

Brancaster Care Homes Limited

Clarendon Grange

Inspection report

Main Road
Great Clifton
Workington
Cumbria
CA14 1TR

Date of inspection visit:
11 February 2020

Date of publication:
03 April 2020

Tel: 01900605316

Website: www.brancastercare.co.uk

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Clarendon Grange is a residential care home that provides personal care and accommodation for up to 25 people. At the time of our inspection there were 24 people living at the home. Accommodation is over two floors and there is a lift for access.

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

People told us they felt safe living at Clarendon Grange. The provider had suitable safeguarding systems in place to protect people from harm and abuse. The registered manager ensured that accidents and incidents were appropriately managed to lessen any future risk. There were enough staff available to support people as they wanted. The provider carried out checks when recruiting staff. Staff managed people's medicines safely and kept the home clean and hygienic.

People were supported to live healthy lives by staff working collaboratively with external health and social care professionals. Staff assessed and worked with people to identify and meet their care and nutritional needs. A varied, nutritious diet and drinks were provided that reflected people's needs and wishes. People were cared for by staff who were well supported and trained with the right skills and knowledge to meet people's diverse needs effectively. 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 were treated with kindness, courtesy and compassion by staff who respected their privacy and dignity and promoted inclusion. We were told by people, professionals and relatives that Clarendon Grange was a homely, welcoming and very caring place to live. We received very positive feedback about the caring and respectful approach of staff who knew them well and understood their personal histories, interests, likes and dislikes

The provider and staff worked consistently to provide outstanding standards of compassionate care at the end of life, that included families' needs. This was confirmed by healthcare professionals who commended the teamwork approach taken. Staff involved people to develop detailed care plans and record personal wishes. People's changing needs were quickly identified and responded to very quickly. People and their relatives told us about the good progress made and their improved well-being since living at the home. An excellent range of activities and opportunities were available to people inside and outside the home.

The service was being well-led and supported by the provider and registered manager and people felt management was very approachable and caring. People felt the care they received was of a high standard and liked living at the home. Everyone we spoke with said they would highly recommend the home. The culture was open and inclusive, if people were not happy about something, they were confident they could speak with staff to make improvements. The manager understood their responsibilities and monitored the quality of the service using a range of systems. People benefited from a well organised service that was very

person-centred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 August 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 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 exceptionally responsive

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Clarendon Grange

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. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of service.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning considered all the information we held about the service. This included information about incidents and accidents the provider must notify us about, such as abuse allegations. We sought feedback from commissioners of the services and professionals who worked with the service. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spent time in each unit and in communal and dining areas speaking with people and observing their daily activities and staff interactions. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We reviewed records relevant to the running and quality monitoring of the service, new policies and procedures and the recruitment records for the three new staff employed in the last year. We looked at training and supervision records. We looked at five people's care records in detail and multiple records of medicine administration, storage and management.

We spoke with twelve people who lived at Clarendon Grange, three visiting relatives, three members of care staff, the deputy manager and two visiting professionals for feedback on their experiences. We spoke with the registered manager who was present throughout the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found on the day of the inspection including training and rotas. The registered manager provided us with dementia care and end of life strategies for the service.

We obtained further feedback from medical, nursing and social care professionals who were not at the home during the inspection. The information was used as part of our inspection.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in line with local authority guidance to identify and protect people from harm and abuse.
- The registered manager understood their responsibility to report suspected abuse to the local authority and worked with them to keep people safe.
- Staff knew how to recognise and report abuse to help protect people from risk and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.

Assessing risk, safety monitoring and management

- The provider had clear processes in place to identify and protect people from avoidable harm. Accidents and incidents were recorded and regularly analysed for any themes or trends. Servicing and monitoring records indicated equipment was maintained and safe for people to use.
 - Staff had completed risk assessments to identify foreseeable risks to people's health, welfare and safety and to mitigate them. This included people's medicines, dietary, nutritional or swallowing risks, falls, mobility, accessing the community and risks in the home environment.
 - People, relatives and professionals told us they believed Clarendon Grange was a "safe "and "happy" place to live. We were told, "It's great it is. It really is, I see staff around whenever I come in and I am in odd times, I'm sure [my relative] is safe here, I have never seen anything to worry me at all." A visiting professional commented, "I am very happy with what I see here, they [staff] are most welcoming, I have no concerns"

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment. The registered manager had done pre-employment checks. However, we noted that two of the three files did not state reasons for leaving a previous post and for one the previous social care employer had not been approached for a reference. We discussed this with the registered manager who was aware of the reasons behind this. They attended to this immediately to make sure the records accurately reflected their information and actions.
- The provider had systems to assess dependency levels. The registered manager made sure sufficient numbers of appropriately trained staff were on duty throughout the day and night.
- Staff were present and visible all day throughout the home and people were supported as they needed and wanted. People told us there were always enough staff available to help them, "There is enough of them about, they come quickly, even if you call at night." A relative commented. "There is always staff about when I come in, I don't have to look for them."

Using medicines safely

- People were supported with the proper and safe use of medicines. The storage of medicines was in line with good practice. The provider's policies and procedures provided guidance to staff to manage people's medicines in accordance with current guidance and regulations.
- Care staff received medicines training and were observed when handling and administering medication before being deemed as competent.
- The management of medicines liable to misuse, called controlled drugs, was examined and we found these to be safely managed and stored. Effective arrangements were in place for the checking in, return and safe disposal of medicines. Excess stock was kept to a minimum

Preventing and controlling infection

- The premises were clean, tidy and hygienic. The registered manager checked handwashing practices and the application of infection control procedures regularly. Improvements had been made to the home's laundry and a new ironing room helped keep dirty and clean items separate.
- People told us that the home was kept clean and tidy and that they were asked for feedback on this at their meetings. People living in the home and relatives commented positively about the high standard of cleanliness and one told us, "They are always cleaning."
- Staff had received training on infection control and food hygiene and understood their responsibilities. Gloves and aprons were available for providing personal care and we saw these being used correctly.

Learning lessons when things go wrong

- The provider had internal systems to identify when things went wrong and when lessons needed to be learned. For example, following a recent medication incident the provider had reviewed all medication processes. They had made changes to their systems for checking medication administration and those being returned to the pharmacy to make them more robust.

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 the same. 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

- To make sure they could meet needs senior staff assessed people before they were offered accommodation at Clarendon Grange. Protected characteristics were included within overall assessments and where appropriate acted on.
- Appropriate, clinically accepted tools were used to make assessments of need and risk. Staff reviewed and updated the risk assessments to reflect people's ongoing health and social care needs.
- The registered manager was implementing the NICE guidance on 'Oral health for adults' to make sure people's oral health was promoted and staff were confident to provide it.

Staff support: induction, training, skills and experience

- Staff were well supported to develop and maintain the required skills and expertise to support people effectively and safely. They told us they had received induction, had regular supervision and ongoing training to carry out their different roles.
- There was an emphasis on training and helping staff to develop. For example, the registered manager was developing the roles of 'champions' who undertake additional training in areas such as dementia care and dignity to support other staff in their practice. The provider also used dementia 'virtual tours' to help staff experience how the world might look through the eyes of someone living with dementia.
- People and relatives made positive comments about staff skills and knowledge. One person commented, "You can't fault them, they are very kind and they know what they are doing." A relative told us, "Oh yes, the staff are very knowledgeable. They let us know if there is anything wrong."

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

- Staff supported people to have a nutritious and varied diet in keeping with their health needs and personal choice and preferences. People gave very positive feedback on the food and standard of catering. "The food is excellent, I have just had a lovely prawn salad for lunch" and "The food is very good, lots of it and always a choice."
- Cold drink dispensers were in communal areas with fruit and snacks for anyone to help themselves during the day. Some people chose to have an alcoholic drink with their meal, wine, sherry or a beer or a liqueur following it. It was a pleasant and sociable occasion. Staff sat and chatted with those who needed discreet help to eat and prompted others to complete their meal. People ate at their own pace and their plates were cleared and puddings offered as they wanted.
- People had their weight monitored for changes and referrals had been made promptly for advice and support from the GP and dieticians when needed. Swallowing difficulties had been assessed and staff followed the advice of speech and language therapists to maintain effective nutrition.

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

- The registered manager and staff worked collaboratively with other agencies and professionals to ensure people's healthcare needs were met. Staff made referrals appropriately and incorporated professional guidance into people's care plans.
- Medical and nursing professionals were positive about working with the home. We were told by one, "Clarendon staff do an excellent job of summarising and monitoring changes in behaviours." This helped them to take the right action quickly when they attended.
- People told us they felt staff would notice if they were unwell and make sure they were seen by a nurse or doctor. We were told, "They fetch the doctor if you need one, they are very good like that," and "Well I don't think I could find a better place; they look after you very well." One professional told us, "I have attended at different times of the day and regardless of how busy the home has been, staff are quick to address the reason I am there, and always provide a member of staff during consultations."

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

- The home was adapted to be safe, accessible, comfortable and homely, whilst being sensitive to the needs of people living with dementia. There were appropriate signs around the home to support people living with dementia to locate different rooms and orientate themselves.
- The provider ensured the premises were kept well maintained. People were consulted about improvements, for example, about how the communal rooms were used and how the home was decorated. People had been supported to personalise their bedrooms according to their taste.
- Changes had been made to the environment to meet people's individual choice, needs and preferences. For example, a fire place had been removed to give more room for a person, heating controls had been improved so one person could more easily control the heating in their room. One person liked chandeliers and asked for one in their room rather than standard lighting. This helped give people have more control over their environment.

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 provider was working within the principles of the MCA.
- We saw evidence of MCA assessments taking place and incorporated into care plans. Staff had received training on the MCA and its applications. When a person was found to lack capacity to make a decision, best interest's decision-making processes were 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 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

- There was a clear commitment from the registered manager and staff to make sure people were at the centre of everything they did. We saw people were treated with kindness and compassion by staff who understood and promoted equality and diversity.
- Staff collected information on people's individual backgrounds, cultures and life experiences to gain understanding of them as individuals. Protected characteristics were considered within individual assessments so the right support could be given. For example, people were supported to follow their preferred religion and cultural beliefs.
 - People were clearly very comfortable with the presence of staff members and spoke fondly of them. We saw emotional support and a lot of warm and friendly interactions. Staff chatted with people as they worked and always spoke with them as they passed. People and their relatives spoke very positively about the staff. They told us, "Well I don't think I could find a better place, they look after you very well" and "I am sure my relative is safe and well cared for here."

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

- Staff involved people in decisions about their care and support. Staff respected people's individual choices. Care plans contained information about preferred daily routines and lifestyle choices. One person told us, "Oh yes, staff are so kind and you can get up when you like, do what suits and go to bed later if you like."
- Staff assumed people had the capacity to make their own decisions, unless they had been assessed otherwise. People told us they felt they had choice and control in their daily lives and that staff listened to them. We were told, "I can do what I want but it's nice that they come to ask you about things" and "They do whatever you ask them to."
- The registered manager was highly visible within the home and used different methods to gain people's views including daily contact, regular reviews of care and resident's meetings. The most recent satisfaction survey indicated high satisfaction with staff support as "Polite, caring, respectful and capable."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity and independence. For example, staff ensured doors and curtains were closed during personal care or medical visits and we saw staff knocking on bedroom doors and calling out before entering.
- People told us staff helped them stay independent and dress and present themselves as they wanted, which promoted their self-esteem. People said, "I never thought I would like it but I do. The girls are lovely,

they take their time with you" and "Yes, I like to be well turned out and the staff want us to look nice too." A visiting professional commented, "There is a lovely atmosphere. People are well cared for and always well presented."

- There were appropriate signs around the home to support people to orientate themselves and retain independence when moving around their home. Following recent survey analysis, the provider had put on fire safety talks as some had been uncertain about fire procedures and exits. People told us this helped them feel better informed and prepared and had generated a lot of discussion.

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The registered manager and staff worked consistently to provide the highest standards of care at the end of life. They showed commitment to this important aspect of care and followed best practice guidance and had developed their own strategy. Staff had received training on the 'Six Steps to Success' palliative care programme and were currently working towards accreditation for the nationally recognised 'Gold Standard Framework' (GSF) for end of life care. This nationally accepted model of good practice enabled a 'gold standard' of care that focused upon the individual and their families.
- Staff consistently focused on promoting open and honest consultation with people and families, helping empower them to make choices. This supported them to say what they wanted, including resuscitation and where they wanted to be cared for. People told us staff talked through how advance care plans were used to help them express their personal care and spiritual needs and be clear about their expectations. People knew they could stay at home, be supported by staff they knew and trusted and, if possible, avoid hospital admission.
- Staff worked collaboratively with district nurses and GPs to provide a holistic assessment and good coordination in delivering end of life care. Professionals commented positively on staff skills and told us, "I have seen persistence in offering analgesia to a patient with pain management issues, approaching the end of life, way beyond what would be expected of non-medical staff", "So much thought goes into a providing a comfortable and enabling environment" and " I would be more than happy for any of my family to be cared for here" .
- The staff team received many compliments around end of life care they provided. Themes included, staff's caring and professional approach and the gratitude families felt for the "excellent care" and "loving care". Cards and letters told how families would never forget the "compassion, love and support" given to their relative. Families and friends were supported to stay with relatives for as long as they wanted to with meals and drinks were freely available. The home had a 'pack' for supporting people at the end of life, with useful items for staff and family to use and to feel part of their loved one's care.
- Staff ensured people at end of life always had someone with them and focused on the little things mattered to people at the end of life. Staff played people their favourite music and gave favourite drinks on swabs as part of mouthcare.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided consistently person-centred care and support to meet people's individual needs and preferences, including social and cultural needs. Staff did thorough assessments on admission and involved people in regular reviews to make sure they were still meeting their agreed care plans, goals and interests.

- People and their relatives were very satisfied with the quick identification and response to changing needs. For example, the prompt supply of specialist equipment to improve quality of life. One relative told us, "I can't fault them, they have been marvellous, my relative's care is just wonderful, the girls got this special chair for him to be properly sat up and comfortable." A relative spoke of how their relative had used a wheelchair on coming to the home but now, after progressive work with staff and professionals, was using a frame to mobilise. They had been supported to regain strength and confidence and improve their quality of life.
- Professionals commented positively on staff responsiveness and confirmed staff knew people's needs in depth. One professional told us, "I have invariably found the assistance of Clarendon staff invaluable in building a good picture of a resident's overall wellbeing and the narrative of any medical problems." They confirmed the home worked closely with them to help monitor and improve people's care and treatment. A professional commented, "They are an enthusiastic team, caring and follow our advice 100%. This is one of the best homes." They gave us examples of staff working with them to "greatly improve" a person's skin condition, improve their wellbeing and monitor skin integrity consistently.

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's individual interests, life histories and lifestyle choices had been explored with them and their families to help staff offer the right support to maintain their interests and beliefs. The activities boards informed people about the activities carried out on a daily and weekly basis by staff, community groups and external entertainers.
- People said they could take part in activities of their choice and attend religious services both inside and outside the home as they wanted. The registered manager and staff learnt from feedback and recognised the need to continue work to provide as varied a social programme as they could. Favourite activities commented upon were visiting entertainers including magicians and musicians, talks, floor games, bingo, school visits, trips out in the community bus for meals and visits, shopping and 'pet encounters'.
- Relatives were consistently positive about the effect taking part in different activities, social events and companionship had on people. Relatives commented, "All this good food and the good company, talk about having a new lease of life" and [during pet therapy] "Their face lit up and they started to talk about it." People were supported to maintain their important relationships and the involvement in the local community and used technology to help people keep in touch. One person told us, "I have just been speaking to my relative in India on the iPad. Isn't it just marvellous that you can do that." A Wi-Fi service was available for everyone who wanted to use it.

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.

- Staff assessed people's communication needs and supported them to communicate in the way they preferred and found easiest. For example, to help one person discuss their pain control needs staff contacted medical staff who could speak with them in their native language to be able to make a detailed assessment.
- Visual, large print and pictorial aids were available for use to aid communication and keep people informed, for example the information and activities boards. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and complaints and concerns were well managed and seen as opportunity to learn and improve the service. At the last resident survey 100% of people said they knew how to complain if needed and would feel happy to do so.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager used systems of daily, weekly and monthly audits and quality assurance checks to monitor performance. However, we noted that current checks had not highlighted poor recording of information in some recruitment files. The registered manager immediately put more specific checks in place to prevent the oversight occurring again.
- The registered manager demonstrated detailed knowledge of what was happening daily and any issues found were dealt with promptly. They understood the requirements of their role and registration and kept up to date with current best practice in care for older people and people living with dementia. Staff understood their job roles, had clear lines of responsibility and accountability and provided a high standard of care through well-organised team work.
- People, relatives, staff and health professionals told us the service was well managed. All made positive comments. People and their relatives confirmed their ideas to improve daily life were sought and acted on. For example, increased outside entertainment and trips, requests for wine at meal times had been acted upon and a wider range of drinks were available. Information gathered from surveys and feedback was used to develop action plans to identify, initiate and monitor any changes people asked for.

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

- There was an open and positive management culture within the service and a clear commitment to providing an inclusive, person-centred service. The registered manager provided effective and accessible leadership and presented a clear direction and good example for staff to follow.
- Staff showed enthusiasm for their work and told us they had great confidence in the registered manager and provider. They told us they felt listened to and well supported to develop their roles and improve the care and activities for the people they supported. We were told, "It was the best thing I did coming to work here, it's a pleasure to come to work."

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 registered manager and staff demonstrated that the principles behind a duty of candour were recognised and understood within the service. They reported accidents and incidents and changes in people's mental and physical health to appropriate professionals and agencies promptly. The last CQC rating was prominently displayed.

- Relatives told us staff kept them informed on events affecting their relative, answered any questions they had or found someone who could.
- The registered manager and staff were open and transparent throughout our inspection and made clear this was the ethos of the home. Management and staff acted positively and promptly to feedback provided during this inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager understood and was responsive to people's diverse needs and wishes. The views and involvement of people, their relatives, staff and the professionals the home worked with were encouraged. Survey feedback was consistently positive, with many complimentary comments about the support provided received from people, families and professionals.
- Health and social care professionals confirmed strong and effective relationships with them to ensure coordinated care and support. Their feedback emphasised the positive impact of person-centred care and good communication.