We met with the (previous) manager shortly after [family member] arrived and worked through some issues."

End of life care and support

- People's end of life wishes were being sought and documented as part of the providers on-going review of people's care records.
- The service's ethos was that people should be able to die in the service if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen if it was possible.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A new manager had been appointed and was in the process of undertaking the company induction. They were present at the inspection.
- The regional manager understood the regulatory requirements and reported information appropriately.
- The regional manager was open and honest about the improvements which were needed. They told us, that changes were being introduced gradually. This was to ensure improvements were more likely to be maintained in the long term.
- The regional manager had developed an action plan with support from the local authority to address the concerns raised by the quality improvement process. Several of the actions had been completed whilst others had been achieved they still need to be embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive and told us they enjoyed working at the service. One staff member said, "We now have a good team and all work together. Some staff have returned to work here again, this shows that it is so much better now."
- Staff told us the regional manager and the manager was approachable and their door was always open. One staff member said, "I am comfortable reporting concerns, I am sure they will be responded to."
- Meetings and surveys for people and staff were carried out. One relative told us, "They've restarted the family meetings after quite a break, they're holding them at different times now so that those who are working can get to at least some of them. We do ask very pertinent questions and they do respond."

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 regional manager and the manager were aware of the responsibilities around duty of candour. The duty of candour sets out actions that the registered person should follow when things go wrong, including making an apology and being open and transparent.

Continuous learning and improving care

- The regional manager and manger told us that any lessons learned were discussed during morning

meetings, supervision sessions and staff meetings to reduce the risk of any reoccurrence. Staff confirmed that any issues have been discussed in recent staff meetings.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team.
- The regional manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.