

Anchor Trust

Clayburn Court

Inspection report

Clayburn Road
Peterborough
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22 August 2017

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Clayburn Court is a care service providing accommodation for up to 64 older people, some of whom live with dementia. It is not registered to provide nursing care. There were 24 people were living at the service on the day of our inspection.

This unannounced inspection took place on 22 August 2017. At the last inspection on 9 February 2016 overall the service was rated as 'Good'. At this inspection we found overall the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their medicines as prescribed. Medicines were stored and disposed of in a safe way.

Staff were clear about the procedure to follow to protect people from being harmed. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise these risks and enable people to live as independent and safe a life as possible.

Staff treated people with kindness. Staff showed they genuinely cared about the people they were looking after. They respected people's privacy and dignity and encouraged people to be as independent as they could be.

Staff were only employed after the provider had obtained satisfactory pre-employment checks. Staff understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge by way of supervision and observation. Staff were trained to provide safe and effective care which met people's individual needs and they knew people's care requirements well.

People had health, care, and support plans in place which took account of their needs. These recorded people's individual choices, their likes and dislikes and any assistance they required.

Staff supported people to make everyday decisions in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their visitors/relatives were able to raise any suggestions or concerns they might have with the registered manager. They said that they felt listened to as communication with the registered manager and staff team was good.

Arrangements were in place to ensure the quality of the service provided for people was regularly

monitored. We found that people who lived at the service and their visitors/relatives were encouraged to share their views and give feedback about the quality of the care and support provided.

Further information is in the detailed findings below.

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

Medicines were not safely managed and people could not be assured that they would receive the medicines as prescribed.

Risks to people were identified and acted on.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Clayburn Court

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 22 August 2017 and was unannounced. The inspection was carried out by one inspector, a pharmacist 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.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

We spoke with 13 people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We also spoke with six visitors/relatives, a healthcare professional including a GP to obtain their views about the service provided at Clayburn Court.

We looked at records in relation to two people's care. We spoke with the registered manager, two team leaders, three care staff, activities coordinator and the cook. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Clayburn Court. One person said, "I feel safe because the staff always around and you can call if you need any help." Another person told us, "The staff are always popping and checking that we are all okay." One visitor/relative said, "Yes I feel my [family members] are very safe here."

Staff were able to tell us they knew how to recognise and report any suspicions of harm or poor care. One member of staff said, "I would always raise any concerns with the team leader such as bruising or unusual behaviour." They were also aware that they could report any concerns they might have to external agencies. A member of staff said, "We could report our concerns to the local authority safeguarding team and CQC." Safeguarding processes and reporting procedures were in place and easily accessible to staff and visitors/relatives. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Medicines were stored securely. Whilst we saw that temperatures of the storage areas were recorded regularly, the provider had not record the maximum and minimum temperatures. We could therefore not be sure that medicines were stored within the recommended temperature range at all times. We saw that medicines errors were generally fully reported and reviewed however we saw one recent error which had not been acted on. A medicine intended to be used once a day had been given four times a day in error, for five days. A member of staff noticed the error and from then on the medicine was given daily as instructed. Due to the absence of the manager no further action had been taken and no advice had been sought to make sure the person was safe.

The medicines administration records we looked at included allergy information and a photograph of the person to make sure they were correctly identified. Staff had completed the records to show that medicines were administered regularly. On the ground floor, additional information was recorded to help staff administer medicines in the way that each person preferred but this level of detail was not available to staff on the second floor to help them give medicines consistently.

Some medicines were prescribed to be taken when needed, for example for pain. We saw protocols to guide staff on what the medicines were for and how much to give, and we saw that administration was clearly recorded. However the plans did not record how individuals would express the need for the medicine. For example whether they were able to request it or whether staff should look out for changes in behaviour to indicate the person was in pain, so people may not have been offered these medicines when they needed them.

Some people were given medicines hidden in food or drink. Although there were records to show that discussions had taken place to determine whether this course of action was in the person's best interests, the records included conflicting information. It was unclear whether one person had the capacity to decide for themselves whether to take the medicine. Another person found it difficult to swallow tablets and the records did not make it clear whether this was the reason for giving them in food or whether they were being hidden. There was no record of advice from a pharmacist to make sure the medicines were suitable to crush

and mix with food.

People who were prescribed their medicine in a patch form, records to show that the patches were removed and replaced regularly. One person used a patch which the manufacturers recommend should not be applied to the same area for 14 days but staff were not aware of this. Repeated use of the same site can cause skin irritation.

Following the inspection the registered manager sent us an action plan into how they were going to address the issues identified during the inspection. We would however need to see that improvements were sustained over a period of time.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence whilst minimising risks. Staff we spoke with demonstrated that they were aware of potential risks to people including assisting people safely with their mobility and assistance with medicines. One member of staff told, "We are always reminding [name of person] to use their frame when walking. We find that they forget and think they are able to walk unaided. We are always having to keep an eye on them when they are getting up from their chair." Another member of staff explained that they needed to check the area for any obstacles when using a hoist to ensure the area was clear from obstacles. Risk assessments had been reviewed regularly to ensure they continued to meet people's needs.

Staff files examined confirmed that an effective recruitment and selection process was in place. Staff had been subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us that usually there were enough staff. There had been occasions when agency staff had been used to cover the shortfalls. People made comments, "I think the buzzers are responded to in a timely manner, and are generally satisfactory." "They can't be in two places and once can they – and if there's an emergency or anything then you would expect to have to wait a little while longer." "And "Sometimes they feel a bit short staffed but generally it's a regular staff group and they are consistent." The registered manager told us that staffing levels were kept under continuous review to ensure the service continues to meet people's needs. They also told us that they had used agency staff recently to cover the staff sickness. We found that people's needs were responded to in a timely way throughout the inspection.

Regular health and safety checks were completed which included regular fire safety checks. Accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were currently no ongoing issues that had been identified. Previous analysis saw that a safety mat had been identified as being required. This alerts staff when the person gets out of their bed and allows staff to support them with moving around safely.

Is the service effective?

Our findings

People and their visitors/relatives felt that staff knew the needs of their family members well. One person said, "The girls [staff] know me very well. They know how I like things done." One visitor said, "They know [name of person] and they sit and chat with them about their working life." Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's needs, and examples included; first aid, behaviours that challenge, manual handling, safeguarding and MCA/DoLs.

Staff continued to receive regular supervision and an appraisal where they had the opportunity to discuss the support they needed and to discuss their work practice, training and development needs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications to the local appropriate authority when they believed a person was being deprived of their liberty. The applications were based on assessments of people's capacity to make informed decisions. These included, for instance, decisions where they were to live and how they were to be looked after. The registered manager was waiting the outcome of the DoLS applications that had been submitted to the local authority. In the mean time we saw that people were provided with care that was in their best interests.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff we spoke with had a basic understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. One member of staff told, "We can only make decision for them [people who live at the service] when it is in their best interests."

People's dietary needs and food preferences were recorded in care plans. Our observation at lunchtime showed that the chef served individual plated meals from a heated trolley. They knew people's dietary needs well. The chef explained one of the meals they served was for a person who required a diabetic meal. We noted that unless you knew the meal was for a person with diabetes it looked no different from those served to others who required a normal diet. This ensured that people didn't feel they were eating a different meal. Staff made up individual trays for those people who preferred to eat in their rooms. Each tray had a white tray cloth, with juice, condiments and plate covers to keep the meal warm whilst it was being transported to the person.

People told us that they were asked their views about the meals provided. They told us they could make suggestions. One person said, "The chef here is fantastic and the meals are very good. He is a real asset

here." Another person said, "I always ask for my favourite of fish and chips. It is so lovely." A third person told us, "The food is good here, I am never hungry. I can always help myself to a snack." A third person said, "The chef is very good here – he gets me the Marmalade I especially like – it makes you feel special."

Drinks were readily available both with meals and at other times during the day. People told us they could ask staff for a drink at any time. Lunch was a sociable occasion with people eating in small groups in the dining rooms. Where people needed assistance with their meal or to have a drink staff were on hand to provide the help that was required.

People had access to a range of health services. There were records in place regarding visits and support from health care professionals including; GPs and community nurses which demonstrated that people were supported to access a range of health care professionals. A healthcare professional was very complimentary about the care that staff provided. They commented that the communication was very good and that they seek advice and assistance at appropriate times. They commented that staff were very knowledgeable about people health care needs. One person said, "I see the chiropodist regularly, they come here." "A visitor said, "If [family member] needs a GP they [staff] are straight on the case, and they [staff] let me know what's going on."

Is the service caring?

Our findings

We saw that staff and people who lived at Clayburn Court had warm, comfortable and friendly relationships with each other. There were genuine caring interactions between staff and the people they were supporting. People made very positive comments about the staff. Their comments included, "It's wonderful here. The staff are very good"; "They are very kind and patient"; and "I love it here. The staff are so kind. "A visitor said "Yes I know our [family members] are well cared for here – it's extremely good – better than good in fact! They look after them extremely well and keep us very well informed." Some other comments from visitors/relatives included, "All the staff are lovely and very patient"; "[Name of person] is very fond of the staff who are always cheerful and attentive to [their] needs"; "Their care and understanding is great."

A visitor to the service said, "The staff are always polite, helpful and welcoming." A healthcare professional described staff as "knowledgeable and polite". Staff showed us that they knew people's individual likes and dislikes well. For example, at lunchtime staff were able to offer people a meal of their choice and explained that it was one of their favourites.

Throughout the day we saw that staff knocked on the doors to people's rooms and waited for a response before entering. Staff checked and asked people for their consent before providing them with personal care or assistance. We heard staff explaining the support they were going to provide and checked with the person they were happy before continuing with the support. We saw staff close the doors when people were being supported with personal care. One member of staff was heard speaking quietly, asking a person if they would like to go to their room before lunch. They waited for consent and then proceeded to assist this person to stand before walking alongside them back to their room. One person told us, "Staff always knock on my door and then come in. They [staff] always respect my dignity; it's nice that they [staff] give me a choice of whatever I want to do or not do, what I want to drink or eat."

People were supported to be as independent as possible throughout the day. People had access to equipment to help them with their mobility. During lunch staff kept checking with people to ensure they were enjoying their meals and offered additional help whenever they felt this might be needed, for example where a person required assistance to eat their meal. The staff brought up a chair and sat down next to the person. They talked with them explaining what was on their plate and as they offered them food they explained what they were going to eat. Staff said "is that okay for you. Would you like to open your mouth?" Lunchtime was very relaxed and people were given the time to eat. They were offered their desserts once they had finished their main meal. People could choose to have their meals in their rooms and had access to utensils and condiments to help them eat and drink independently.

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

Prior to admission people's needs were assessed by the registered manager and or deputy manager. This was to ensure that the person needs could be met with the service. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. One person said, "I know what is in my care-plan is and staff talk to me about my care. I don't want to keep looking at it. The girls [staff] always ask before they do anything to help." A couple of people told us that their families deal with their care plans comments included, "My daughter deals with all that paperwork. The girls [staff] are so good they know what I want them to do. Although they always ask."

The care plans continued to include all relevant information about people. They were written in a positive way and included information about the person and what they were able to do for themselves. They also included information about people's history, what was important to them, their spiritual and cultural needs, communication, medication, nutrition, emotional well-being and any health issues. When an area of concern for the person had been identified (such as the person being at risk of malnutrition) information regarding this was included in all relevant areas of the care plan. This meant that the staff had the information they needed to meet people's needs in a person centred way. The care plans had been reviewed regularly and any changes were made to update the information. Although we did find that not all peoples food and fluid charts were not consistently completed. The registered manager told us this would be addressed immediately and be included in the handover as a matter of priority.

Various activities were organised. A list of activities was posted in the lounges. On the day we visited, the morning activities was a quiz and four people were taking part. A member of staff was later having a game of dominoes with a person. Who told us "I enjoy a game of dominoes now and again." For those people who did not want to join in group activities they were also given the opportunity to spend time with staff doing individual activities such as reading a book/magazine or having a chat., One person said, "I go down into the garden daily to water the tomato plants.... we have grow bags and are busy growing tomatoes...I like the garden." A visitor told us, "There are things happening when I come sometimes they have a singer in, or they are playing cards and dominoes. Things do happen definitely and I see them on the [providers] website and a social media website. My [family member] gets a daily newspaper – and although they have dementia – they can still do certain things and remembers bits." Religious services were regularly organised at the service for those who wished to attend. The Activities Coordinator told us and we saw that all activities each resident participates in are recorded in the care plans. Other activities that take place include chair based exercises, board games, sitting and walking in the garden and bowling. There were visits by a volunteer from a charitable organisation who visited to talk with people. We also saw that there had recently been Summer Fete which had helped raise money for the resident's amenities fund.

Visitors/relatives were full of praise for how the service had excelled last Christmas by enabling all their family to spend Christmas day together and provided a Christmas lunch in the small lounge. A visitor said, "It was amazing how the chef and staff pulled out all the stops, to enable us to have a proper family Christmas together – just like home -everything was beautifully home cooked and the chef put on an excellent display." The visitor showed us a photograph of all the family enjoying their lunch.

People had access to the complaints process. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. People and visitors/relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and provider. One person said when asked about making a complaint, "Yes I would go to [name of registered manager] she is very approachable with any concerns suggestions or complaints. A visitor told us, "When things go wrong as they sometimes do inevitably, they [registered manager] always put things right. "Another visitor told us, "I had an incident not long ago which worried me, and I talked to the [registered] manager and it was dealt with very well indeed – they take worries seriously."

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, visitors/relatives and staff all told us the registered manager and her team were all approachable and listened to what they had to say. Comments included, "Staff are always coming to check on me." "[Name of registered manager] is always around when I come during the week. Unless they are on holiday or have a meeting." And "I would have no problem going to see [name of registered manager] they are approachable and very friendly."

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. We also saw that previous inspection report rating was conspicuously displayed. This, and the way they supported staff, demonstrated that the registered manager was aware of their responsibilities.

The registered manager and staff were positive and enthusiastic about supporting people living at the service. One member of staff said, "I treat people as I would like to be treated. It could be my relative we are caring for. We need to do whatever they need." Staff we met described the culture in the service as open and friendly and that people were treated with dignity and respect. The staff told us that the registered manager worked alongside them to monitor the care and support. One member staff said, "I love it here we are a great team no matter what your role."

Staff told us the management team in the service were approachable and supportive. They told us the services provided at the service were well organised and well led. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. One member of staff told us "We can go and see [name of registered manager] at any time and they will always have the time to talk."

Staff meetings were held regularly. Staff told us that they could add to the agenda and any suggestions they made were discussed and acted upon. One member of staff told us they had suggested about additional items for people to hold and provide comfort. These had been provided.

Meetings for people who lived at Clayburn Court and their relatives were held regularly. This meant that people were involved in the running of the service and could make decisions that affected them. A recent coffee morning had been held and people's relatives/friends had been invited. People were also involved in local community events. People we spoke with told us that they supported the local cricket team and helped to make sandwiches for the teams Saturday teas.

There was an effective quality assurance system in place to ensure that where needed improvements were

made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and was fully aware of what was happening in the service.

Staff were aware of the whistleblowing procedure and told us they felt confident to use it if they had any concerns that they needed to raise.