

Life Style Care (2011) plc Clarendon Nursing Home

Inspection report

7a Zion Place, Thornton Health, Croydon, Surrey,
CR7 8RR
Tel: : 02086891004
Website: www.lifestylecare.co.uk

Date of inspection visit: 29 April 2015
Date of publication: 11/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service responsive?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 and 9 July 2014. Breaches of legal requirements were found. This was because call bells were sometimes out of peoples reach. The provider did not monitor the call bell system or check how long it took staff to attend to people. People's care and care records were task based and did not focus on people as individuals with little information about people's choices, their likes and dislikes and what they liked to do with their time. People were not always provided with the encouragement or support they needed to be involved in stimulating activities or follow their interests and hobbies.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 29 April 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Clarendon Nursing Home' on our website at www.cqc.org.uk

Clarendon Nursing Home provides nursing care for up to 51 people who have various complex needs including mental health, learning disabilities and dementia. There were 43 people living at the home when we visited. There was a registered manager in place. 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 our focused inspection on the 29 April 2015, we found that the provider had followed their plan and legal requirements had been met.

Summary of findings

Most people had access to call bells in their rooms or had pendants that they could carry with them and allowed them to call staff if they needed to. Risk assessments were in place for those people who did not have call bells.

A system had been developed to monitor staff response time to call bells on each floor of the service.

Improvements had been made to people's care records which now contained information that focused on people as individuals. People's life history, hobbies and interests, likes and dislikes were noted together with details of how

they would like to be cared for. However, sometimes what was written in people's care plan was not always carried out in practice, we spoke with the manager about how they were going to make this better.

More one to one activities were available for people to help stop them from feeling lonely or socially isolated. Staff had begun to put people at the centre of their care rather than focusing on the task alone. We observed staff encouraging people to join in with activities and engage with people at lunchtime.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of this service. Most people had access to call bells in their rooms or had pendants that they could carry with them that allowed them to call staff if they needed to.

A system had been created to help monitor and assess the quality of the call bell system and staff response time.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service. The provider had made improvements to the peoples care records which now contained information that focused on people as individuals. Staff were more involved with people and their daily activities. The care provided was less task led and becoming more person-centred.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Clarendon Nursing Home

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 provider was 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.

We undertook an unannounced focused inspection of Clarendon Nursing Home on 29 April 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 8 and 9 July 2014 had been

made. We inspected the service against two of the five questions we ask about services: 'Is the service safe;' 'Is the service responsive.' This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with six people who lived there, three staff, the activities coordinator, the deputy manager and the registered manager. At the visit we looked at four people's care records and records relating to the call bell system. We also observed the care and support provided to people in the dining room at lunch time.

Is the service safe?

Our findings

At our comprehensive inspection of Clarendon Nursing Home on 8 and 9 July 2014 we were concerned about call bells being out of people's reach and the length of time it took for staff to attend to people. We found that some people's call bells were faulty and that the provider did not have a system in place to monitor call bell response times. This meant that the welfare and safety of people using the service was not always being met.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection 29 April 2015 we found that the provider had made improvements to the call bell system. We observed most people had access to call bells in their room or had pendants that they could carry with them and allowed them to call staff if they needed to. People we spoke with told us staff came when they used their call bells. We tested one call bell and found it was answered promptly by staff.

Two people did not have call bells in their rooms. We looked at their care records and found risk assessments

detailing the reasons why the call bell lead should be removed. However, there were no details of action taken or alternatives to help keep that person safe while they were alone in their room. Staff assured us that regular checks were carried out throughout the night should the person require assistance but this was not noted in the care records. We discussed our concerns with the manager who assured us they would update the risk assessments accordingly and look at alternative solutions that could be used in a safe way. We will look at this issue again during our next inspection.

The manager had set up a system for the nurse on each floor to conduct an audit of the call bells. This included the date the test was conducted and the length of time taken to answer the call together with any comments noted at the time. This allowed the manager to monitor the response times of call bells and looks at trends or patterns that may be linked to other issues such as peak periods of care or staff shortages. This system was relatively new and paper based, records were fairly recent and no analysis had been conducted. We will look at this area again during our next comprehensive inspection.

Is the service responsive?

Our findings

At our comprehensive inspection of Clarendon Nursing Home on 8 and 9 July 2014 we were concerned that care provided by staff was task led and not person centred. Person centred means that care is tailored to meet the needs and aspirations of each individual. We found care records contained very little detail about people's preferences and choices of care. Records did not provide information or advice for care staff on how to stimulate or involve people in social activities and we observed little social interaction between staff and people. This meant that people were not always enabled to make decisions about their care and treatment and were not always provided with the encouragement or support they needed to be involved in stimulating activities or follow their interests and hobbies.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our focused inspection on 29 April 2015 we found that the provider had made improvements to care records which now contained information that focused on people as individuals. Care records held details of people's history which included their family relationships, occupation, people and places that were important to them in addition to their hobbies and interests. Details were also recorded about people's likes, dislikes, things that were important to them and daily routines, for example, the times people liked to wake up or go to bed.

We saw that staff were more involved with people and their daily activities, for example one staff member was sitting with a person talking about the different colours of the building blocks they were using. We observed people's lunchtime experience on the ground floor dining room. Staff interactions with people were positive with staff exhibiting warmth, respect and fun. For example, one member of staff held a conversation with a person for the whole time they were helping them to eat. People being assisted ate at a relaxed pace. Staff explained what they were doing and asked people if they were ready for more and what would they like.

The staff were busy throughout the period of our observation, but did not rush anybody to eat and on three occasions spent time encouraging people to eat some more. In one case a member of staff asked if it would help to cut the food into smaller pieces. The person agreed and the member of staff spent time cutting up the food and then encouraging the person to eat. Overall, people had positive experiences eating lunch and enjoyed interactions with staff.

During our inspection we met with the music therapy team who visited the service twice a week to have some one to one time with residents and general 'sing along' with people. We heard them singing and chatting with people and clapping along to tunes. We spoke with the activities coordinator who told us these one to one sessions really helped people feel more involved, especially those people on the dementia floor.

We spoke to one person who told us they liked to wake up early, read newspapers and watch the television, their care records confirmed this information. However, the person's television in their room was not working and we could not see any reading material available for them. Staff explained that the person liked to go downstairs, mid-morning, to socialise, join in the activities and watch television. We spoke with the manager about the lack of reading material or a working television in the person's room which could result in them feeling isolated or lonely for a lengthy period of time in the morning. The manager understood the issues we raised and assured us they would fix the person's television.

The service had made progress with recording people's histories, preferences and how they would like to be cared for and in many cases we saw this was being used so that people received personalised care that was responsive to their needs. However, as described above, there were examples where information was recorded in people's care records, but not being used to fully to benefit those people who were using the service. We will look at how the service has made the best use of the information available to provide person centred care during our next comprehensive inspection.