Clarendon Care Limited

Clarendon Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Clarendon Care Home is a residential care home providing personal care to up to 20 people. The service provides support to older people, most of whom live with dementia. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found
Risks associated with people's health conditions and support needs had not been assessed, monitored or mitigated effectively. Environmental risks were not always safely managed and regular monitoring of some aspects of the environment did not take place.

We were not assured people received their medicines as prescribed because there were gaps in medicine records and the stock counted did not tally with records.

There were not enough staff deployed to safely support people throughout the day and ensure their needs were always met. Recruitment practices were mostly safe.

Safety incidents did not always promote improvement to reduce the likelihood of incidents of a similar nature reoccurring.

The provider had safeguarding processes in place but some concerns that we found throughout this inspection indicated some people may be at risk of abuse that had not been identified by the provider.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Not all staff had received appropriate training to ensure they had the skills and knowledge to effectively support people.

Pre-assessments were not always completed prior to people moving into the service. This meant the provider may not have all the information they needed to support people safely and effectively.

The environment needed improvement to make it dementia friendly. We have made a recommendation about this.

People received enough to eat and drink and told us they enjoyed the food. The provider worked well with external health and social care professionals to help people to have good health outcomes.

People were not always treated with dignity and respect and it was not clear how people were supported to

make choices about their care.

During our inspection we saw people were treated in a kind and caring manner and we mostly saw positive interactions between people and staff.

People did not always receive person-centred care. Care plans were not detailed, and people told us there was not enough for them do.

We have made a recommendation about the provision of end of life care. This was because people's end of life wishes had not been recorded and staff had not been trained to support people at the end of their lives. The registered manager told us they worked with external professionals at this time to ensure people were properly supported.

Most people and their relatives told us they understood how to complain and would feel comfortable to do so.

Quality and safety monitoring systems were not adequate, and we found there was a lack of governance processes and systems in place to help ensure the safe running of the service. The lack of robust quality assurance meant people were at risk of receiving poor quality care.

Staff enjoyed their work and spoke warmly about the people they supported.

The home had been taken over by the new provider approximately 4 months prior to our inspection. The nominated individual and registered manager were open, honest and told us they were committed to make the necessary improvements to ensure the service provided safe, compassionate and well-led care.

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

Rating at last inspection
This service was registered with us on 2 September 2022 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 27 February 2019.

Why we inspected
The inspection was prompted in part about concerns we had in relation to the registered managers understanding about the Mental Capacity Act 2005. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified six breaches in relation to privacy and dignity, safe care and treatment, staffing, consent, person-centred care and good governance.

We have imposed a condition on the providers registration which requires them to submit a monthly report

to the Care Quality Commission on the actions being taken to ensure improvements are being made to the quality and safety of the service.

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
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 well-led. Details are in our well-led findings below.	**Inadequate**

Clarendon Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
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.

Service and service type
Clarendon Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clarendon Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

What we did during the inspection
We spoke with 6 people who lived at the home, 4 relatives and received emailed feedback from a further 2 relatives about their experience of the service provided. We spoke with 9 members of staff including the registered manager, care workers, a cook, a housekeeper, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 2 healthcare professionals. We observed care in communal areas, including mealtimes.

We reviewed a range of records, including five people's care records. Three staff files were reviewed in relation to recruitment. A variety of records relating to the management of the service, including audits, training, staff rota's, policies and procedures were also reviewed.

Inadequate

Is the service safe?

Our findings

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

This was the first inspection for this service which has been newly registered following a change in provider. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risks associated with people's support needs and health conditions were not assessed, monitored or reduced effectively.
- Some people had experienced several falls in the past few months. However, action had not always been taken to reduce the risks of further falls for people. For example, we saw 1 person had fallen on 6 occasions in the last 9 months, a second, 8 times in the last year and a third person, 3 times in the last month. These people's risk assessments had not been reviewed and effective measures had not implemented to mitigate the risks of further falls. For other people, the risks of falls had not been assessed at all. This was despite on one person's pre-assessment form it referred to a person as 'wobbly', 'leans back' and 'wanders with purpose'. We observed this person to be left unattended for long periods of time which meant if they needed assistance, staff would not be available to support them with mobility. The lack of assessment, monitoring and mitigation of risk increased the risk of harm to people. When we discussed this with the registered manager, they told us it was hard to keep up with everything and they had not had the time to update people's risk assessments.
- Accidents and incidents were not analysed at a service level. This meant that trends and patterns such as times or places that people fell had not been considered and therefore, measures could not be put in place to reduce accidents across the service.
- Other risks to people had also not always been effectively assessed or reduced. For example, the provider used tools to assess people's needs in relation to maintaining a healthy weight and skin integrity, but these were either not in place or not up to date. For example, on one person's pre-assessment form, it stated they were at risk of malnutrition, dehydration and pressure injury. No risk assessments had been implemented in relation to these risks, the person's care plan lacked detail and staff could not always tell us about how they supported the person in these areas. Therefore, the provider could not be assured people's needs in relation to these areas were fully assessed or mitigated.
- Some people lived with health conditions such as epilepsy, diabetes and hyponatraemia but risks associated with these had not been assessed and there was a lack of information in care plans. The lack of information provided to staff about the risks associated with people's health conditions put people at the risk of harm.
- One person received support from care workers to manage the care of their catheter. Catheters are tubes used to drain a person's urine into an external bag. These can be prone to blocking and there is a higher chance that a person with a catheter will get an infection. Staff had not received training and there was no information in the care and support plan to guide care workers on how to provide safe catheter care whilst also reducing any risks of infection.
- The issues highlighted above demonstrates staff were not provided with up to date, detailed information

and guidance in relation to people's specific needs. Therefore, we could not be assured people were provided with safe, appropriate and effective care. Staff had variable knowledge of how to support people with risks associated with their support needs and health conditions.

● Environmental risks had not always been considered or identified. For example, throughout the home there were a number of staircases, some of which were narrow and most had stairlifts in place. These stairs and stairlifts could be easily accessed by people who would be at risk if they were to use them unsupported. The risk of people falling or being injured had not been effectively assessed by the management team to help mitigate the risk to people. Additionally, we saw records which indicated there had been occasions where people had 'near misses' on the stairs. A relative told us, "[Person's name] fell on the stairs. Someone else fell and knocked her down. She had a bruise."

● We saw a staff supervision record where a staff member had raised a concern that a person was found to be putting metal objects into plug sockets. This placed the person at risk of receiving an electric shock or could cause fire. There was no risk assessment in place and the action taken by the provider had not effectively reduced this risk. This meant the person and others were still at risk of harm.

● Risks associated with fire were not always managed safely. Regular monitoring to help prevent a fire, or harm if a fire broke out was not undertaken in line with guidance from the Health and Safety Executive (HSE). For example, testing fire detection and warning systems and checking that fire doors were in good working order. Not all staff had taken part in a fire drill and some staff were not aware of the correct fire procedure. This put people at risk of harm. We informed the fire service of our concerns, so they could support the provider.

● Monitoring to reduce the risks of Legionella disease was also not in line with guidance from the HSE. For example, the flushing of infrequently used outlets and water temperature checks. This meant people were not adequately protected against the risks of Legionella disease. Legionella disease is a severe form of pneumonia and can be caught by inhaling the bacteria from water.

The failure to effectively assess, monitor and mitigate risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager told us they would update risk assessments. However, due to the lack of detail provided to us, we were not assured how and when this would be achieved.

● Staff contacted health professionals if they needed advice to manage risks associated with people's health needs. This helped to reduce some of the risk.

● A director told us of their plans to reduce environmental risks. They had recently had a health and safety audit and fire assessment carried out by an external agency, and would be undertaking their recommendations to ensure safety.

Using medicines safely

● People were not adequately protected against the risks associated with the unsafe management of medicines.

●There were gaps on medicine administration records (MARs) where staff had not signed and no reason was recorded for omission. We found the number of tablets did not always correspond with recorded stock levels. This meant we could not be assured people had received their medicines as prescribed.

● The guidance for staff to administer 'as required' (PRN) medicines in line with people's needs needed improvement. The PRN protocols were not personalised or detailed to ensure people received these medicines in the most effective way. When staff had administered PRN medicines, they had not recorded the outcome for the person after receiving the medicine. This meant the efficacy of the medicine could not be reviewed.

● Some tablets were prescribed to be taken as either 1 or 2. Staff had signed the MAR but had not recorded

whether they had given one tablet or 2. This meant that it could not be determined how many tablets people had taken.
● On one person's MAR, it was recorded they frequently refused their medicine. However, we observed they had not been offered this on the day of inspection but was recorded as refused. When we discussed this with a staff member, they told us, it was a mistake. We could not be assured people were always offered their medicines in line with their prescriptions.
● We noted that one person's medicines had been handwritten onto the printed MARs from the pharmacy by staff administering medicines at the home. This had not been signed by the member of staff adding the medicine or countersigned by another member of staff to confirm the instructions were correct, as is best practice considered by The National Institute for Health and Care Excellence (NICE).

The failure to protect people from the risks associated with the unsafe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

● The registered manager told us they had arranged for the local pharmacy to visit and they would work with them to ensure the management of medicines was safe.
● People and their relatives provided positive feedback about the support they received with their medicines.

Staffing
● There was not always enough staff on duty to meet people's needs.
● During the evenings 2 staff were available to support 19 people. Most people needed support with personal care, and staff were also required to administer medicines, serve the evening meal and wash up. This meant staff were busy undertaking these tasks which left people frequently unattended.
● Throughout the day, we observed communal areas where most people spent their time were frequently left unattended by staff. We found some people often required assistance and reassurance and staff were not always available to provide this, whilst others spent significant amounts of time without any interaction. Risks associated with people's health conditions such as falls and distressed behaviours increased because staff were not always on hand to provide support when needed. For example, we saw 1 person was unsteady on their feet and 2 people had a discussion where they began to get agitated with one another due to a lack of understanding.
● Comments from people and relatives about staffing levels, included, "Sometimes there's a wait for [Person's name] and it's too late for the toilet. That's not hygienic and it's not nice for him.'' and "Staff seem preoccupied with the other things they have to do. Sometimes there's no one in the lounge and I have to go and get a staff member if someone needs something."
● The provider did not have an effective system in place to ensure safe staffing levels. For example, they did not use a tool to calculate staffing levels or monitor how quickly staff responded to call bells.

There were not enough staff appropriately deployed at all times to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● The directors and registered manager told us they would review the staffing levels and look into using a staffing dependency tool.

Recruitment
● We looked at 3 staff recruitment files. Most checks had been completed as required. However, evidence of conduct for one staff member who had previously been employed to work with vulnerable adults and information to check staff members health suitability had not been recorded. A director told us of their plans

to ensure all checks were completed going forwards.

Preventing and controlling infection

● We were not assured that the provider's infection prevention and control policy was up to date. There was no mention of COVID-19 and was not detailed enough to provide effective guidance about the spread and control of infection. Infection control audits were in place, but these did not demonstrate how safe infection control processes were being met. You can read more about quality assurance processes in the well-led section of this report.

● We were somewhat assured that the provider was admitting people safely to the service. Records did not demonstrate whether a person had any infection or illnesses that others could catch. However, when we discussed this with the registered manager, they told us they verbally asked this. They told us this would be recorded in future.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules were not always complete and did not demonstrate how high touch points were being cleaned. However, the home was clean overall.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was making sure infection outbreaks can be effectively managed.

Visiting in care homes

● People were able to have friends and family visit them freely.

Systems and processes to safeguard people from the risk of abuse

● The provider had a safeguarding policy in place. Safeguarding alerts had been raised with the local authority with records of investigations into concerns maintained.

● However, some concerns that we found throughout this inspection indicated some people may be at risk of abuse that had not been identified by the provider. This included concerns about people potentially being deprived of their liberty unlawfully. Further detail about this is in the effective section of the report.

● Most staff had undertaken training in safeguarding procedures. Staff demonstrated awareness of safeguarding and whistle-blowing procedures and were able to describe how to safeguard vulnerable people. They were additionally confident the registered manager would act appropriately if concerns were raised.

Requires Improvement

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.

This was the first inspection for this service which has been newly registered following a change in provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always acting within the legal framework for MCA.
- Where there were doubts about people's decision-making ability, mental capacity assessments were often not in place. For example, mental capacity assessments had not been undertaken for people who may have lacked capacity to make decisions about where they lived, who administered their medicines or whether they had motion sensor devices in their rooms.
- There was no record that decisions had been made in people's best interests. For example, we saw some people shared a room and from our conversations with people and staff, it was clear they did not have the mental capacity to consent to this. However, records were not in place to demonstrate this arrangement was in people's best interests.
- A closed-circuit television (CCTV) system had been installed in the communal areas of the home. There were no signs to inform people living at the home or visitors, that CCTV was in use. In addition, we did not see evidence that people had consented to the use of CCTV or that where they lacked capacity to consent, decisions about this had made in their best interest.
- The registered manager and some staff told us they would not allow some people to leave the home on their own due to safety reasons. However, some of these people had not had a DoLS applied for. We observed one person trying to open the front door but was unable to due to the key code. A DoLS had not been applied for them. This meant people may potentially be deprived of their liberty unlawfully.

● Not all staff could tell us how they applied the principles of the MCA in their day to day work or who had a DoLS in place and what this meant.

The failure to work within the principles of The Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager told us they would arrange additional training in order for staff to develop a better understanding of the requirements of the MCA.
● The nominated individual told us they had applied for DoLS for those who needed them after the inspection and had begun to carry out mental capacity assessments where appropriate.
● Staff were often seen to be offering choice for people throughout our site visit. For example, they asked them where they wished to spend their time and what they wanted to eat and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were not always fully assessed before they moved to the service. Pre-admission assessments were not always fully completed and failed to identify all of people's needs. This meant staff did not always have the information required to allow them to provide people with person centred, safe and effective care.
● Best practice guidance was sometimes used. For example, nationally recognised tools such as the multi universal screening tool (MUST), were being used to assess people's nutritional risk, however these were not used consistently. This meant staff did not always have information about people to enable care to be delivered in line with best practice guidance.
● A range of external professionals provided guidance to staff with the aim of ensuring safe and effective care for people. One external professional told us staff followed their guidance whilst another said, "Occasionally, requests for action made by [external professional] have not been met in a timely fashion and it has been unclear whether because the resident would not co-operate or the action forgotten."
● Care plans did not always reflect people's needs and preferences. Not all people had up to date assessments in place in relation to their mobility, eating and skin needs.

The failure to ensure people were provided with person-centred care was a breach of Regulation 9 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager told us they would ensure they completed assessments going forwards and improve care plans with more detail.

Staff support: induction, training, skills and experience
● The provider had an induction process in place. This outlined information about working at Clarendon and the people who lived there. However, the induction did not align with the standards of the Care Certificate. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of care workers new in their role.
● Most staff had undertaken training such as safeguarding, mental capacity and moving and handling. The registered manager told us this training which the provider considered as mandatory was delivered over a 2-day period. Therefore, we were not assured the training was in depth and staff had the time to fully absorb what they had learnt. Some staff demonstrated they did not have a full understanding of their work such as fire procedures and the MCA.
●Training relevant to people's health conditions had not always been provided. Most people in the home lived with dementia. However, 70% of staff had not received training in this area. Some people lived with diabetes, epilepsy and another had a catheter. However, staff had not received training in these areas.

Training in relation to end of life care had additionally not been provided for staff. This meant training had not been designed around the care and support needs of the people living in the service.

The failure to ensure staff received appropriate training was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The nominated individual and registered manager told us of their plans to ensure staff were suitably skilled to carry out their role. The registered manager had already organised for some staff to begin working through the Care Certificate, and a director had sought an additional training source that staff could undertake at a slower pace.
●The registered manager often worked alongside staff and carried out spot checks to check they were carrying out their role sufficiently.
● Staff told us they felt supported by the registered manager and could discuss any concerns with them. The registered manager had implemented a system so all staff could receive formal supervision.

Adapting service, design, decoration to meet people's needs
●The environment was not fully suitable for people's needs.
●The home was not designed in a way which made it friendly and accessible to people with dementia. There were a lack of signs around the building to help people orientate themselves. In addition, contrasting colours or identifying features were not used to support people to recognise certain areas of the home such their bedroom or toilet.
● Lack of consideration for the building design and decoration put people at risk of being disoriented. This had the potential to reduce people's independence skills. For example, there was a risk that people could not locate the toilet due to lack of signs.
● Some aspects detracted from the idea it was people's home. For example, posters and signs were put up in communal areas for staff. Chairs were positioned around the edge of the room limiting social interaction between people.
● We discussed our concerns with the nominated individual and director who said they would undertake work to make the environment more dementia friendly.
● Should they wish to, people could have personal fixtures and fittings in their bedrooms to make their rooms feel more homely.
● Relatives and people mostly felt the environment was adequate for people's needs. For example, one person told us, 'It's suits me. It's all right. The living conditions are OK."

We recommend the provider seeks guidance from a reputable source to ensure the environment is suitable for people who live with dementia.

Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
● People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink which they chose.
● We observed mealtimes and found that people enjoyed their meals and were supported in an appropriate way.
● People and their relatives were positive about the food. For example, one person told us, "'It's good, all home cooked."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live

healthier lives, access healthcare services and support

●The service worked with other health and social care professionals to ensure people had access to the support and care they required for their health. For example, a multi-disciplinary meeting was held with a variety of professionals on a regular basis. This meant a range of professionals could ensure people were effectively supported with their health.

● People and their relatives told us the service met their health needs. One relative told us, "They [staff] keep an eye and if they feel they need a doctor, they will call one."

● One professional told us, "The staff are very responsive, they are very accommodating for our visit." They went on to describe how this benefitted people to have good outcomes.

Requires Improvement

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.

This was the first inspection for this service which has been newly registered following a change in provider. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence: Supporting people to express their views and be involved in making decisions about their care

- People were not always treated with dignity and their privacy was not always respected.
- One relative told us, "They [staff] could think more about people's dignity. There are people's trousers falling down and people have accidents before they get to the toilet. There's bickering between the residents and staff don't step in. Sometimes it gets quite nasty and people get upset. That happens once or twice a week. The staff speak so loudly to people, they speak to them like they're naughty children."
- 2 relatives told us people's clothes were not looked after. One said, "[Person's name] has lost quite a lot of clothes. Clothing gets mixed up and he sometimes wears other people's clothing."
- We observed one person felt they were asked to engage in a child-like game. Despite them questioning this, the staff member did not change the game they had offered to play. The member of staff appeared well-meaning but did not seem to understand the impact of how this may make the person feel.
- People's personal information was not stored appropriately. Care planning documents were seen in the dining room that was accessible to all.
- Although recorded on the provider's training matrix and policy as needed, 84 percent of staff had not undertaken training in privacy and dignity.
- It was not always clear how people were involved in decisions about their care. For example, in one person's care plan it stated, 'I have spoken to [Person's name] and have confirmed she is able to dress herself with AO1 [assistance of 1] to ensure clean clothes are put on and not too many layers. [Person's name] can refuse this occasionally.' The care plan did not specify how the person liked to be supported, why they may refuse this and what actions should be taken if this happened.
- There was no information about how decisions had been reached about people sharing rooms, and the layout of these rooms. For example, one room was occupied by 2 people who previously had not known each other, and their beds were very close. A relative told us, "I don't know why they are sharing. [Person's name] is very private so I would have thought they would hate it". When we spoke to the registered manager about this, they were unable to provide a rationale of how this arrangement benefitted these people.

The failure to ensure people's privacy and dignity is protected was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw people were often offered choice in everyday situations such as where they would like to sit and what they would like to eat.
- Where people were sharing bedrooms, screening was in place and the registered manager told us this was

used.

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

● People's protected characteristics under the Equalities Act 2010 were not always identified as part of their assessments. People's care plans were not personalised to make sure staff knew their likes and dislikes so equality and diversity could be respected. This meant how care was delivered did not always consider people's specific needs.

● Despite this, the registered manager told us how they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. They were confident people's protected characteristics would be supported and that no discrimination would take place or be tolerated. Staff confirmed this.

● People and their relatives were mostly positive about the caring nature of staff. Comments included, "Staff are helpful" and "They [staff] are caring and friendly." We observed staff speaking kindly to people during our inspection.

● People's birthdays and other special events were celebrated. We saw one person had their birthday cards up and photos of people enjoying themselves at Christmas. This helped people to feel valued.

● Staff described people warmly and told us how much they enjoyed supporting the people who lived at Clarendon. We saw a number of positive interactions between people and staff throughout our inspection.

Requires Improvement

Is the service responsive?

Our findings

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

This was the first inspection for this service which has been newly registered following a change in provider. This key question has been rated 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: 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

- As described in the effective and caring domains of this report, it was not always clear how people were supported to have as much choice and control over their care as possible.
- People's care plans were not detailed or person-centred and did not provide staff with clear guidance. Care plans lacked detail for staff to follow on how to meet people's individual health and care needs. This placed people at risk of receiving inappropriate care.
- Although people enjoyed some activities such as baking and an exercise class, we found that activities needed improvement to be more person-centred, frequent and meaningful. During the inspection we observed some people lacked things to do. Care staff were expected to support people with activities but due to needing to fulfil other aspects of their role, did not always have sufficient time.
- We asked people if they were happy with the activities on offer. Comments included, "'There's nothing to do. I like being outside. Here you just sit, sleep and eat" and "There's no activities and not everyone can see the TV in here."

The failure to ensure people were provided with person-centred care was a breach of Regulation 9 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people and their relatives provided positive feedback about the personalised support they got. For example, one relative said, "It's [Clarendon] small enough for them [staff] to care about everyone. They provide a personal service."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that if anyone needed information presented in a different way, they would organise this. Further work was needed for people who lived with dementia to have information in a way they could access and understand. For example, pictorial aids would support people to choose meals and navigate the home.
- One person did not verbally communicate. Their care plan stated, 'Communicates via body language and

writing things down.' Additional detail was needed to ensure staff had enough information to effectively communicate with the person. For example, what types of body language the person used and what they meant.

● Staff told us they had got to know people's communication methods as they had got to know them and were able to understand people and provide people with information they could understand. We observed staff communicating with people in a way that was meaningful to them throughout the inspection.

We recommend the provider seeks reputable guidance to ensure the accessible information standard is fully met.

End of life care and support

● The registered manager told us the service supported people at the end of their lives. At the time of our inspection, no one was receiving end of life care.

● There was no evidence that peoples' needs and preferences for end of life care had been considered. End of life care plans were not in place. This meant people's wishes and choices were not always known and put people at risk of not receiving the end of life care they wanted.

● No staff had received training on end of life care. This meant people were at risk of receiving inappropriate or unsafe end of life care.

● When we discussed our concerns with the registered manager, they told us they worked in partnership with the district nurses to ensure people received safe and appropriate care at the end of their lives. They went on to say the nurses would arrange appropriate medicines and equipment to ensure people received a pain free and dignified death.

We recommend the provider seeks guidance from a reputable source to ensure people's end of life wishes are known and recorded and staff are trained to support people at the end of their lives.

Improving care quality in response to complaints or concerns

● A system was in place for people and their representatives to raise concerns and make complaints.

● At the time of our inspection the registered manager told us that no recent complaints had been received.

●Most people we spoke with told us they had not felt the need to make a complaint but would be comfortable to raise any issues with the registered manager.

Inadequate

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.

This was the first inspection for this service which has been newly registered following a change in provider. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- We found multiple breaches of regulation. These failings demonstrated there was a lack of effective governance processes in place to ensure the service was safe and providing high quality care. Without these systems or implementing them effectively the provider and registered manager could not be proactive in identifying issues and concerns in a timely way and acting on these. The concerns found at the inspection included but were not limited to, risk and medicines management, training, MCA and supporting people in a dignified and person-centred way.
- There was not a quality assurance process in place to monitor and drive improvement regarding areas such as staffing, training or ensuring people were supported in a dignified and person-centred way. We found concerns in all of these areas.
- Where audits were in place, these did not identify the concerns we did during our inspection or drive the necessary improvement. For example, medicine audits had been carried out for some people, but they either did not identify the concerns that we did and if they had, action had not been taken to drive sufficient improvement.
- Policies and procedures were in place to aid the running of the service. For example, there were policies on training, and the MCA. However, we could not be assured these policies and procedures were robust enough or adhered to, due to the issues we identified at the inspection.
- The provider had not established an effective system to allow continuous learning and improvement. For example, accidents and incidents had not been robustly investigated to identify further risks or triggers or prevent recurrence and to help ensure people's safety.
- The provider and registered manager did not have a formal action plan to demonstrate the plans for future development and for addressing any issues. This was discussed with the nominated individual, a director and registered manager as a way forward. We also told the local quality improvement team and safeguarding team from the local authority of our concerns so they could provide support.
- Records were not always detailed and up to date. For example, care plans were not detailed enough for people to receive person-centred care. Records relating to the management of the home were additionally not in place or incomplete. These included cleaning schedules and fire monitoring records.

The failure to operate effective systems to assess, monitor and improve the service and to maintain an accurate, complete record in respect of each service user was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had only been registered to run the service for approximately 4 months. When we spoke to the nominated individual, they told us they wanted to make improvements in the home to ensure people received safe, personalised and compassionate care. The registered manager echoed this. However, we were concerned about gaps in their knowledge in relation to meeting the regulations and a lack of insight about implementing effective quality assurance systems. We were not assured of their plans to address this.
● During the inspection the registered manager and nominated individual did act to address some of the concerns we found. This demonstrated a willingness to make the necessary improvements. However, they did not provide us with evidence about they would continue to improve, embed and sustain the improvements, so they could meet the fundamental standards of care.
●The registered manager had responsibility for the day to day running of the service and told us they were well supported by the nominated individual. However, the nominated individual and registered manager often worked to help the care and ancillary staff. This meant they did not always have the time to undertake effective processes to ensure good governance of the service. Staff felt supported but required additional training to fully understand their roles and responsibilities.
● The provider sent notifications to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People did not always receive person-centred care. Improvements were needed to ensure people consistently received empowering, high-quality care and good outcomes. These have been reported in the safe, effective, caring and responsive domains of the report.
● Despite this, during our site visits we observed staff treating people in a kind and caring way. People and relatives were often complimentary of the care received and mostly spoke positively about the staff and management.
● Staff told us they enjoyed their work and felt supported and valued by the registered manager. For example, one staff member told us, "It's [Clarendon] nice, a happy little place. Staff are great. [Nominated individual] and [Registered manager] are great to work for."
● The nominated individual, the registered manager and the staff demonstrated commitment to the service and to the people who lived at Clarendon. However, improvements were needed to ensure they had the knowledge, skills and time to be able to do this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others
● The provider had not established any effective methods for seeking feedback about the service from people to drive improvement. The nominated individual told us they would look into this.
● Surveys to gain feedback had recently been sent to relatives and the provider was waiting for the results. The nominated individual told us they would act on any suggestions if appropriate.
● Although staff had not been asked to formally feedback on the service, the registered manager had consulted with staff through meetings and the supervision process and staff told us they felt listened to by them.
● The registered manager told us they worked in collaboration with all relevant agencies, including health and social care professionals to help ensure there was joined-up care provision.

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
● We were assured the registered manager understood the requirements of duty of candour and were able to describe when and how this would be followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The failure to ensure the care and treatment of service users is appropriate, meets their needs and reflects their preferences. The failure to carry out an effective assessment of the needs and preferences of the service user.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The failure to treat service users with dignity and respect, and to ensure their privacy.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The failure to work within the principles of the MCA 2005.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to effectively assess, manage and risks for service users. The failure to ensure the premises are safe for their intended purpose. The failure to safely manage medicines.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to assess, monitor and manage the quality and safety of the service. The failure to maintain accurate and complete records in respect of each service user and in the management of the service.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed.

The enforcement action we took:

We imposed conditions on the providers registration.