

# Avery Homes (Nelson) Limited

# Clayton Manor

## Inspection report

Rood Hill  
Congleton  
Cheshire  
CW12 1YZ

Tel: 01260299622

Website: [www.averyhealthcare.co.uk/care-homes/cheshire/congleton/clayton-manor/](http://www.averyhealthcare.co.uk/care-homes/cheshire/congleton/clayton-manor/)

Date of inspection visit:

08 July 2019

09 July 2019

Date of publication:

24 July 2019

## 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 ●

# Summary of findings

## Overall summary

### About the service

Clayton Manor is a nursing home providing personal and nursing care to 64 people at the time of the inspection. The service provides care to people living with dementia, nursing needs and to younger adults with disabilities. The service can support up to 75 people. Accommodation is set out over two floors in three units.

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

People and their relatives told us that they were happy with the standards of care in the home and that staff met all their needs. People's experience was summed up by two people, who said, "This place makes me feel really comfortable and safe" and "I have absolutely no concerns about safety and a lot of that is down to retention of good, hard working staff".

There were enough staff to meet the needs of the people living in the home. Staff commented that at times the service used agency staff, and this placed pressure on them. The provider has recently recruited more staff and had an ongoing recruitment drive to increase permanent staffing numbers. Recruitment was managed safely, and staff received training when they started with the service and on an ongoing basis.

Medication was managed safely, and people received their medication when required.

The home was clean and well maintained. Equipment was checked regularly to ensure this remained safe. Staff had access to protective personal equipment to reduce the risk of infection.

Accidents and incidents were recorded and analysed for patterns and lessons were learnt from any incidents within the home. Safeguarding incidents were recorded and reported.

People were supported to eat and drink enough and people had choice in relation to food. The feedback was mixed in relation to food, however recent changes to menus were being reviewed and improved to reflect the feedback.

People were supported to access other healthcare services and we received positive feedback from healthcare professionals who worked regularly with the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that staff were kind and compassionate and knew them well. They always respected their dignity and privacy.

People had access to activities that they were interested in and felt they were supported to maintain relationships with people that were important to them.

Concerns were responded to promptly to reduce escalation to formal complaints. People were aware how to complain and we saw complaints were dealt with appropriately.

There was no registered manager at the time of our inspection, however the post had been recruited to and an interim manager was covering the service.

Checks and audits were carried out regularly. These were effective at identifying issues where practice needed to be improved.

The manager and provider actively sought people's feedback about the service and were open and transparent when things went wrong. They looked at good practice and ways to improve the service on a continuing basis.

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: The last rating for this service was Good (published 8 July 2017).

#### Why we inspected

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

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and caring sections of this full report. The provider has taken appropriate action to mitigate the risks identified and this has been effective.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clayton Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Clayton Manor

## **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

The inspection team consisted of two inspectors and an Expert by Experience on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was concluded on the second day by one inspector.

#### Service and service type

Clayton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous manager had left a couple of months ago and a new manager had been recruited and was due to start in the service within the next month. The provider's regional support manager was acting as an interim manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We looked at the latest Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the regional support manager, the regional manager, the chef, two nurses, the wellbeing co-ordinator and three care staff. We spoke to three healthcare professionals visiting the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern.
- The manager appropriately reported any safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. Risk assessments were clear, regularly updated and contained information for staff about potential risks and what steps to take to minimise these risks.
- The environment and equipment were well maintained and checked regularly. Safety checks and audits were in place and the service had appropriate safety certificates for utilities within the home.
- Personal emergency evacuation plans were in place to provide guidance to staff in the event of a fire and regular fire drills took place. The home had an up to date business continuity plan for staff to follow in the event of any emergency.

Staffing and recruitment

- Recruitment was safely managed. All the necessary pre-recruitment checks were carried out and recorded to check staff were appropriately qualified and fit to work with vulnerable people.
- There were enough numbers of staff to provide safe, consistent care that met the needs of the people living in the home. People told us they felt safe. Comments included, "I really do feel safe here and that is because the staff are brilliant" and "The staff here will not take any chances with safety and that is very reassuring".
- Some staff told us that there were not always enough staff, or agency staff were used. The manager told us about the ongoing recruitment within the home and recent changes to how staff were deployed within the home. These arrangements were under constant review to ensure staffing continued to meet the needs of people living in the home.

Using medicines safely

- Staff administering medication were trained and underwent checks on a regular basis to ensure they knew how to administer medication safely.
- Medications were stored safely, and we saw from records that people received their medication at the prescribed times. Regular audits were undertaken to monitor medicine procedures and identify any areas

for improvement.

- We saw where people needed thickeners added to drinks, staff were aware of the correct consistency and administration procedures. However, we saw people's individual supplies were being shared on a communal basis not in line with good practice. We raised this with the manager to address.

#### Preventing and controlling infection

- The environment was clean and well-maintained. Staff had clear schedules to follow to maintain standards of cleanliness.
- Staff received training in infection control and we saw them wearing appropriate protective equipment during our inspection.
- The provider carried out regular checks and audits to see that effective infection control measures were safely followed.

#### Learning lessons when things go wrong

- All accidents and incidents in the home were clearly recorded along with the action taken.
- These were analysed monthly by the manager and provider to look for trends. Records showed where patterns were seen, action was taken to see if lessons could be learnt or additional action needed to be taken.
- We saw a recent incident had been shared with staff and additional training and supervision had been provided to staff to learn from this incident.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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's support needs and choices were recorded before entering the home. These were reviewed on a regular basis. Staff were aware of people's needs and the relevant guidance that needed to be followed to keep people safe. People told us, "I struggle to eat certain things, but the girls know what I like, and I get enough" and "The healthcare here is very good, I cannot fault it". Relatives told us, "This home is ideal for my [relative's] needs and they really understand their frustrations" and "I spend a lot of time in this place and am always impressed by the way in which carers relate to individual residents".

Staff support: induction, training, skills and experience

- Staff received an induction when starting with the service and received ongoing training, supervision and appraisals to support them in their roles. Records confirmed that training and supervision was happening on a regular basis.
- Staff were encouraged and supported to do additional training and a number of staff went on to more qualified roles as a result.

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

- People were offered a choice of meals every day. We received mixed comments on the food. The provider had recently introduced a new menu incorporating vegetarian options at each meal. The chef told us this was still being constantly reviewed. We saw feedback books in each dining room and meals had been amended following the feedback.
- Kitchen staff had clear guidance on people's special dietary needs and allergies.

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

- Staff worked with other agencies to provide support to people and provide consistent and effective care. We received feedback from three healthcare professionals during our inspection. They all spoke positively about the home, the good communication within the home and how responsive they were to advice.
- Changes to people's health or wellbeing were recorded and appropriate referrals were made to healthcare professionals. Care records contained information about other healthcare visits in order that staff were aware of the outcomes of these visits.

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

- The home had different areas where people could choose to spend their time and there was a café area in the reception which was utilised frequently by relatives taking their loved ones for drinks and socialising.
- Rooms were personalised and there was pictorial signage around the home to help people orientate themselves independently.
- On Parklands Unit, there were memory boxes outside people's bedrooms to assist people to identify their room.
- The provider had recently introduced a 'Reconnect strategy' which was aimed at improving staff knowledge and skills around dementia awareness. This also included plans for improvement of the environment for people living with dementia.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. Where necessary, mental capacity assessments were completed and best interest decisions involving the necessary representatives and professionals.
- Paperwork in relation to MCA and DoLS was clear and we could see this was appropriately completed and where DoLS conditions were in place, these were being followed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 care, kindness and compassion. Feedback from people confirmed this. People told us, "All the carers are superb" and "The carers are very helpful and friendly all the time".
- Relatives told us that people received a good level of care and felt staff knew their loved ones. They told us, "The whole staff team here are great and very supportive of me and my [relative]" and "I know that others share my view that the care provided here is very good indeed".
- People's needs were assessed and identified prior to moving into the home. Protected characteristics (such as age, gender, disability, cultural and religious support needs) were identified. We saw some people wanted to continue to practise their religion and this was supported as the home had links to local churches.

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

- People were supported to make choices about their care and given choice daily. People told us, "Without a doubt, [manager] and their team are on top of care plan issues" and "The staff do listen to me and will try and help if they can".
- Staff were familiar with people's individual needs and could tell us small details about individuals' preferences within the home.
- People who did not have any family or friends to represent them could request an advocate and information was contained in the home about these services. A few people had access to advocates within the home.

Respecting and promoting people's privacy, dignity and independence

- Staff were clear on the need to respect people's privacy and dignity, we saw they spoke discretely about people's care, knocked on doors and called people by their preferred name.
- People were supported to retain as much independence as possible. For instance, someone could, with encouragement, still wash their face and hands, the care plan was clear what support they needed to achieve this.
- People's information was kept confidentially in locked cupboards or on encrypted computerised systems.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- The service had recently transferred care plans to an electronic system. We found some care plans were personalised and reflected the needs of the individual as well as their history and preferences. However, some plans were missing these details. The provider had identified this in their recent audits and specific time was set aside for senior staff to review all care plans to ensure consistency across the home. All the plans were well maintained and were up to date and reviewed regularly.
- Oral health care needs were not always identified within care plans. The manager agreed to review this as part of the overall review of electronic care plans.
- Any additional monitoring sheets for instance for food or pressure care were generally completed and up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others and staff were aware of these. For instance, care plans detailed if adjustments needed to be made when communicating with people.

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 had access to a variety of activities and weekly bulletins told people what was on. This was a combination of group activities as well as individual support for people not wanting to join the groups.
- People were supported to maintain relationships and relatives were welcomed into the home. Relatives told us, "The staff seem to work really hard to care for residents and we, as a family, have every confidence in them" and "I talk to a lot of relatives/friends who visit like me and I am not surprised to hear many of them tell me that they would fully recommend this place".

Improving care quality in response to complaints or concerns

- There was a complaints policy and people were familiar with this and knew how to complain.
- We saw verbal concerns were recorded and dealt with prior them becoming formal complaints. Formal

complaints received into the service, had been dealt with appropriately and outcomes were clearly recorded.

#### End of life care and support

- People's end of life wishes were recorded in their care plans and staff had received training in end of life care.
- There was no-one at the end of their life at the time of our inspection. We saw several thank you cards received by the service from relatives thanking staff for the care and compassion they had provided to their loved ones at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems and processes were in place to ensure the care was safe, effective and responsive to people's needs.
- Relatives felt the service promoted good outcomes and was person-centred. Relatives told us, "It is noticeable that the carers have developed really good relationships with residents".

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 manager and provider had a good oversight of the care provided. Regular audits were completed, and regular reports and quality visits were completed by the provider each month. We saw where any improvements were identified that these were actioned in a timely manner.

Continuous learning and improving care

- The provider was constantly looking at ways to improve the service and was currently rolling out a 'reconnect strategy' to improve understanding, care and the environment for people living with dementia.
- Relatives and people felt the manager and staff were open and the home was well-led. One relative told us, "[Manager] is a star and a great example to their team and others".

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

- There was no registered manager. The previous manager had left the service recently and a new manager had been recruited and was due to start within the next month. The regional support manager was acting as the interim manager to ensure leadership and management within the service.
- The service was well run. We received positive feedback from people about the manager and how the home was run. People told us, "[Manager] and their team are a delight" and "I honestly think that the leadership and teamwork here is excellent".
- Staff were equally positive about how the home was run and how the manager had made improvements. They told us, "[Manager] is very approachable and knowledgeable" and "I love it here. The manager is supportive".

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

- Regular meetings were held for people who lived at the home and relatives and they had the opportunity to feedback their views. Feedback was encouraged via feedback books and comment cards.
- Surveys were carried out annually for people and their relatives as well as staff. We saw action plans were set following the survey on any ideas identified for improvement and actions had been completed.
- The home had links to the local community. They hosted open days, had links to local churches, schools and the library service.

Working in partnership with others

- The home worked in partnerships with all local health and social care staff to ensure people had access to good quality care. Comments received from healthcare professionals were positive about the relationship with the home and its staff.