

# Community Integrated Care Clarence Gardens

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Clarence Gardens is a registered care home providing 24 hour respite support for up to four adults with a learning disability and/or physical disability, for a maximum of 56 days in one calendar year. At the time of inspection, 30 people were accessing this service. On the first day of inspection, three people were accessing this service and on the second day, this number was four.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Improvements were needed to managing risks to people and in the safe management of medicines. People and relatives told us they felt safe and steps were taken to protect people from harm. There were sufficiently numbers of suitably recruited staff to care for people. The home was a hygienic living environment.

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. However, Deprivation of Liberty Safeguards authorisations were not in place. People had access to healthcare services when this was needed. People received enough to eat and drink and where possible, people joined in with meal preparation. The home had been adapted to meet people's care needs.

Staff were kind and caring and showed people respect in their interactions with them. Relatives feedback about staff was consistently positive. People's privacy and dignity was maintained. People's personal goals were discussed and several examples were seen where people had succeeded in these personal achievements. These achievements gave people new found confidence which transferred to other parts of their lives.

People's care plans were personalised and sufficiently detailed. These were regularly reviewed. People's communications needs were being met. The registered manager said they wanted to have easy read care plans for people to use. People were supported to access the local community.

Some improvements were needed in managing care records. Limited evidence of auditing was seen at the time of inspection. Staff said the registered manager was supportive and approachable. Staff meetings were used to recognise positive staff performance, to share learning outcomes and to engage staff in developing the service. The service worked in partnership with the local community.

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 5 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was 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** ●

# Clarence Gardens

## 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 was carried out over two days by an inspector. Following the on-site element of the inspection, an Expert by Experience contacted relatives of people accessing this service to ask about their experience.

#### Service and service type

Clarence Gardens 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 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

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 and Healthwatch. 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 of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and 10 relatives about their experience of the care provided. We spoke with the registered manager and six other members of care staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Assessing risk, safety monitoring and management

- Most risks to people were assessed, although the quality was variable. Some obvious risks were assessed. For example, a risk assessment for one person recorded they may become ill if they did not take their medicines. A risk assessment was needed for a person who staff were not to give food to and an assessment for falling out of bed was needed for another person. Other risk assessments were significantly more detailed.
- Key building certificates were up-to-date. Weekly fire alarm checks were not always being completed weekly. Staff were knowledgeable about what to do in the event of a fire.
- A detached piece of piping covering was seen in one of the bathrooms. The registered manager said they would deal with this immediately.

### Using medicines safely

- Overall, people received their medicines as prescribed, although some improvements were needed to ensure medicines were safely managed.
- One person had run out of a specific medicine during their stay. When we asked staff about this, it was evident action had not been taken to ensure this item was restocked for the person.
- A full list of people's current medicines was not being recorded on admission as this did not include creams and 'as required' medicines. However, people came with these medicines on arrival. Staff booked them in and administered them.
- The prescriber's instructions were not always recorded on handwritten medication administration records (MARs) by staff. For example, the strength of medicine and the time this was needed.
- Improvements were needed to make the medication audit tool more robust as this needed to also look at topical creams and controlled drugs.
- All staff had received medication training and an up-to-date competency check. MARs we looked at showed people routinely received their medicines as prescribed.

### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse by staff who had received relevant training.
- One person told us they felt safe staying at this service and a relative said, "When I drop [name] at Clarence Garden, I know that everything is going to be okay, that [name] is going to be safe."
- Staff were able to recognise and report abuse. The registered provider had a whistle blowing policy to allow staff to report unsafe and abusive practice.
- Safeguarding records needed better organisation as one incident concerned another care home and another did not show the outcome of a medication error. The registered manager was able to clarify these

points.

#### Staffing and recruitment

- There were sufficient numbers of suitably skilled staff to meet people's needs.
- The registered manager planned staffing levels based on the needs of the people staying for respite. A relative said, "[Clarence Gardens) have been great in providing continuity of care."
- Safe recruitment practices were followed. Relevant background checks were completed before staff commenced their employment. We noted a gap in employment history for one staff member. The registered manager told us this was explored, although this hadn't been recorded.

#### Preventing and controlling infection

- The premises were found to be clean and without odour.
- Staff received training in infection control. When a person left the home after their stay, the room they used was given a deep clean to ensure it was ready for the next person.
- Staff confirmed there were sufficient supplies of personal protective equipment which helped to ensure good standards of hygiene.

#### Learning lessons when things go wrong

- The registered manager told us they had overcome difficult situations to manage at the home and as a result, the service was more settled.
- A staff meeting was taking place on the second day of our inspection. Lessons learned were discussed at this meeting which showed a commitment to continuous improvement.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- We were told DoLS had been allowed to lapse under the previous management. Due to other areas of the home being prioritised for action, no one accessing this service at the time of inspection had an authorised DoLS. The local authority restricted the numbers of applications they were able to receive. Before our inspection, two DoLS assessments had been completed and a further four applications had been made. 21 further applications were identified as needed. The registered manager and senior support worker were focused on remedying this situation.
- An example of a best interest decision was seen during the inspection which showed how effective steps were put in place to protect one person. Consent to care was recorded before each respite stay.
- The registered provider's mental capacity assessment form stated that if people had someone legally acting on their behalf or Court of Protection involvement, they were unable to complete the assessment. Following our inspection, the registered manager told us this form had been updated to remove this comment.
- A relative told us, "Even though my [family member] can't communicate clearly, staff have a way of making sure that [name] is happy with what they are doing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to each person's stay, staff contacted their relatives to establish whether any part of their care needs had changed. A relative told us, "[Staff] never fail to check if there are any changes before we bring [person to stay]."

Staff support: induction, training, skills and experience

- Staff received ongoing support which helped to ensure they provided effective care.
- A staff member told us they were required to read each person's care plan as part of their induction. They also completed a range of training subjects which ensured they had the skills to meet people's care needs. Training completion levels were high.
- Staff told us their supervision meetings were known as 'You Can' sessions. These were used to discuss personal goals, training needs and issues affecting work. Clarence Gardens had its own 'wellbeing champion' who had received training for this role.

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

- People's dietary needs were being met as needs were clearly recorded and fresh food was provided.
- One person told us they enjoyed the food provided. A relative said, "I trust staff. I never have a problem with food, diet or drinks (at Clarence Gardens)." The kitchen contained a plentiful supply of ingredients which showed meals were being prepared 'from scratch'. A staff member told us mealtime choices were based on the preferences of people staying in the home.
- People were encouraged to eat well and good health was focused on. In a communal area, a hydration and snack station had water, fruit juices, apples and bananas.
- People's care plans were detailed and explained what support people needed where they had specific dietary needs.

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

- Although people routinely had short respite stays, staff ensured they had access to healthcare when this was needed.
- Staff worked with GPs, district nurses, speech and language therapists and other professionals to ensure people received good healthcare. Staff assisted people where they needed assistance to access health appointments.
- People had effective oral health sections in their care plans which described the support they needed.

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

- The building was adapted based on the care needs of the people staying for respite.
- Ceiling tracking was in place in people's rooms, including in 'wet rooms' which made transferring within these spaces easier to manage.
- Signage in the home had been added to make it easy to follow for people with sensory needs.

# 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 the same. 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 and consideration. This was reflected in the feedback from a person who accessed the service and from relatives.
- Warm and natural interactions were witnessed between people. This included the registered manager who knew the people staying for respite and engaged positively with them. Relatives told us, "They care a lot, they take pride in how they make [people] look" and "Staff are patient with people."
- Where people were unable to verbally communicate, staff interacted with them and treated them with respect.
- Staff we spoke with had read people's care plans and were familiar with their needs and preferences.
- One person told us, "I really like it (the service). Staff are nice." The same person said they were invited to the Christmas party in the home, even though they weren't staying for respite.

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

- Relatives had been invited to staff meetings to share practice with staff around how to care for and support their family member. The registered manager said this was done to ensure people had a seamless transfer of care between home and Clarence Gardens.
- Relatives told us they were fully involved in care planning at this service.
- An 'aspiration tree' was on display in the home. This showed people's short and long-term goals. Most people's goals involved them engaging in more social stimulation. One person who had communication difficulties had attended a sporting event where they had a chance to participate with the players. Since then, they had been more communicative and outgoing. This and other achievements seen showed people living more fulfilled and active lives.
- Before each respite stay, families were contacted to ensure accurate information was held about people's care needs.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be involved in preparing meals and drinks. One person was making refreshments with minimal assistance from staff. A staff member talked with another person about preparing dinner. They said to the person, "You can help me prep if you want." Later, this person was seen chopping up onions in the kitchen.
- Maintaining people's dignity and privacy was written into care planning. One person's record stated, 'I sometimes like you to stay with me while I am using the toilet, but most of the time I like to have a few minutes on my own, so can you wait outside the door'.

- Staff were able to describe appropriate steps they took to maintain people's privacy and dignity, such as knocking on people's bedroom doors and covering people, where possible, during personal care.

# 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 the same. 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

- Care plans were detailed and person centred. They provided staff with information about people's preferences and daily routines. Staff read the care plans for new admissions every time a person was due to stay on respite.
- Moving and handling care plans were detailed and where needed, pictures of people being correctly positioned were evident. Information was recorded about how people needed to be supported with managing their mood and anxieties.
- One person needed an epilepsy care plan which the registered manager said they would put in place following our inspection.

End of life care and support

- Clarence Gardens was not supporting anyone with end of life care needs.
- The registered manager said they would assess end of life care needs if respite was needed during this phase of a person's life.

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.

- The registered manager acknowledged that care plans were not written in easy read format. They told us this was something they wanted to have in place in 2020.
- Communication needs were recorded in care plans. Staff described one person's way of communicating which was clearly reflected in the person's care records.
- Staff communicated with one person using words from their first language to help them understand what was happening. One staff member had attended British sign language training.
- A relative said, "[Staff] are creative, always using different methods to communicate with residents."

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 were stimulated through activities both inside and out of the home.
- A staff member was overheard asking one person, "When do you want to go out and where would you like to go?" This person was taken shopping to purchase Christmas presents. The same person told us they had taken part in a group movie night the evening before our inspection.

- The home had an activities room which was also a space used to provide sensory stimulation to people. The registered manager said one person's breathing had improved with this activity.
- Elsewhere in this report, we have commented on people being supported to live more active lives through accessing the community.

#### Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support.
- Relatives were familiar with the complaints procedure. Relatives said that when they raised concerns, they saw positive action was taken which gave them confidence in this process.
- At the time of our inspection, there were no complaints for us to review. People and relatives were able to feedback about the service they received.

# 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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- The registered provider carried out audits in July and November 2019 which showed the service had improved in the last 12 months. The issues of Deprivation of Liberty Safeguards lapsing had not been identified. There was limited evidence of other audits being completed.
- Medication audits were taking place, although one medication administration record was checked each month. We discussed this not providing sufficient oversight with the registered manager who said they would review this.
- In some cases, more detailed recording was needed. For example, an accident and incident form dated 18 October 2019 showed action taken after an event, but did not provide details of the incident. In the safeguarding file, a medication error in May 2019 showed action taken, but did not record what the error was. The registered manager was unable to find further details.
- Safeguarding notes were made around an incident in July 2019, although the manager said this related to an event at the other home they were registered manager for.

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

- The manager was registered at Clarence Gardens and another home operated by the registered provider. They split their time equally between the two homes.
- Relatives were consistently positive about the registered manager. One relative said, "If you asked me before [registered manager] took over, I would say they score four out of 10, right now they are nine out of 10 and that is good for us."
- Relatives told us Clarence Gardens provided valuable respite for them and their family members. One relative said, "I simply cannot do without Clarence Gardens."
- Staff felt empowered to carry out their job and knew support from the registered manager was available. One staff member said, "She's brilliant. She there for you when you need her. She gives you the support and advice you need." Another staff member commented, "We do get praised and we do have employer of the month."

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

- At the time of our inspection, there had been no incidents which were reportable to the Care Quality Commission, although one person sustained a head injury due to a fall in November 2019. This person's

relative was informed and a meeting was held with them to agree steps to reduce the risk of falling.

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

- Satisfaction survey results from people and relatives were gathered by the registered provider. Feedback was not specific to Clarence Gardens, meaning it was not possible to see what people said about this service.
- When pre-admission calls were made before a new respite admission, staff asked for feedback about the previous stay. However, this stay may have been weeks earlier, meaning there was no process for gathering feedback immediately after a person's stay.
- Feedback from the last staff survey had been listened to and a key issue for staff was responded to. Staff told us their meetings were useful. One staff member said, "They're good. We interact as a team."

Working in partnership with others

- The registered manager linked in with the shorts breaks panel in Wakefield where service providers discussed how they could support people in need.
- People who stayed for respite at Clarence Gardens also attended other services which staff worked with to meet people's needs.
- People accessing this service had helped alongside staff to run a coffee morning for a cancer charity. People got involved in baking and making drinks.

Continuous learning and improving care

- The registered manager wanted staff to be part of improvements to the service and welcomed their feedback. Staff meetings were used as an open forum to discuss areas for improvement.