

HC-One Limited

Clarendon Hall Care Home

Inspection report

19 Church Avenue
Humberston
Grimsby
Lincolnshire
DN36 4DA

Date of inspection visit:
03 December 2019

Date of publication:
27 January 2020

Tel: 01472210249

Website: www.hc-one.co.uk/homes/clarendon-hall

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 Hall is a purpose-built care home that is registered to provide personal and nursing care to older people. The care home accommodates up to 52 people and on the day of inspection 38 people were using the service.

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

Since the last inspection, there had been improvements in medicines management, record keeping and quality monitoring. The quality of care records in relation to consent had improved. Recruitment records contained appropriate references and checks. Where people required support with their medicines this was managed safely and the standard of recording on medicine administration records had improved.

The provider's quality monitoring system had been completed more consistently. Audits were effective and more regular infection and prevention audits were put in place during the inspection. New monitoring systems had been introduced and shortfalls were addressed. All feedback was used to make continuous improvements to the service.

People received an extremely responsive service. People's care needs were thoroughly assessed. Their care was personalised to their preferences and routines, which enabled them to live their lives in the way they wanted. People were supported to have a comfortable, dignified and pain-free death by staff who worked closely with end of life health care professionals.

The service was continuously developing their excellent activities programme. People stayed as active as possible with a range of innovative, meaningful activities offered each day. People developed strong connections with others living at the service and within the community. Staff supported people to achieve their wishes and dreams.

People were happy with the care provided as staff were kind, caring, attentive and respectful. Staff had developed positive relationships with people. Staff were motivated and positive about their role and demonstrated the provider's values of 'kindness in care.' People were encouraged to make their views known and the service responded by making changes.

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 and relatives said the service was safe. Staff knew how to recognise abuse and were confident in reporting any concerns. Risks to people had been assessed and mitigated. Staff had the skills and knowledge to meet people's needs. The management team supported staff through supervision, team meetings and annual appraisals.

Staff supported people to access appropriate healthcare services, followed professional advice and provided consistent care. People were encouraged to eat a healthy diet and any concerns were raised with the relevant healthcare professionals. Staff provided support at meal times in a sensitive and patient way.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 January 2019) and there was one breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clarendon Hall Care Home

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 three inspectors and an assistant inspector.

Service and service type

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

The service had a manager registered with CQC. 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

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service 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. We used this information to plan and support our inspection.

During the inspection

We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with members of staff including the area director, registered manager, deputy manager, a registered nurse, nursing assistant, a senior and two care workers, activity coordinator, cook and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included staff training, complaints, safeguarding and quality monitoring.

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 requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines on time. Staff stored, administered and recorded their medicines appropriately. One person told us, "It's all good with the medicines."
- Stock control had improved with more consistent review and ordering processes in place.
- People were encouraged to manage their own medicines where they had those skills.
- Staff had received appropriate medicines training and their competence in this area was assessed.

Staffing and recruitment

- At our last inspection, appropriate references from the previous employer had not always been requested and obtained for new staff. The provider now operated safer recruitment processes. All the staff personnel files had been audited and new references requested where necessary. All appropriate checks had been completed before employment commenced.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. Staff were available, responsive to people and worked well together as a team.
- People confirmed there were enough staff. Comments included, "There always appears to be enough staff around" and "Staff generally come straight away when I need them."
- The number of housekeeping staff was reviewed and increased during the inspection to ensure there was enough cover for staff absence.

Preventing and controlling infection

- Earlier in the year, the community nurse for infection prevention and control had completed an audit and found concerns with standards of hygiene. The shortfalls had been included in the home improvement plan and these areas had been monitored more closely. The service was clean and tidy when we visited.
- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment and good hand washing techniques to minimise the spread of infection.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the

risk of abuse

- Systems were in place to identify and reduce risks to people. Positive risk taking was promoted.
- Staff completed regular reviews of risk assessments, to ensure they remained up to date.
- All equipment had been serviced at required intervals. Consideration had been given to people's needs and the support they would require in the event of an emergency.
- Staff understood how to respond to and report any safeguarding concerns. They had received regular training and demonstrated a thorough awareness of their responsibilities.
- People told us they felt safe. A relative said, "My [family member] is 100% safe, I'm very impressed."

Learning lessons when things go wrong

- Accidents and incidents were closely monitored to identify any patterns or trends. Action had been taken to contact relevant professionals when concerns were found.
- Lessons were learnt when things went wrong. The provider had an open, honest approach and shared learning opportunities with all their services.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

At the last inspection we made a recommendation to ensure people's consent records were up to date and staff had better knowledge of the MCA. Improvements had been made.

- Records showed consent for care had been signed by the right person and relevant people were involved in best interest meetings.
- Staff recognised restrictions on people's liberty. DoLS applications had been made and systems were in place to monitor these once authorised.
- Staff had received training in the MCA and had access to information and guidance to help support their practice. Staff asked people's consent before offering support.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received extensive training and had support from management to ensure they had the required skills and followed best practice guidance.
- Staff spoke highly of the registered manager and the support they received. Comments included, "The manager is hands on and very approachable" and "We have a good staff team here and the manager is great."

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

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person moved to the service.
- Staff continuously assessed people's needs and choices. Good communication between staff, people and their relatives ensured these needs and choices were met.

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

- People's nutritional needs were assessed and improvements had been made to the monitoring and recording of people's weight.
- People were supported to ensure they ate and drank enough. They were provided with a variety of meals and drinks throughout the day which were adapted to meet their preferences and dietary requirements. One person said, "The meals are excellent. Always a good choice."

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

- When people required support from healthcare professionals, this was arranged, and staff followed the guidance they provided.
- Health information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- New guidance was in place for staff to follow to ensure people were supported with good oral hygiene. Where required people had access to regular dental appointments.
- Health professionals spoke with high regard for the service, the care and support they provided and the attitude of staff. One told us, "Staff are willing to work with us and follow direction."

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

- The premises had been designed and adapted to meet people's needs. Easy read signage was in place to promote independence.
- The provider had recently introduced the 'sunshine scale', a new assessment tool to improve people's surroundings. One person who was cared for in bed had benefitted from specialist lighting in their room.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, family members and friends told us staff were kind and caring. Comments included; "The staff are very kind and willing to help. Nothing is too much" and "A lovely team of staff who genuinely care."
- Warm and affectionate interactions were observed between staff and people living at the home; staff were compassionate and provided care and support in a way that made people feel at ease.
- People responded very positively to staff. People smiled, laughed and joked with staff showing us they shared positive relationships and valued each other's company. A relative said, "The residents love the staff. You see some of their faces light up when the staff come in the room."
- People's individuality and diversity was respected. Staff were trained in equality and diversity and supported people to attend religious and social events to meet people's needs.

Respecting and promoting people's privacy, dignity and independence

- The home had a warm, friendly feel. People were encouraged to maintain relationships and build new friendships.
- Staff ensured people's privacy and dignity was promoted and respected. A relative said, "The staff respect my [family member's] privacy and dignity, very impressive."
- Staff ensured any obstacles due to mobility or health needs were addressed to allow people to remain as independent as possible. For example, they requested professional assessments to aid mobility and independence.
- People could have a shower or bath when they wanted, and people told us staff followed their preferred routines and provided support and assistance in an attentive manner.
- Staff respected people's wishes around how they spent their day; some people preferred to stay in their room and staff respected this whilst ensuring they interacted and chatted with them regularly.
- People's personal records were stored securely. Staff ensured discussions of a personal nature with and about people took place in private.

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

- There was a clear person-centred culture. People were supported to live according to their wishes and values.
- Staff knew people well and understood when they needed the support of their relatives and others to express their views and make decisions about their care. A relative told us, "There is good communication from the staff and I was involved in [family member's] care plan."

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.

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

- The service was exceptional at promoting people's wellbeing and quality of life through a continuously developing offer of meaningful activities. People and relatives praised the wellbeing coordinator for their enthusiasm in ensuring everyone's choices and aspirations were met. Comments included, "[Name] is a complete gem and puts everything into providing such a fantastic range of activities and events for us all" and "Our lives here are so much brighter because of all the things we do and new activities we try."
- The wellbeing coordinator worked with a team of volunteers. We saw activities happening throughout our visit including a visiting puppet show. There was lots of laughter, singing and a high level of participation from people.
- The service was excellent at supporting people to connect with each other and the community. People really enjoyed and valued this contact. Staff and people enjoyed 'dress up Fridays' when they wore themed costumes or coloured clothing. The neighbourhood community were invited to coffee mornings and events such as the talent show and pantomime. Local choirs, schoolchildren and clerical representatives from local churches visited regularly.
- People were continuously consulted about the activities they wanted. An example of this was how people had chosen to complete a themed art project highlighting environmental issues. The quality of the exhibition people produced had been highly commended by visitors and the local press.
- Staff went the extra mile to make sure people continued to live life to the full and their wishes were fulfilled. One person had been supported to make a giant sunflower for their room, which they had specially lit for effect. The falconer from Lincoln Castle had visited with birds of prey, due to people's interest in seeing the birds.
- People had been involved in designing and making a new sensory garden. They had painted pictures and written something meaningful on stones which had been set round the wishing well. There was a remembrance tree with lights and butterflies. Each time a person at the service died the staff added a butterfly or bought a plant or garden ornament which meant something to the person. People said how much they enjoyed sitting in and looking at the garden.

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

- The service and staff displayed a strong person-centred culture, which was embedded into assessments and care plans and evidenced in the care and support people received.
- People's individual needs, preferences, future wishes and expectations were central to the delivery of care and ensured people experienced positive outcomes.

- People's needs and preferences were regularly reviewed to continue providing flexible, tailor-made care and support.
- All staff knew people well and used this knowledge to interact with them in a way that consistently promoted their physical and mental well-being. Members of staff at all levels were very responsive to people's needs. One person said, "I'm very settled here and want to stay after all that time being stuck and lonely in my flat."
- Health professionals were very positive about the improvements noted in people's well-being when people moved to the service. One told us, "We were really impressed with how the staff managed one of our patients' diabetes. Staff were very responsive, and it made a difference to the patient's life."

End of life care and support

- People benefitted from staff that understood the importance of ensuring a comfortable, pain free and dignified death. Staff worked closely with the community palliative care teams.
- Staff were committed and proud of the person-centred care they provided to people at the end of their life. We read heartfelt comments from families who had recently lost loved ones. These included, "The care, consideration and dignity shown to [name of relative] over months has been invaluable. We are deeply grateful for the love they received" and "We can't thank you enough for all the kindness and care shown to [Name], very much appreciated."
- People were sensitively supported to discuss and make decisions about their end of life care. Their choices were clearly detailed in end of life care plans.
- The wellbeing coordinator described how they attended people's funerals and were often invited by relatives to sing and read the eulogy they had written about the person. A person who used the service told us, "The poems that [Name] writes for people are very special and make us smile. They capture people's characters perfectly and are a lovely tribute. I've told them I want to read mine before I go."

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 service recorded and shared information relating to people's communication needs. We saw staff supporting one person who used sounds, eye contact and hand gestures to communicate.
- Information was available in large print and picture format for people to aid understanding.
- Technology was used in creative ways to promote effective communication and people's independence. People used electronic tablets, laptops and voice-activated computing devices that provided responses to questions, played music choices, weather reports, news and sports scores.

Improving care quality in response to complaints or concerns

- The registered manager's approach to concerns was thorough, open and transparent. Where required, lessons were learnt and improvements had been made.
- Relatives and visitors were comfortable to raise any concerns and were confident they would be dealt with in a timely and effective manner.

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 requires improvement. At this inspection, this key question has now improved to good. 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

- At our last inspection we found the systems in place to check the quality and safety of the service had not always been effective and had not identified some of the issues we found at the inspection. At this inspection effective quality assurance systems were in place and followed to monitor the quality and safety of care provided.
- The quality of recording on consent, recruitment and medicine administration records had improved through more frequent and robust auditing.
- We discussed the need for more regular infection prevention and control audits to be completed, which would support the maintenance of more consistent standards of hygiene in the service. The registered manager confirmed these would be completed each month.
- The registered manager understood regulatory requirements and reported information appropriately.
- Accidents and incidents were analysed within the service to look for patterns and trends. Learning was shared with staff at team meetings to help reduce the risk of them happening again.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 engaged with everyone using the service, their relatives and professionals; this ensured the service provided person-centred, high-quality care. One relative had commented recently in a survey, "The home is lovely, and the manager couldn't have done any more to support us."
- The service had a positive culture that was open, honest and inclusive. Staff, people and relatives provided positive comments about the staff team. ● Staff members had taken individual lead roles and become champions in specific areas of practice. These roles had helped ensure the service was up to date with current best practice and further enhanced person-centred care.
- Staff felt valued and some members of staff had been nominated and won the provider's 'Kindness in Care' awards for their passion and dedication towards people who use the service.
- The provider and registered manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations.

Working in partnership with others

- Staff shared good relationships with professionals and worked with them collaboratively to implement

good practice guidance.

- The registered manager recognised the importance of community involvement and the positive impact this has on people. Links had been created with local charities and community groups and the service had taken part in fund-raising events to help engage people with the local community.