

Clarendon Court (Nottingham) Limited

Clarendon Court Care Home

Inspection report

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Nottingham
Nottinghamshire
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Tel: 01159691681

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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

About the service:

Clarendon Court is a new-build residential home on the outskirts on Nottingham City, providing personal care and support for a maximum of 54 people of a mixed age range. On the date of our inspection, there were 29 people using the service. It is located in a quiet residential area, with access to a good range of local amenities.

The home can support people living with dementia, learning disability, physical disability, alcohol dependency (past or present) Schizophrenia, and other specialist care categories.

People's experience of using this service:

The people that we spoke with told us that Clarendon Court is a good place to live, and that staff treated them with respect and kindness.

People's health and social care needs were identified and managed well by the management and staff team. There were very positive relationships with professional teams, which supported people's overall wellbeing.

The environment was safe, clean and suitable for people's needs. Staff were well trained to use any equipment necessary to support people to maintain their independence. The home was situated within a well-maintained garden area, and with good access to the local community for people.

People were supported to take their medicines by well trained and knowledgeable staff, who understood their preferences of how they wished to take them.

People received enough to eat and drink, and were involved in choices about what they wished to eat. The lunchtime experience was relaxed and people were given a choice about what time they wished to eat and were offered support if this was required.

People were supported by sufficient staff, and the manager ensured that the staff were trained in all areas that were deemed necessary in order to support people's needs effectively.

The management team showed evidence of ongoing quality monitoring across all aspects of the home. Any concerns or suggestions for improvement which were raised by residents, their families or staff were addressed.

The home showed an good level of leadership, by encouraging people who use the service to be involved in their care. The residents meeting was led and chaired by the residents, and supported by a voluntary sector organisation, who offered advocacy to people who required this.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's end of life care and wishes had been developed into exceptionally meaningful care plans, that respected people's faith and support needs as they neared the end of their lives.

People were supported to maintain contact with the community, through meaningful activities, in which they were supported to be as independent as possible. People received responsive care and support which was personalised to their individual needs and wishes. Staff were innovative in finding ways to improve people's lives and help them to achieve their goals and expectations.

The management team had robust action plans in place for keeping people safe and providing a well led service. Documentation in care plans was clear, person centred and regularly reviewed with the person and their family or advocate if appropriate.

Rating at last inspection:

The service had not previously been inspected

Why we inspected:

This was the first scheduled inspection following the homes registration on 16/10/2017.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 | Good ● |
| Is the service effective? The service was Effective | Good ● |
| Is the service caring? The service was Caring | Good ● |
| Is the service responsive? The service was Responsive | Good ● |
| Is the service well-led? The service was Well-Led | Good ● |

Clarendon Court 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 as part of our regulatory functions. This inspection checked whether the provider is 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.

Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience with experience of caring for people living with both a learning disability and with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Clarendon Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider notified us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and four relatives of people who use the service who were visiting on the day. We spoke with eight members of staff including the Registered Manager, Deputy Manager, Provider, senior carer, cook, care staff, the activities co-ordinator and two members of domestic staff. During the inspection, we spoke with five visiting professionals from health and social care teams to ask for their feedback on the service.

We reviewed a range of records. This included six people's care plans and medication records. We also looked at five staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures which had been developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People were supported by staff who understood how to protect them from avoidable harm and to keep them safe.

The risk of people experiencing neglect, abuse or discrimination was reduced because processes were in place to protect them.

- Assessing risk, safety monitoring and management

Detailed risk assessments were in place and reviewed regularly.

One person told us "I've only used the call bell once and didn't have to wait for long (for help). I feel safe because it just feels right."

Care plans contained explanations of the control measures for staff to follow to keep people safe. For example, if a person smoked there was a risk assessment to ensure the person was fully informed of any risk to their health and safety.

- Staff understood where people required support to reduce the risk of avoidable harm. People were supported to access the community, and we saw evidence in their care plans of clear guidance on how they were enabled to remain safe whilst doing so but ensuring that their freedom was respected.

- Staff had responded to changes in people's needs by ensuring appropriate professionals were involved in their care to support them. Another relative told us "We've never seen anything that has made us worry when we've been here. I would come and live here myself."

Staffing levels

- People were supported by a sufficient amount of staff to keep them safe and meet their needs. There were sufficient numbers of staff deployed to provide support and respond to people's needs appropriately. The registered manager provided evidence of staffing levels in the form of rota's covering the previous six weeks, which showed that the home had sufficient levels of staff.

- Staff we spoke to told us that they felt that there were enough staff employed at the home for them and people using the service told us that there were enough staff available to be able to meet their needs effectively. They also felt that the staff were well trained to do their jobs.

- People could be assured that safe recruitment processes were followed. Before staff had started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS).

- The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that proof of identity and appropriate references had been sought prior to staff commencing work. This meant that the provider had taken appropriate steps to ensure people were protected from receiving care from staff who may not be suitable to support them.

Using medicines safely

- Medicine records in people's care plans contained a photograph of the person to aid identification, a record of any allergies and the person's preferences for taking their medicines. Other information was recorded to aid the safe administration of medicines and to ensure their effectiveness, such as guidance for medicines to be given 'as required.' Staff told us they completed medicines administration training and competency assessments prior to administering medicines.
- Regular checks were carried out to ensure that medicines were being managed correctly. We saw that staff had completed training to allow them to administer medication safely, and that the registered manager addressed any errors or near misses. One person told us "I am a diabetic, and do my injections myself, but the staff are there to support me and make sure I am ok."

Preventing and controlling infection

- People told us they felt the service was clean and our observations during our inspection confirmed this to be the case. We saw that staff adhered to infection prevention and control procedures such as using personal protective clothing and equipment (known as PPE). Staff told us that PPE was readily available, which we observed during the inspection and we also found that bathrooms contained soap and hand towels in addition to visible instructions about correct hand washing techniques. The home appeared visibly clean.

Learning lessons when things go wrong

- We saw evidence that the management team had a robust improvement and quality monitoring plan in place for all aspects of the service. There was a comments and suggestions book available for residents, relatives and staff, which was regularly reviewed and action taken where necessary. Staff meeting records showed evidence of learning from any errors and current best practice guidance on relevant conditions for staff to read.

Is the service effective?

Our findings

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

Good: ☐ 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

- An assessment of people's needs had been completed prior to commencing with the service. The protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need. Recognised best practice assessment tools were used to assess the risks to people's health. This included the assessment of pressure care risks and nutrition. Records we viewed showed that people received the care they needed.
- For example, we saw evidence in the care plans that we looked at of guidance for specific conditions such as diabetes, epilepsy, schizophrenia and falls. Staff had signed to state that they had read and understood the documents, and evidence was seen that staff meetings were used to discuss further learning in areas relevant to the people who used the service.

Staff skills, knowledge and experience

- Staff received training relevant to their role and records showed that all staff had completed training which the provider has identified as being necessary. Staff described the training they had received in relation to area such as moving and handling, safeguarding adults, the Mental Capacity Act (2005) and food and nutrition.
- Staff told us they received regular supervision and an annual appraisal to discuss their performance and any development needs they had. When we reviewed the supervision records, we found this to be the case.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy and balanced diet. Where people were at risk of consuming food or drink that could cause long term harm to their health, risk assessments and care plans were in place to reduce that risk. Where needed, referrals to dieticians were made to assist with reducing the risk to people's health. Risks to people in relation to their nutrition were assessed and records showed that people's weight was monitored. We recommended that in addition to this, people could have a BMI (body mass index) chart in their individual care plans, to identify those people who were at risk of having a higher or lower than average weight, which may require dietary management.
- We observed the lunch time meal being served. The food was hot, appealing and served in good portion sizes, with more offered if people required. Menu choices were displayed for the day, and week ahead. People were given choices of the time they wished to eat and the meals they wanted to eat. Where people needed support from staff with their meals this was provided, otherwise people were encouraged to eat independently. The registered manager told us people could have their meals when they wanted. They told us some people preferred to eat with others, whilst some preferred to eat alone. One person did not like the meal on offer on the day we inspected and was offered a different meal choice. People appeared to enjoy

their meal, and the ambience during lunch was pleasant, with people chatting together. We observed one person who had a different meal to others which met their cultural preferences and requirements. We observed another person that wasn't eating their meal and they were offered a bacon sandwich instead which they ate and told us that they enjoyed.

- One person told us "I like the dinners here, I eat all of my dinners." We observed that people were offered drinks, fruit and biscuits throughout the day. The home has accessible facilities in the communal areas for people using the service and visitors to make drinks for themselves.

The cook was knowledgeable about people's dietary needs. They knew who required a specific diet such as a low sugar, or fortified diet to ensure that people's nutritional health was supported. The home followed safe food preparation practices. Food was stored safely; regular checks of the temperature of fridges and freezers contributed towards this.

Staff providing consistent, effective, timely care within and across organisations

- We saw evidence of appropriate and timely referrals to health and social care teams in people's care plans. People's relatives or advocates had been involved in supporting them to attend these appointments where appropriate. We saw evidence of positive relationships between the management team, staff and visiting professional staff in records and during our inspection.

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

- The home environment was adapted to support people with a physical disability to lead independent lives. Specially adapted equipment was available in bathrooms and toilets that enabled people to use the facilities safely. The garden was inviting, enclosed and protected from unauthorised access. Access to the garden was via accessible French doors, this ensured all people could use the space provided. Residents had been involved in the design and implementation of the garden space to ensure that it was somewhere that they would want to spend time.

Supporting people to live healthier lives, access healthcare services and support

- The visiting professional staff that we spoke with on the day of inspection were positive about the relationships between the registered manager, staff and people using the service. They told us that staff were responsive and knowledgeable about the people who lived at the service. One professional we spoke with told us that the person that they supported was 'settled and thriving' after their recent move into the home.

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

- Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards (DoLS) were applied in the least restrictive way and correctly recorded.

- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager made DoLS applications where necessary. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them. This meant no unnecessary restrictions were placed on people and their rights were protected. Where applications were in

progress, we saw evidence that the manager had sought to maintain contact with the local authority to monitor this.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw numerous examples of staff talking with people with genuine warmth and respect. Staff showed an interest in people's welfare, stopping to ask how they were and taking practical and compassionate action to relieve people's distress or discomfort.
- People told us they liked the staff and found them kind and caring. One person said, "I'm not frightened or scared. I get spoiled here. They [staff] are all very accommodating" It was clear that people and staff got on well together. We saw many examples of staff showing genuine empathy and compassion towards people.
- Care staff could communicate with people effectively and adapt their tone of voice depending on who they were talking with. One person we spoke with told us "I don't know how I would make things better, I'm happy as it is. I rate here as 10 out of 10."

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

- 'The Pioneers Club' is run and chaired by people living in the home, and the registered manager attends by invitation. The registered manager not only gave the residents' the opportunity to form their own group, but sourced outside independent support to guide them through this; enabling autonomy and more importantly the confidence for people to run their own meetings. The registered manager listens and acts on the issues raised by the group.
- Whilst reviewing the care plans and during our observations, we saw evidence of people being involved in all aspects of their care. Care plans were very person centred and reviewed regularly with people and their families or advocates. Evidence was seen of involvement and discussion with people about their wishes and aspirations.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and supported. Staff members respected people's wishes but observed them closely, and were available if needed, their first response was to see if people could do things for themselves. This light touch but effective approach ensured that people's independence was maintained without unnecessary staff action.
- People were supported to be independent, and to access the local community if they were able. One person told us "I can come and go as I want so long as I notify them I'm going out and when I'll be back. I'm safe and I don't get worried when I'm out." We reviewed their care plan and found this to be documented and agreed with the person and the registered manager.
- We noted on arrival that the home had a CCTV camera system in place, which covered the communal areas, and corridors. This did not have sound, and was used for ensuring resident and visitor safety. We asked the registered manager to ensure that all visitors and people using the service were aware that they

were being filmed, and that they had appropriate consent, which was actioned by the manager following our inspection.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- Before people started to use the service, an assessment was carried out to ensure that people's needs could be met and individualised, person centred care plans were put in place.
- Each person's care plan contained 'My Life Story' and a section called 'All About Me', which were produced in partnership people and their families or advocates. These two documents were exceptionally person centred and gave staff very detailed guidance about how to support people to live their lives in a way that promoted their feelings of individuality, purpose and belonging. We saw how one person expressed that, since moving to the service they missed their friends and the community they used to live in which was some distance from the service. Staff supported them to travel to a day centre and visit the pub in their old community. This person told us they valued the trips and contact very much and enjoyed getting dressed up smartly for this, which was something that they had always done.
- Care plans were regularly reviewed with people, their families and relevant health professionals which ensured they always reflected the person's current needs and allowed staff to provide exceptionally responsive care. For example, one person had been assessed by the dietician as needing to achieve a healthier weight. Staff worked with the person and empowered them to take control of and responsibility for their dietary intake. The person responded very positively to this support and we saw they had independently chosen a healthier diet which helped achieve a healthier weight. This person was also supported, with education and encouragement, to reduce their smoking habit. We saw that the persons smoking greatly reduced and at the time of inspection they had almost completely quit smoking.
- One visiting health professional told us "I have been working with the home for over a year now, and always find the staff very responsive and knowledgeable in relation to my client." Relatives told us they were always involved in their loved ones' care, and any changes were communicated promptly. One relative said, "[Name] has flourished since they came here, we are always involved in reviews and the communication is really good
- Staff used innovative and individual ways of involving people and their family, friends and advocates in their care. Staff were extremely skilled in understanding people's communication methods, including those that communicated non-verbally. For example; we saw pictorial guides on the wall in the communal area to orientate people to the date and weather. There were picture guides for the activities taking place each day to enable full participation for all people in the home.
- People told us that staff were responsive to their needs. People's outcomes were being met consistently and responsively. One person told us, "The staff are great here, I don't have any complaints."

Without exception, people we spoke with and visiting health professionals felt the home offered the care they needed and provided opportunities to continue to live life how they wished.

- Some people who had moved into the home had exhibited challenging behaviours, and found it difficult to integrate with others. The staff spent time building up trust and positive relationships by getting to understand people individually. We saw how these people had built up meaningful relationships within the home and grown in confidence. One person told us "I feel down sometimes but they (staff) are good listeners."

- We saw that one person had been socially isolated and struggling to verbally communicate prior to moving into the home. With support from an external health team and responsive care, the staff had enabled this person to become part of the residents group 'The Pioneers Club', and more socially involved in the home. We saw evidence that they had been actively involved in their care planning and were now going out on community visits with support from the staff. We saw this person smiling and laughing with other people in the home, as they were participating in a group activity.

- One visiting health professional we spoke with told us that the person they supported had previously been extremely anxious, but was calmer since moving into the home. They felt that having a balance of ages and people from different backgrounds, gave a lot of positive interaction between residents. We spoke with this person, and they told us "My quality of life has improved tremendously."

- One person at the service was living with dementia and experienced distress as they were not always aware of their surroundings. The registered manager spoke with the person's family and reviewed best practice guidance and had erected a 'bus stop' in the garden of the service. We saw that the person found comfort in the familiar object and was content to walk in the garden and occasionally wait by the 'bus stop'.

- We saw that the comments book contained evidence from visiting health professionals who were very complimentary about the quality of care provided by the staff and the relationships that they had with the people who use the service. Comments included 'I have been very welcomed by the management team. Carers give privacy, and are very approachable, environment is clean, my service user is happy with the care they are receiving.'

- Some people had very complex communication and support needs when they first moved into the service. The registered manager and staff had put a great amount of effort and creative thought into supporting people to integrate into the home and live the most fulfilling life possible. We spoke with one person's relative during the inspection who told us "There has been a massive improvement from then to now. [Name] has a community here and company (of other people). [Name] is treated as you would treat your own family."

- We observed communal activities taking place (singing, bingo, reminiscence games) which people and relatives said they enjoyed. One activity involved people being invited to wear hats and jewellery from the past to promote conversations which people were clearly enjoying. We observed people participating in arts and crafts making key rings. People were happily chatting together about what they were making with lots of smiles and sharing of techniques. People enjoyed the activity so much it was decided to hold further sessions and the key rings could be sold at the Summer Fayre to raise funds for day trips.

- People were supported to live meaningful and active lives with staff emphasising what people

could do rather than what they could not. People pursued activities relevant to their personal interests and goals. For example, records showed people went to the local 'Goose' fair, played walking football and visited the local park which had a variety of birds and animals which some residents particularly enjoyed. People also visited the pub, various clubs and local events. During the inspection one person had expressed the wish to go out into the local area shopping, which we observed them doing. When we spoke to the person, they told us that they had not previously felt confident enough to make this trip independently. They had been supported by the registered manager to access the community and we saw evidence of the risk assessments and support plans for this in the persons care plan.

- People were supported to express their cultural and religious beliefs by staff who were knowledgeable, compassionate and supportive. For example, people were supported to attend the churches they had before they came to the service and the registered manager had developed strong links with local community groups to help people maintain important relationships. The home had access to a community library, which visited every three weeks, which provided books and audio books in accessible formats and languages other than English, for those people who required this.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. This was provided in a format that was easily accessible for all. We saw that the complaints process ensured all complaints were investigated and responded to in line with the provider's policy. People who use the service and their families or advocates were involved in regular reviews of how the service managed and responded to complaints. The service could demonstrate where improvements had been made as a result of learning from reviews. The registered manager explained that they listened to peoples' comments and acted on them, they told us "We are not just looking after individuals, it is their family unit too. They need to feel comfortable coming here, and welcomed by us, so we need to involve them in their relative's care." One such improvement was the development of the residents group.

- The registered manager had established a group with the aim of ensuring people who use the service were able to have a say in the development and running of the home called the Pioneers Club. This group has been given special recognition at the Care Home Managers Forum, for its work in involving service users with dementia and complex needs in making decisions about their care.

End of life care and support

- People had been assisted to make decisions about how they would like staff to support them when they neared the end of their life and these had been discussed with them before they had started using the service.
- These had been developed into exceptionally detailed and meaningful care plans, which included people's personal preferences. These included details about people's faith (or wish for a humanitarian service), clothing, music, poems and the people they wished to be involved and/or informed about their death and if they wished to remain in the home or go into hospital.
- One person told us "I am very involved in my care plan. They [staff] have asked me whether I want to be buried or cremated and where I want this to happen." An advocate or family member had been involved in these discussions with people (when appropriate), and we saw evidence of this was clearly documented in people's care plans

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The management team showed clear evidence of a robust quality monitoring process for the home. Notifications were made in an accurate and timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were enthusiastic and committed to providing good care to people. The staff we spoke with told us they received constructive feedback on their performance and felt part of a team.

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

- There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt or there was a death. There was a system which was in place to monitor all incidents. This would highlight if appropriate action had been taken including sending notifications to external parties such as the Local Authority.

Engaging and involving people using the service, the public and staff

- One person told us "The registered manager and deputy are good managers. They listen and then do the things I talk about." For example, someone wished to keep their own GP when they moved into the home and they told us "I kept my own GP (when I moved here). The staff help in every way if I ask for anything I need."

Another person told us "I don't get many visitors because they all live away. I go to the resident's meetings and they [staff] listen to what we do want and what we don't want. I enjoy the meetings."

Continuous learning and improving care

- The staff we spoke with told us they felt confident to report any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them. One member of staff described receiving regular feedback from the manager and told us this was done in a constructive and helpful way. They described the home as, "Like a genuine family unit," and gave numerous examples of how effectively the staff work together as a team.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. We saw that people had been referred appropriately to specialist health teams and that the GP visited regularly and had a good relationship with the home management team and staff.

