

# Brancaster Care Homes Limited







## Clarendon Grange

### Inspection report

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#### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

#### Overall summary

This was an unannounced inspection that took place on 12th February 2015.

Clarendon Grange is an older property that has been extended and adapted to provide accommodation for up to twenty five older people. It is situated near to the village amenities and is served by a regular bus service. Accommodation is in single occupancy rooms 24 out of 25 of which have en-suite toilet facilities. There is a well maintained garden and patio area for people to enjoy.

The home has a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found the service to be safe because there are good arrangements in place to protect vulnerable people from harm and abuse. People told us they felt safe with the staff team and were secure in their environment. The home has suitable numbers of staff. Staff recruitment is done appropriately and new staff are suitably vetted. The

# Summary of findings

company has good procedures in place to deal with staff disciplinary matters. Medicines are managed correctly in the home with good systems in place and staff training up to date. Infection control is being managed correctly.

People in the home judged the service to be effective because they were happy with the expertise of the staff group. No one felt they were being deprived of their liberty. Staff understand their responsibilities under the Mental Capacity Act 2005. People told us they enjoyed the food provided. We saw evidence to show that nutritional planning is well managed. The home is an older property that has been suitably designed and adapted for people with mobility issues.

We saw caring, discreet and sensitive care from the staff team. People told us they judged the staff to be caring. We saw that people are treated with dignity and respect

and their needs kept confidential. Privacy is maintained by the approach of the staff. We spoke to the local community nurses who told us the staff managed end of life care very well.

We learned that the staff team put the needs of people first. We saw assessment and care planning in place. People told us they got the care they needed and wanted. People in the home said they had suitable activities and entertainments.

We judged the service to be well led. People told us they trusted the manager and her team. Staff are happy with the registered manager's leadership style. We judged the management of the home to be open and transparent with the needs and wishes of people in the home at the centre of the operation. There is a focus on good quality care and services. We saw that all aspects of the operation are regularly monitored and audited.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe because the staff understood how to protect people from harm and abuse.

There were enough staff to meet people's needs. New staff were suitably recruited.

Medicines were managed appropriately

Good



### Is the service effective?

The service was effective because staff were trained and experienced in the care of vulnerable older people.

No one in the home was deprived of their liberty. The manager and staff understood their responsibilities under the Mental Capacity Act 2005.

The arrangements in place ensured that people received good quality, nutritious food.

The building was suitably adapted to meet the needs of the people who lived there.

Good



### Is the service caring?

The service was caring. People told us they felt cared for and treated with kindness.

We had evidence to show that people were treated as individuals and were given privacy, dignity and respect.

We saw that staff managed end of life care well.

Good



### Is the service responsive?

The service was responsive because people told us they were given the care and services they needed in the way they wanted.

Assessment and care planning was up to date and of a good standard. Care delivery was good and people were happy with the support given.

We learned that there were suitable activities and entertainments in place.

Concerns and complaints were managed appropriately.

Good



### Is the service well-led?

The service was well led because there was a suitably qualified and experienced manager in place.

People in the home, their visitors and the staff were happy with the open and approachable style of management.

The company had a good quality monitoring system in place.

Good



# Clarendon Grange

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12th February 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older adults.

Prior to the inspection we received a Provider Information Report (PIR), we checked on information sent to us by the

provider. We had information from social workers and community health workers as part of a regular meeting where information is given to the Care Quality Commission about services in the area.

We spoke with seventeen people who lived in the service and with four visiting friends and relatives. We spoke with the registered manager and with four care staff (including senior care staff), the maintenance person and the cook. We observed the care interactions during the day and we reviewed a selection of records relating to people in the home, the staff and the operation of the service. We also met with two community nurses on the day of the inspection.

We looked at eight care files which included assessments, life stories, risk assessments and care plans. We also looked at communication books and desk diaries. We looked at all of the records around medication. We looked at five staff files. These included recruitment, induction, training and development records. We also received copies of rosters and records of staff training. We looked at food and fire safety records and maintenance logs. We looked at quality monitoring records.

# Is the service safe?

## Our findings

We met with people in the home and we asked them how safe they felt in the service. We learned that people felt very safe in their environment. One person told us: "I have a key to my room...I can lock it when I am out and no one disturbs me when I am in." Another person told us: "I don't feel worried about anything. The staff take good care of us." No one had any concerns about abuse. We were told: "I have never heard or seen anything unpleasant in this house. The manager would deal with anything like that."

We also asked staff in the service about their understanding of safeguarding. Everyone we spoke with had a good understanding of what might be abusive and was very specific about how they would manage any allegations. The company had a suitable policy on safeguarding. We noted that the staff team had received training on safeguarding in January 2015. There were suitable arrangements in place to protect whistle-blowers.

The registered manager and the operations manager had dealt with a safeguarding issue appropriately. We noted that this matter had led the manager and senior team to revisit the issues around safeguarding. To this end they had asked one of the local authority safeguarding officers to visit the home to talk to them about the protection of vulnerable adults.

We looked at policies and procedures and training relating to equality and diversity, discrimination and individual rights. We noted that these matters were discussed in induction and in some supervision notes. There had been no recent training on these issues but staff could discuss them appropriately.

We walked around all areas of the home and found that the home was orderly, clean and secure. As we walked around the home we saw that there were suitable arrangements in place to prevent cross infection. The home had sluicing washing machines and infected linens were kept separate from other clothing. Staff used disposable gloves and aprons when delivering care. Throughout the day we heard staff supporting people in the home to wash their hands after visiting the toilet or before meals. We judged that there was good infection control in this home.

The home had suitable emergency plans in place for any problems with the environment. The maintenance person for the home gave us evidence to show that the building was maintained appropriately.

We asked for four weeks' worth of rostered hours for all the staff in the home. We saw that there were good levels of staffing. One person in the home said "There are always plenty of staff you don't have to wait for help." Staff said that they were satisfied with staffing levels. One member of staff said: "I don't feel we struggle... We are a well organised, long-established team and we are very efficient." We looked at the dependency levels and staffing and we judged that these were suitable.

There had only been two new members of staff recruited in 2014 and we looked at their personnel records. We saw that these recruitments had been done correctly with references and checks completed before either of these team members had any contact with people in the home. People in the home said that they were happy with these new recruits and that they had "fitted in really well."

There had been no issues of concern about any member of staff but the company had suitable disciplinary procedures in place. The manager could talk about when disciplinary action was appropriate. She had supported another manager in the company with disciplinary action but hoped to have further training on disciplinary matters and employment law.

We look at medicines management in the home. We looked at the medication administration records for every person in the home and saw that these were maintained correctly. We also observed the manager administering medication. This was done in a timely manner. She explained what medication was for and gave people support to take the medicines correctly. We heard evidence from people in the home and from the staff to show that the local GP's reviewed medicines regularly. We saw two people who had come to the home with some sedative medicine and who were being helped to reduce or discontinue this. Medicines were being managed correctly in this service.

# Is the service effective?

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# Is the service caring?

## Our findings

Our judgement of this was mainly based on what people told us. These are some of the things people told us: “Nothing is too much trouble”, “The girls make this place, they are so kind”, “The girls manage everything very well, it is a lovely place”, “They are so kind...my family come and go as they want”, “It couldn't be nicer”, “I get every care and attention, I love it” and “They are kind, they talk to you all the time.”

We heard from visiting relatives and professionals that they observed caring interactions. They said that the staff were professional but caring and kind. One person said “I visit whenever I like within reason, there is always a smile and a hello.” We saw evidence to show that the staff knew everyone's family and friends.

We spoke to staff about their relationships with people in the home. We had evidence to show that staff in the home understood people's needs and treated them as individuals. We also saw that the staff team understood issues around equality and diversity. They were able to talk to us about how they involved people in decision-making and about their individual rights, preferences and needs.

During the inspection visit we saw staff interacting with people in the home. They used humour appropriately and we saw that they treated people with respect and dignity. People were treated as individuals and we saw that

difference was recognised. For example one person had no religious beliefs and wanted a humanist ceremony after their death. Staff understood this and it was recorded in the person's file.

We also saw that people were given privacy when they needed support with personal care or with eating. Staff worked discreetly and supported people to be as dignified as possible even if they needed a lot of help and support.

We heard staff talk to people and give them relevant information. People told us that the registered manager and staff consulted them and discussed issues with them. We saw that the activities organiser had been working with people on life stories so that all staff team could understand the person's past and their future needs.

People told us they were confident that information was kept in a confidential manner and we saw that records were kept securely. The notes were written in an appropriate manner and the assessments of needs included strengths as well as needs. We saw that people were encouraged to be as independent as possible and were allowed to take normal risks we all take in daily life.

We noted that some of the staff had completed training in end of life care. We spoke to community nurses who said that this was managed very well and “with a lot of care” by staff in the home. We saw that the equipment and medication necessary was already in the home for one person who was reaching the last stages of life.



# Is the service responsive?

## Our findings

When we spoke with people who lived in the home we gathered evidence to prove that this service was very responsive to the individual's needs and wishes. Almost everyone told us that they: “got things the way they wanted”. People told us they were asked about their preferences and that staff “come quickly when you need anything.” People gave us examples of how responsive the staff were: “The handyman is so good, you only have to ask and it's done in a jiff, it's things like that you remember.”

We observed staff responding quickly to requests and we saw that they pre-empted needs for people who had problems with their memory or orientation. We saw staff giving people the kind of personal space they wanted: “I like to be in my room... I have everything I need...I don't feel I have to do anything I don't want to it's up to me.” This person's preferences were written in the care plan. We met people who had read their care plans and told us staff “continued to ask what I need so they can write it up.”

We spoke with staff and we looked at eight care files. Each file had detailed assessments of the person's needs. Most files had life stories so that staff understood the whole person. Each file had detailed and up to date care plans. These informed the staff team of each person's individual needs and wishes. Files also contained good risk assessments. We saw evidence to show that risk management and care planning were reviewed when needs changed.

We saw good details on file about things people needed a lot of help with. The registered manager was the moving and handling champion and these risk assessments and plans were of a good standard. We saw people being helped to move around safely and one person told us: “I have to be hoisted everywhere, the girls manage it very well, I always feel I am safe”.

We also saw people being encouraged to be as independent as possible. We saw one person when the inspection first started who told us they needed a lot of personal care but: “I still like to put my own makeup on!” People were encouraged to dress in the way they preferred and everyone was neatly dressed. We could see evidence of

good personal care support. The hairdresser visited weekly and there were records of people being supported to bathe and shower as often as they wanted. Fashion and personal grooming were important to people in the home.

We asked people in the home about activities and entertainments. We learned that the library visited monthly and that there were daily activities on offer. People told us of parties and entertainers in the home on a regular basis. The home employed an activity organiser. In the afternoon there was a dominoes game in the sitting room which included watchers as well as players and was used as a memory aid and stimulated comments and stories from everyone.

The activities organiser responded well to changing need. She said: “A lot of people don't want to do much now...so I am aiming for singing and board games now or reminiscence boxes or poetry...things they can manage. In the summer they do love the garden with our bird boxes and flower beds.”

We had evidence of regular church services and visits from lay preachers and priests. Care files showed religious preferences and also showed when people did not have any religious beliefs.

The visitors' book showed us that a lot of visitors came to the home. We met people who had their own mobile phone so they could contact family and friends who couldn't visit regularly. Visitors we met told us: “I can come and go as I please to see my relative. This was the best thing I ever did.” Another relative was in visiting with her dog: “I bring the dog in once or twice a week, the home doesn't mind and the residents love it.” One relative said: “I got married last year and the activities organiser brought Mum to the wedding and stayed with her all day. She was marvellous and Mum was 'back' for the day. It made my day.”

People were given the opportunity to go out if they wanted and the home had its own transport. One person said “...or they pop me in a taxi and I go shopping for my bits with one of the girls, they are very kind”.

We asked people about complaints and concerns. No one on the day had any issues they wanted to discuss. People in the home told the inspection team that they would talk



## Is the service responsive?

to the manager. Visiting relatives also said they would talk to the manager but they also said they had guidance on how to make complaints. We saw copies of the complaints procedure in the office, in bedrooms and on notice boards.

We had evidence to show that information went with people to health appointments and when people were

taken to hospital for either planned or unplanned admissions. The local GPs and community nurses visited regularly and told us they had good lines of communication with the service.

# Is the service well-led?

## Our findings

We spoke with people who lived in the home and they were satisfied with the way the home was managed. Everyone we spoke to told us that they were able to do as they wished and no one imposed any rules on them. People knew the manager and said that they could trust her and talk to her in confidence. One person said: "The manager is good...easy to talk to. The staff respect her and she makes sure that they all work together. They get on very well."

We also spoke to relatives and visitors and they too were aware of the management structure in the home. One visitor told us that: "I know the staff team and I know who the manager is. I would feel able to talk to anyone on the staff about the care and services. I think the team do very well and it seems to be a well organised place."

We also had contact with the local community nurses and they told us that they thought the home was well organised. They said that communication was very good and that the manager was: "Very open and works with us for the benefit of people in the home."

We also spoke to staff about the management, the culture of the home and their work environment. Staff said: "This is a happy place to work." Staff were able to talk about the culture of the home: "This is the residents' home, not ours. We all work as a team for the benefit of people in the home." Another team member said: "As a team we wouldn't let anyone on the team go against the values we all have...the manager would soon know and would sort things out. We work for the good of the residents."

The home had a suitably qualified registered manager who had been in post for five years. The company also

employed an operations manager. One of the providers visited the home regularly. We learned that the manager was very 'hands-on' and we had evidence to show that she understood the needs of every individual in the home. We also saw that she knew her staff team very well. She had an informal, but effective, approach to developing the staff team.

There was a clear staff structure with the registered manager, a deputy and senior care assistants leading shifts. We spoke with care staff and housekeeping staff who told us that they felt involved in everything in the home. They said that the management and senior team were very open with all the staff. People who lived in the home also told us they were kept suitably informed and that they thought the staff team were very open in how they dealt with them.

The staff and the people in the home told us that the manager communicated issues and plans with them. This was done in meetings and less formally on a day-to-day basis. We had evidence to show that the manager communicated well with other professionals. She notified the Care Quality Commission appropriately about any issues in the home.

The service had a quality monitoring system. We saw evidence to show that things like fire and food safety were monitored. Medicines were audited by the manager and by the pharmacist. People in the home were consulted on a daily basis and in residents' meetings. From time to time the service surveyed people in the home, their relatives and visiting professionals. Some changes had come about because of this consultation. These were minor suggestions because overall we had evidence to show that people judged the quality of the care and services to be high.