

Clarendon Wellbeing House Ltd

# Clarendon Wellbeing House Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Clarendon Wellbeing House is a 'supported living' service that provides personal care to people with a learning disability or autistic spectrum disorder. Each person has their own room with shared lounge, garden, kitchen and dining area. The service provides 24-hour support to up to three people. At the time of our inspection one person was receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We identified concerns in relation to staff recruitment and governance. Staff were not always recruited safely and systems were not effective in identifying issues found during our inspection, such as, gaps in care records. This put people's health and safety at risk.

Medicines were managed safely.

People's nutritional and health needs were met.

Staff received training to help them effectively carry out their role. Safe infection control practices were not always followed in line with government guidelines for regular testing of staff and visitors. We have made a recommendation in relation to regular testing for staff and visitors.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The registered manager and staff demonstrated a commitment to people and strong person-centred values. People's choices were respected and staff supported them to achieve good outcomes. The environment promoted choice, control and independence in a respected and dignified setting.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 7 January 2019, and this was the first inspection.

#### Why we inspected

This was a planned comprehensive inspection based on the service no longer being dormant after becoming active in May 2020.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff recruitment and good governance. We found no evidence that people had come to harm from these breaches. The provider and manager took prompt action to mitigate risks we found.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Clarendon Wellbeing House Ltd

## **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

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work 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 annually

with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

Some people using the service could not use words to express their needs, so we observed the care provided to them by staff. We spoke with two members of staff including the registered manager, support worker and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care records, including care plan, associated risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed policies and procedures and records related to the running of the service. We spoke with a relative about their experience of the care provided.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- Staff were not always recruited safely. We found a Disclosure and Barring Service (DBS) check had not been appropriately assessed. This showed the staff member had been barred from working with vulnerable adults, however, they had been allowed to work despite the DBS showing they had been barred. For another staff member their application form was not available

We found no evidence people were put at risk of harm; however, recruitment practices were not always safe. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were sufficient to meet people's needs. One person who required one to one support had their needs met. We observed this on the day of our inspection
- Staff told us staffing levels were sufficient to meet people's needs. A staff member told us there were always two support staff on duty. The manager was on site and the director visited four times a week, "They are very hands on."

### Preventing and controlling infection

- We were not assured that the provider was accessing COVID-19 testing for people using the service and staff. The registered manager told us staff carried out lateral flow testing before coming to work and wore personal protective equipment such as masks and gloves when providing personal care. This may have put people at risk because regular testing for COVID-19 was not carried in line with government guidelines. The registered manager took immediate steps to address this. There had not been any positive cases of COVID-19 at the service since the start of the pandemic and regular testing will now take place.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

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

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

- Visiting arrangements were in place to ensure people could see their loved ones. The registered manager told us one person received regular weekly visits from relatives.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguarding people from the risk of abuse.
- Staff completed safeguarding training and knew the actions to take should they suspect or witness abuse, including types of abuse.
- Staff understood whistleblowing procedures and knew the external authorities to report to should they suspect or witness abuse, such as the police, CQC and the local authority.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed and staff followed people's care plans to support people safely. For example, one person at risk related to their medical condition had a plan in place which provided guidance for staff on how to manage their condition. This helped to minimise the risk of harm to the person.
- Risks covered areas such as, moving and handling, falls, behaviours that challenged the service, medication and personal care.
- Staff had knowledge of the risks posed to people, including how they should work with people to take positive risks, such as one person who went out into the community, staff would encourage them to walk ahead. The register manager told us the person would, "Walk so far in front and wait for the carer...[person] is helping us to help [them]."

Using medicines safely

- Medicines were managed safely. The registered manager was aware of the need to ensure medicines for one person is stored in line with their risk assessment.
- We noted the registered manager had addressed some gaps in medicines administration records (MAR) for one person as part of their audits, however, not all gaps had been picked up.
- Staff received training and had their competency to administer medicines assessed. A staff member told us the registered manager observed them whilst they administered medicines and asked questions to test their competency.
- There was a medicines policy and procedure in place, this provided guidance for staff.

Learning lessons when things go wrong

- Systems were in place for recording and acting on incidents. A staff member told us learning from incidents took place during staff meetings where they were able to also make suggestions.



# 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 is the first inspection for this newly registered service. This key question has been rated good. 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

- People had their needs assessed and care plans were developed from these assessments. For example, one person who liked to choose what to wear, had this documented in their care plan. This was confirmed by a relative who told us they had been involved in the assessment process and had visited the service prior to their relative joining.
- Assessment of needs reviewed covered a range of areas, including health and communication needs and choices and preferences for care.

Staff support: induction, training, skills and experience

- Staff received training in a range of subjects to help them to effectively carry out their role.
- The registered manager told us staff received mandatory training which covered topics such as health and safety, basic life support, moving and handling, infection control and administering medicines. Specialist training in managing behaviours that challenged was also completed.
- Staff also told us they had completed on-line training in learning disabilities and autism.
- A relative told us staff were skilled and experienced, "Yes, they [staff] are skilled."
- Staff told us they received regular supervision, and this helped them to improve. A staff member told us, "You learn what to improve and what you have done well."

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

- People's nutritional needs were met. A relative told us, "They [Staff] give [relative] what they like."
- Each person had a nutritional care plan detailing what food they liked and how they wanted their meals prepared. We saw one person's dietary requirements in relation to their cultural preferences had been met.

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

- People were supported to maintain their health and access health care services as required. A relative told us regular appointment took place with health professionals, including a psychiatrist and GP.
- The registered manager had worked effectively with the learning disabilities community nurse to support one person with dental care and blood tests. This was confirmed by the person's relative.

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.

# 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 is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness by staff who knew them well. During our visit we observed good interactions between staff and a person using the service. Staff engaged with them in a caring manner, the person responded by using facial expressions and hand gestures which showed they were comfortable with staff.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious needs so these could be met. Staff we spoke with understood what was important to people. Such as one person who regularly attended their place of worship with support from staff.

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

- Where possible people were involved in decisions about their care.
- Records showed people's relatives were involved in the review of their care. We noted a review of care and support for one person involved a health professional, relative and the registered manager. This was confirmed by a relative who told us they were involved in decisions about their family members care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was encouraged. Where people were able to carry out tasks independently this was documented in their care plan. For example, one care plan provided guidance for staff on what the person was able to do for themselves and where help was required when delivering personal care. A staff member told us, "You give choices and space...let the [person] do as much as they can."
- A relative told us staff treated their relative with dignity and respect, "Yes [person] is [treated with dignity and respect], I haven't had any other reasons to think they haven't."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care personalised to them and their individual needs. Care plans provided details of people's care needs, including preferences, likes and dislikes.
- Staff knew people well and provided personalised care that met people's individual needs. We observed staff providing care to one person in line with their plan of care. This was confirmed by a relative who told us staff understood their family member's needs. Care plans required improvements to ensure these were written and presented in a person-centred way.

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. 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.

- People's communication needs were documented in their care plan. A relative told us staff, "Learnt how to communicate with [person]."
- Staff knew people well and understood their communication needs. Makaton (a way of communicating using speech, signs and symbols) was also used to help people communicate. For example, one person who did not able not use words to express their needs used hand gestures, body language and signs. We observed this person using hand gestures, body language and signs during our inspection.

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

- People participated in activities of their choice. One person went out of the service daily and enjoyed going to the shopping centre or the park. We observed this person taking part in activities of their choice, such as building bricks and going out with staff.
- People were encouraged to maintain relationships with their loved ones to avoid social isolation. A relative told us, "We can visit anytime we want. [Relative] comes home to visit every fortnight."

Improving care quality in response to complaints or concerns

- Systems were in place for acting and responding to complaints. A relative told us they did not have any complaints but knew what to do if they did.
- There was a complaints policy and procedure in place. This provided guidance for staff on how to support people if they were not happy with any aspect of care. The registered manager told us there had not been

any formal complaints in the last 12 months.

- Staff supported people to make a complaint if they were not happy with the service. A staff member told us they used an easy ready format for complaints using pictures and words for one people who did not use words to express their needs.

End of life care and support

- No one was receiving end of life care at the time of our inspection, however, the service had an end of life policy outlining how care should be provided should end of life care be required.

# 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 is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- We found recruitment practices were not robust enough to ensure staff employed were safe to work with vulnerable people. IPC practices were not always in line with government guidelines for COVID-19 testing requirements. Medicines were not always managed safely, and audits did not always pick gaps in MAR charts. Care plans were not always written in a person-centred way. Systems and processes for managing the service were not always robust in ensuring issues found during our inspection had been identified and addressed prior to visit.

We found no evidence that people had been harmed, however the provider's governance framework failed to identify shortfalls or address how improvements could be made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's empowering culture achieved good outcomes for people. Positive risk-taking maintained people's independence, for example, despite one person's health condition, they were encouraged to do tasks alone with minimal support. This was confirmed by a relative who provided positive feedback about how their family member had made improvements since joining the service.
- Staff we spoke with told us they felt supported by the registered manager who was approachable. A staff member told us, "Yes, [registered manager] is a good manager. We all like her."

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 registered manager understood the importance of duty of candour, "The openness, the transparency if something happens, don't sweep under the carpet. Contact family, health professionals, commissioning and CQC and staff. We need to learn from this. It's happened, could have been avoided and how can avoid from happening."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us they spoke frequently with the registered manager and had the opportunity to give their views about the service. They also said the service was well run by the registered manager who they could

approach at any time. They commented, "We have normal conversation and I am able to have an input."

- Staff were able to give their views and encouraged to be involved in the running of the service through team meetings and approaching the registered manager.
- The registered manager understood the importance of equality and providing a service that met the needs of people using the service. Records showed the service had looked at building the right support and home for one person with high support needs.

Working in partnership with others

- The registered manager worked with other healthcare professionals and had access to support where needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance framework failed to identify shortfalls. Auditing systems had not effectively assessed and monitored the quality and safety of the services provided and ensured compliance with regulations.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that recruitment procedures were established and operated effectively to ensure that persons employed was of good character related to Schedule 3.</p> <p>Regulation 19</p>