Prime Life Limited

Clarendon Beechlands

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 19 January 2017.

Clarendon Beechlands provides accommodation and personal care for 18 people who have specific mental health needs. The accommodation comprises of eighteen single en-suite rooms. There were 18 people living in the service at the time of our inspection visits.

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.

At the last inspection of the service on 6 April 2016 we asked the provider to make improvements in care plans and risk assessments which were not sufficiently detailed to ensure staff had adequate information to ensure people were cared for safely. We received an action plan from the provider which outlined the action they were going to take. This advised us of their plan to be compliant by July 2016. At this inspection we found that improvements had been made to care plans and risk assessments. These now covered all aspects of people's needs and included safety when outside the home, travel, finances, health and daily routines.

At the last inspection we also asked the provider to take action to ensure that quality assurance systems were put in place, to assess and monitor the quality of care effectively, to affect changes and protect people from harm. At this inspection we found that improvements had been made and a robust quality assurance system had been developed to drive improvement in the home.

There were appropriate arrangements for the recording and checking of medicines to ensure people's health and welfare was protected against the risks associated with the handling of medicines.

Care records were personalised and each file contained information about the person's likes, dislikes, preferences and the people who were important to them. Care plans also included information that enabled the staff to monitor the well-being of people. There were systems in place for staff to share information through having detailed daily records for each person.

Staff worked within the principles of the Mental Capacity Act 2005 and had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. They were observant of people and responded to their needs quickly.

New staff received an induction which included working alongside more experienced staff. This helped them

get to know people's needs and establish a relationship before working with them on a one to one basis. Staff felt there were enough staff to keep people safe and ensure people could attend activities and have planned trips out from the home.

Staff worked as a team to ensure people received the appropriate level of observation to keep them and others safe. The provider had recruitment procedures that ensured staff were of a suitable character to work with people at the home. Staff had received training in the areas considered essential for meeting the needs of people in a care environment safely and effectively.

Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. Staff were observant of people and responded to their needs quickly.

The provider ensured all notifications required by law had been sent to us in accordance with the legislation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Potential risks to people were managed and concerns about people's safety and lifestyle choices were discussed with them to ensure their views were supported. Emergency evacuation plans include were well detailed and available for staff to use.

Staff understood their responsibility to report any observed or suspected abuse. People were supported by sufficient numbers of staff to ensure their safety at all times. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff completed essential training to meet people's needs safely and to a suitable standard. Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005 and asked for people's consent to care before it was offered. Staff provided an effective service that met peoples' dietary choices and healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as individuals, recognising their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way. People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and they and when appropriate their families were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to

spend their time. People felt confident in raising concerns or making a formal complaint if or when necessary, and felt these would be taken seriously.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who developed an open and friendly culture in the home. The provider used audits to check people were being provided with good care and made sure records were in place to demonstrate this. People living in the service had opportunities to share their views and influence the development of the service.

Clarendon Beechlands

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 was planned to check whether the registered persons were 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.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection visits, we reviewed the information we held about the service. We also took into account the notifications of incidents that the registered person had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people that lived at the home and asked them for their views about the service. They told us they had no current concerns.

We inspected the service on 19 January 2017, and the visit was unannounced. The inspection team consisted of one inspector, an expert by experience and a specialist adviser. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist adviser is a qualified social or healthcare professional. Both our specialist advisor and our expert by experience's area of expertise was the care of people with mental health needs.

During the inspection we spent time observing the care being provided throughout the home. 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 spoke with seven people who lived at the service. We also spoke with four support staff, the registered manager an associate director and a visiting health professional. We observed how care was provided in communal areas and looked at the care records for ten of the people living in the service. In addition, we looked at records that related to how the service was managed including the staff rota, recruitment files,

training and quality assurance documents.

Good

Is the service safe?

Our findings

At the last inspection in April 2016 we found that care plans and risk assessments were not sufficiently detailed to provide staff had adequate information to ensure people were cared for safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been improvements.

People told us they felt safe, one person said, "I feel secure here because I am not a frightened man," another said, "It's quieter here" [than where the person was before], and another "It's nice here."

Staff were able to tell us about individual people's needs, and the support they required to stay safe. People's care records included risk assessments, which were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. The care plans provided clear guidance to staff in respect of moderating risk.

People confirmed they were involved in discussions and decisions about how risks were managed. For example the home has an 'open door' policy allowing most people to come and go freely. Those peoples' risk assessments' detailed how long the person was allowed out before staff could contact them to ensure their safety. For those whose risk level was raised, for example people who required to be accompanied out of the home, the risk was again planned. Staff were aware to deflect the person when they attempted to leave unaccompanied.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they had concerns about a person's well-being. The staff we spoke with knew the signs of abuse and said they would report it to management if they thought someone was at risk. They also knew about the companies own internal whistleblowing contact telephone number, and which authorities outside the service to report any concerns to if required. This ensured staff were aware of how to safely support and protect people. The registered manager was aware of their responsibilities and ensured safeguarding situations were reported to the local authority and Care Quality Commission as required.

Health and safety audits showed that water temperatures had been checked, there was servicing of equipment such as the lift and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place and we saw evidence to confirm that all staff had received practice in a fire drill situation in the past 12 months. A fire alarm was activated during our inspection. This turned out to be a 'false alarm' and a detector was set off by steam. People who lived in the home and staff reacted immediately and congregated at the fire board. This was done calmly and efficiently and demonstrated the regularity of fire drills ensured people in the home were safe and ready to react in the event of an emergency.

Personal emergency evacuation plans (PEEP's) had been introduced into care plans and included information about how staff were to support people in an emergency. Some people were known to smoke in

their bedrooms and information was highlighted in PEEP's and risk assessments were in place for people which included strategies to reduce these risks.

When we spoke with people about staffing numbers one person said, "There are enough staff, that means I can go out when I want."

We saw that staff were present in communal areas regularly through the day, and employed in numbers to promote peoples' safety. Staff confirmed there was a senior and four support staff in a morning, afternoon and evening, and two waking support staff at night. Staff told us they believed staff were employed in sufficient numbers to ensure people were cared for safely.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service. One person said to us, "I had to wait on a Disclosure and Barring Service (DBS) check and interview before commencing at the home. DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. The person went on to explain, after they commenced in post they completed time working alongside other staff to get to know the people before they completed induction training.

People we spoke with said staff supported them with their medicines safely and on time. One person told us, "I do get my tablets regularly." Another person said, "I have diabetes and mental health problems. I am able to manage my own medication" (with support from staff).

We observed a sufficient supply of medicines and they were stored securely. The support staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. People who were planning to move back into the community were risk assessed to hold and administer their own medicines.

Staff kept records to demonstrate that people had been given their medicines in the right doses and at the right times. The MARs (medicines administration records) we saw had been completed correctly and signed by staff in line with the provider's medicines administration procedure. Staff were trained to administer medicines and their competence assessed before they were able to give out medicines unsupervised.

The registered manager has commenced a regular medicines audit. The registered manager told us this was done monthly and included checking the MARs, administration instructions, signatures, and frequency of medicines. The audit also included ensuring PRN ('as required') medicines protocols were in place and there were body maps in use for people who had been prescribed creams so it was clear where the creams should be applied. This helped to ensure that people's medicines were managed so they received them safely.

Good

Is the service effective?

Our findings

People told us they felt the staff were trained. One person told us that staff, "Helped my mental health by talking with me," and explained they also left him alone when he did not want to be disturbed. We confirmed with the staff that the person liked some quiet time alone, and this did not last for extended periods of time. The person also told us they felt the staff had, "Good training."

Staff said there was enough training and they did not feel they had any gaps in their knowledge. One member of staff said, "We have had additional training since the new manager came." Another said, "We have had training on suicide prevention."

Staff had also undertaken training to support them in their roles as support workers. The staff we spoke with had undertaken induction training before commencing national vocational qualifications (NVQs) in health and social care. We spoke with the registered manager who explained that new staff started induction training in line with the Care Certificate. This is nationally recognised training on a number of essential care issues.

Staff also told us they were supported through regular staff and supervision meetings with the registered manager. Staff supervision is used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. That benefited the people using the service as it helped to ensure staff were more well-informed and enabled to care and support people effectively.

We saw the training matrix which showed that all staff had updated essential training. We saw evidence staff had received training in safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and mental health awareness and suicide prevention. This ensured staff had the up to date information to support people effectively. The registered manager said the training matrix had been updated and would inform the management staff when training was required to be updated. This was forwarded to us following the inspection.

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. The application process for this in nursing and residential homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA 2005. We looked at care records and found the service routinely assessed people's mental capacity. This meant staff followed the principles of the MCA in supporting people to make decisions when supporting people to make decisions. We saw guidance to staff in people's care notes, 'review the capacity assessment regularly recording any instances when capacity is regained.' We spoke with staff to assess their working knowledge of the MCA. Staff we

spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We observed staff consistently offered choice to people and checked for their agreement before offering support.

One person said to us, "It's the best place I have ever lived in, because you can go out."

The appropriate deprivation of liberty safeguards (DoLS) had been applied for, to ensure people were lawfully restricted from leaving Clarendon Beechlands. Where DoLS had been authorised they were current and conditions were being adhered to. There was also a care plan supporting each authorisation. The registered manager had informed the CQC of all the current DoLS that had been granted by the local authority.

We observed mealtimes throughout the day and asked people about their experiences of the food and drinks offered. One person told us, "The food is not too bad. I get plenty, but I don't eat it all." They further commented, "I never get refused an extra drink." A second person confirmed this. Another person told us the food, "Looked nice and tasted nice," and another said it was "Good."

Some people preferred to eat away from the home and one person told us they liked going to cafes on the nearby Queen's Road. Another told us that there was a good Tandoori restaurant nearby and a third that she liked, "Peanuts and a coke" in the pub.

People were given the choice of sitting anywhere in the dining room, and staff provided them with their meal. People were able to help themselves to a drink at any time as there was a small kitchenette area in the dining room. We saw mealtimes were relaxed with a good atmosphere. People who required assistance with their meal were offered encouragement and supported effectively. Staff did not rush people allowing them sufficient time to eat and enjoy their meal and people were able to ask for second helpings if required.

The staff told us that snacks were available throughout the day, and we saw bowls of fruit in a number of public areas, and people helped themselves to fruit throughout the day. People confirmed this and said if they wanted a drink or snack at night they could come down to the dining room for drinks and cereals.

People told us that if they needed to see their GP, the staff would make an appointment for them. One person told us they had six monthly checks for a breathing condition; another saw their psychiatrist once a year.

There was evidence that healthcare needs were carefully monitored and discussed with the person and their relatives as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals such as the mental health team. Care plans had sections for general medical conditions and specific conditions such as mental health and opticians. We saw effective communication was used by staff which we evidenced during the inspection. This included daily notes and hand over sheets and staff attending handovers at the beginning of their shifts. This demonstrated effective communication for people to receive effective support with their healthcare needs.

Good

Is the service caring?

Our findings

People who lived at the service told us that they thought the support staff were caring. One person told us, "I like living here." Another person told us talking with staff helped them, and said, "When I talk to them about my depression they help (me)." Another person said to us "When I am having a bad day they chat to me." Another person said, "They are caring." One person described staff as, "Friendly, cheerful and respectful."

People have been included in the premises refurbishment, by choosing the colour of their bedroom, and a suitable wall painting (mural) for the dining room wall.

Some people were unable to fully express their views and opinions, and records showed that some family members and an advocate had been involved in care plan reviews. An advocate is a person independent of the person's relative or the residential care home who represents the best interests of the person. Information was provided in care plans to ensure people were referred to by their preferred name.

Care records were occasionally signed by people, and staff told us care plans were read to those people who wanted them to. People confirmed this, one person said, "I know about my care plan, and will look at it if I need to." The registered manager said care plans reflected people's needs and were reviewed regularly and changes made when required. The daily records about the care and support people received showed that staff respected people's decisions about how they were supported and their lifestyle choices.

We saw that staff checked on people's well-being throughout our inspection, and knocked on bedroom doors before entering people's private rooms. Peoples individual choices, preferences and decisions made about their care and support needs were included in care plans. The daily records included the care and support people received, and demonstrated that staff supported people's decisions about how they wanted to be supported.

We saw a member of support staff run a quiz with a couple of people living in the home. She encouraged their participation, and was warm and friendly in their communication.

Staff understood the importance of respecting and promoting people's privacy and dignity, and took care to preserve this, when carrying out their duties. Staff gave examples of the steps taken to maintain people's privacy and dignity when they supported them both in and out of the building. Most bedrooms were en-suite, and additional toilets helped to maintain and promote people's privacy and dignity. Staff told us that people were offered a bath or shower and that staff respected their wishes, and support records we viewed confirmed this.

We observed when staff communicated with people, they got down to the person's level and used eye contact. Staff spent time actively listening and responding to people's questions.

We observed staff assist people out shopping which promoted people's independence. One person went clothes shopping and another for personal food items.

Good

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs. One person said, "They (staff) follow the care plan." Another person said, "They give guidance and good advice."

We looked at four care plans which included a number of detailed documents providing information for support staff on people's individualised care. These included information about mental capacity, behaviour, mental health, emotional needs and communication. There was further information on daily life, social activities, personal care, dietary needs, safety and well-being.

Care records showed that where possible, people were involved in contributing to their assessment and care plans. The care plans demonstrated that staff had asked people questions about what was important to them and how they wanted to live their lives at Clarendon Beechlands. One person was supported to become more independent and was in the process of moving out of the home to live independently. Care plans were reviewed on a monthly basis, and people were asked if they wanted to be involved in care plan reviews. We saw that people chose when to be involved or not and this was recorded in the care plan records.

People told us they were offered activities that responded to their individual needs. Some people were interested in shopping at car boot sales and the nearby shops in Queens Road. We saw where staff time was devoted to enable people to follow these and other activities both in and out of the home. The registered manager told us she had changed the day shift start times for staff and some now started later in the morning. This was specifically to help with the 'one to one' hours, which enabled people to follow their own lifestyle. We saw evidence of this where staff helped people to go and play pool, have film nights, gardening, baking and trips to the pub.

Some people had the capacity to go out shopping on their own, some to the local shops and other further afield to the city centre.

Other activities that were organised for people included a street party to celebrate the Queen's birthday, to which a number of residents from the street attended. There was also bonfire party and the Christmas meal, which was also attended by some neighbours.

The minutes of service user and staff meetings confirmed discussions around the redecoration programme, kitchen refurbishment, menu, activities and staff changes. The registered manager showed us the first Beechlands Gazette which is a small magazine informing people of the on-going development of the home. This will be circulated to people in the home and their relatives and will provide information for people who are unable to attend the service user or relative meetings.

The provider had systems in place to record complaints. The provider's complaints procedure was displayed within the home. People we spoke with said they knew how to make a complaint, and indicated they were satisfied how staff dealt with any issues. People told us they knew they could raise concerns with

their keyworker, registered manager or senior support workers. Records showed the service had received three complaints in the last 12 months. These had been responded to in line with the complaints procedure which included a response to the complainant to ensure they were satisfied with the outcome. Learning from complaints was fed back to staff through staff meetings or individual supervision. The registered manager had an 'open door' policy and encouraged people to come and speak with her if they had any concerns or wished to share any issues that affected them.

The registered manager has also commenced a commendations file. The service had been sent cards and letters of thanks, and compliments about the staff and care they provided. These were supported by the comments we received from people who used the service and health and social care professional.

Good

Is the service well-led?

Our findings

At the last inspection in April 2016 we found that quality assurance systems were in place, but did not assess or monitor the quality of care effectively, to affect changes and protect people from harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been improvements.

The registered manager had improved the audit system which was now used effectively to assess and monitor the quality of information contained in people's care records. This was also used to ensure information was current and up to date in order to meet people's needs.

Individual personal evacuation plans (PEEPs) were now included in the business continuity plan and there were details available for use in such an emergency. We also asked the provider for the policies and procedures relating to people's safety. We were sent a number of policies about protection and reporting abuse. We saw that specific issues around people threatening to take their own life were now included in these. That meant people were protected from harm by well-informed support staff.

The provider's procedures for monitoring and assessing the quality of the service now operated at two levels. The registered manager oversaw staff who carried out a range of scheduled checks and monitoring activity which provided assurance that people received the care and support they needed. These included checks of the fire alarm system, food temperature probing and other safety checks. There were also audits of the medicines system, staffing levels, infection control, and maintenance checks.

The second level involved an associate director spending one day a month in the home. They were also in regular telephone contact with the registered manager and staff. On the monthly visits they undertook some quality checks and discussed any changes and so ensured that people who lived in the home were safe and well supported. They also spoke with people who lived at the home and staff, as well as reviewing some care plans and other related documents. Staff confirmed the associate director visited the home regularly. Reports of these visits were made available for the board of directors.

We looked at the record of safety tests undertaken in the home. Most of these were done by the Prime Life's 'estates' team from the head office. The periodic test of gas appliances and electricity supply were up to date and were performed by appropriately qualified engineers. The fire alarm system was tested regularly by support staff from the home, which was to ensure it was in good working order. There was a business continuity plan produced by the provider. This had information for support staff in the event of a significant failure of part of the building, water gas or electrical services. That meant support staff had information they could use to deal with a building emergency without undue delays.

People who lived at the service said that they were asked for their views about their home as part of everyday life. For example, people were invited to the weekly house meetings where they could speak with support staff about how well the service was meeting their needs. We looked at the minutes of the weekly meeting where people were regularly prompted about what activities they wished to undertake and

included the Christmas holiday celebrations and what foods should be added to the menu.

People who used the service were also included in an annual questionnaire, and the response from the latest in 2016, was displayed on a client information board in the home. We spoke with the registered manager who said they had one advocate who had assisted one person in the home to respond. The latest questionnaires had included relatives, visiting professionals and close neighbours in the street. The registered manager stated the responses had been considered to drive improvements in the home.

The registered manager also held regular meetings with all staff a monthly basis. We viewed the meeting minutes which staff needed to sign to say they had read and understood any information about changes.

People told us, "The manager is brilliant. She treats everyone fairly." Another person said, "The manager is nice. I like her."

A member of staff said, "We are really on the ball with resident interactions and the care plans are far more descriptive, [named] has made tremendous improvements since she came."

There is a registered manager in post. The culture of the home had been re-focused and now supported high quality person centred care, which was evidenced in the detailed care plans and risk assessments. The support staff dress code was now appropriate where staff wore a corporate top which had the name of the home discreetly embroidered on the fabric.