Mr & Mrs N Kritikos

Clarendon House Residential Dementia Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced comprehensive inspection of this service on 15 October 2015. During our last inspection on 28 August 2014, we found the provider met the regulations we inspected.

Clarendon House Residential Dementia Care Home is a care home that provides personal care and accommodation for up to six older people who have dementia care needs. On the day of the inspection there were six people residing at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe at the home and safe with the staff that supported them. They told us that staff were attentive, kind and respectful. They said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Not all staff demonstrated understanding of the principles of the Mental Capacity Act 2005 (MCA); however, we observed practices which demonstrated that people were asked to make their own decisions. We found that the provider did not make appropriate applications to the supervisory body under Deprivation of Liberty Safeguards (DoLS). For example, people were under continuous supervision and were not able to access the community without staff supervision.

People told us they were happy with the food provided and staff were aware of any special diets people required either as a result of a clinical need or a cultural preference.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were able to demonstrate that they had the knowledge and skills necessary to support people properly. People told us that the service was responsive to their needs and preferences.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians, and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this that were acted on.

We found one breach of regulations. You can see what action we told the provider to take at the back of the full version of this report.

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?

Good

The service was safe. People told us they felt safe at the home and safe with the staff that supported them.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Requires improvement

The service was not always effective. Staff did not always understand the principles of the Mental Capacity Act 2005. We found that the provider did not make appropriate applications to the supervisory body under Deprivation of Liberty Safeguards (DoLS).

People were positive about the staff and staff had the knowledge and skills necessary to support them properly.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy.

Is the service responsive?

Good

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included an up to date account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Summary of findings

Relatives told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

Is the service well-led?

Good

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this.

The service had a number of quality monitoring systems including surveys for people using the service and their relatives.

Staff were positive about the management team and told us they appreciated the clear guidance and support they received.

Clarendon House Residential Dementia Care 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 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.

We undertook this unannounced inspection of Clarendon Residential Dementia Care Home on 15 October 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

This inspection was carried out by one inspector, one specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with six people currently residing at the home and two relatives. We spoke with four staff, which included a senior support worker. The registered manger was not present during this inspection as he was on holiday

We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at six people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff files, meeting minutes as well as health and safety documents and quality audits and surveys.

Good

Is the service safe?

Our findings

People told us they felt safe and had no concerns about how they were being supported at the home. One person told us, "They take good care of me." Another person commented, "They're friendly and nice to me." When we asked a relative if they felt the service was safe they commented, "My relative is safe here."

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and we saw that this topic had been discussed during staff supervisions with the registered manager. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority. We saw information and guidance about how to raise a safeguarding alert on display in the home.

Care plans included relevant risk assessments including any mobility issues and risks identified to the individual. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk from developing pressure ulcers, because of their limited mobility, the registered manager had made sure they had been assessed by a community nurse and had been provided with suitable pressure relieving equipment.

We saw that people's risk assessments had been discussed with them if possible and were being reviewed on a regular basis. One person told us that staff had talked about the risk of going out of the home to the shops. They told us that staff had observed them walking outside of the home to made sure they were safe.

We saw that risk assessments, audits and checks regarding the safety and security of the premises were up to date and had been reviewed. This included the fire risk assessment for the home. The registered manager had made plans for foreseeable emergencies including fire evacuation plans for each person.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service, their relatives and staff we spoke with did not have concerns about staffing levels. One person commented, "They're by no means overstaffed." But they also told us, "The staff is very good and help is offered when needed."

Relatives commented that staff were busy but they did not have concerns about the safety of their relatives. One relative told us that the staff were "very attentive."

The senior care worker confirmed that staffing levels were adjusted to meet the current dependency needs of people, and extra staff were deployed if people needed more support. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

People told us they were satisfied with the way that medicines were managed and that they received their medicines on time. We observed medicines being administered to one person. The senior care worker explained to the person what the medicines were for. We saw the person refusing to take the medicines and observed the care worker telling the person that this is fine. The care worker returned a little later and we observed that the person was happier to take the medicines.

All medicines were kept locked in the medicine cupboard, which was safely attached to the wall when not in use. The senior care worker was the main person responsible for the ordering, administration and disposal of medicines at the home. We saw satisfactory and accurate records in relation to the management of medicines at the home. We saw that people's medicines were reviewed on a regular basis by their GP and by appropriate healthcare professionals.

Requires improvement

Is the service effective?

Our findings

We viewed the provider's policy and procedure in relation to Deprivation of Liberty Safeguards (DoLS), which we found to provide the relevant information needed when supporting people who lacked capacity. These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. The senior care worker told us that the home had made one application for DoLS. However we found that five people had been assessed in their care plans as lacking capacity in making decisions to go out unsupervised and had been assessed as requiring constant supervision by care workers. We were not able to find any applications under DoLS for people. The senior care worker confirmed that the provider had not made any other applications under DoLS.

We looked at training records for care workers and found that staff received training in relation to the Mental Capacity Act (MCA) 2005, but we could not find any evidence if staff had received training in DoLS. We asked care workers what their understanding was in relation to DoLS and MCA. Staff were not able to explain the five principles of the MCA and why DoLS had been put into place to protect people who used the service.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us, "We are not short of anything. We eat, we drink, we dance and it is clean here, very clean everywhere." We asked relatives if they found that the care their relative received was effective. One relative told us, "I think my relative is looked after very well." Another relative told us, "I am happy because [my relative] is happy where [my relative] is. The staff know what they are doing."

Staff were positive about the support they received in relation to supervision and training. One staff member commented, "The manager is very supportive, we are like a big family here."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including first aid awareness, fire safety, moving and handling, and palliative care. Staff told us that they would discuss learning from any training courses at staff meetings and any training needs were discussed in their supervision.

Staff told us how they had put their training into practice, for example, staff told us how undertaking medicines training had improved their confidence in this area of their work. We saw training certificates in staff files which confirmed the provider had a mandatory training programme and staff told us they attended refresher training as required.

Staff confirmed they received regular supervision from the registered manager. They told us they could discuss what was going well as well as look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with her. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone. People's comments about the food included, "I think it's quite good", "The food is pretty good. If I cannot eat one thing, they give you something else" and "They know what I like."

We saw that people's weight was being monitored, discussed and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dietitians. We saw that care plans included information and treatment advice from these healthcare professionals including recording food and fluid charts if there were concerns about individual's weight loss. The registered manager told us that a number of people with a previous history of weight loss had improved since they had been admitted to the home.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

Requires improvement

Is the service effective?

People were appropriately supported to access health and other services when they needed to. A person we spoke with told us, “I can get access to healthcare services and see the doctor when needed.”

We saw that assistance from medical professionals was sought quickly when people’s needs changed. People confirmed they had good access to health and social care professionals. Relatives told us they were satisfied with the way the registered manager and staff dealt with people’s access to healthcare and social care professionals. Health care professionals told us that people received good care and the home responded effectively and swiftly if people’s needs changed.

Good

Is the service caring?

Our findings

We asked people about their experience at the home. One person told us, “It’s ok, you can get anything you want ‘darling’.” One of the relatives told us, “The girls are wonderful. They are really nice and do a good job. I can’t praise them enough. My relative is looked after better here than I could.” The relative gave us one example about good practice: “They make an effort to sit with [my relative] when I leave as she doesn’t like me to go, but after five minutes she’s forgotten I was there.”

We observed good practice during our inspection, for example, one person fell asleep and the person’s head had fallen over to one side. We saw the care worker gently comforting the person and slipping a pillow under the person’s shoulder to make the person more comfortable. Another person became agitated during our inspection. We observed staff reassuring the person and diverting the person’s agitation by offering the person a newspaper to read. This was all done in a very calm manner.

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home.

Staff spoke very positively about the people who used the service and demonstrated great understanding of people’s likes, dislikes and needs. One care worker told us, “I love working here, it’s part of my extended family.”

People told us they liked the staff and they were treated with dignity and respect. One person told us, “I love every one of them.”

We saw that some people had commented and had input in their care plans. One relative told us, “I am asked about the care plan once every six months.” Other people told us they were happy with their care and were not very interested in looking at their care plan.

Staff told us about regular sessions they had with people where they read through the care plan with them. Staff told us they looked at what the person wanted to do and how they followed the person’s needs and wishes.

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. A person told us, “Anything like that, they take you.”

We saw that people’s cultural preferences in relation to food and diet had been recorded and menus we saw reflected the diversity of people living at the home. Relatives told us that the staff spoke a number of different languages and that this was helpful to them and the people living at the home.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Good

Is the service responsive?

Our findings

People who used the service had limited understanding due to their dementia regarding their care plans. One relative told us, “They asked me about [my relative] when they moved in. I told them about likes, dislikes and behaviours.” We saw that one person who did not speak English very well was supported by a member of staff from the same linguistic background. People told us that they had no complaints and a relative told us that she would “talk to the manager” if she had any concerns.

The senior care worker confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at six people’s care plans in detail. These plans covered all aspects of the person’s personal, social and health care needs and reflected the care given.

We saw that the registered manager and staff responded appropriately to people’s changing needs. For example, we saw that, where someone’s general health had deteriorated over time, their increased care needs had been regularly updated in their care plan. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

Staff told us that people who used the service were provided with various activities. Activity plans told us that people watch quiz programmes on television, have dance, doll therapy, dog therapy and were involved in household tasks. During the morning of our inspection we saw that some people were encouraged to dance, one person was folding washed clothes, people carried their plates to the kitchen after lunch and one person watched a word quiz programme on television. These activities were not formally planned and happened naturally. We observed people engaging freely in activities. The person folding clothes told us, “I am helping out; this is a job worth doing.” The person was clearly gaining satisfaction from lending a hand.

One relative told us that she hoped staff would remember to put the person’s favourite quiz show on for her relative. We saw that this had happened and staff encouraged other people to join in and take part in guessing words. One of the people in particular was fully engaged in the quiz show making repeatedly six letter words from the nine letters on offer.

We also saw that staff were present throughout the day and engaged people into meaningful conversations about their family and recent doctor appointments.

The provider’s complaints procedure was on display in the home. People told us they had no complaints about the service but felt able to talk to staff or the management if they did. One person told us, “I’ve no complaints about this place.”

There was one documented complaint, by one of the people who used the service. This complaint had been investigated and dealt with appropriately. We also saw that in response to the complaint the service had reviewed their response when one particular person started to become agitated.

Good

Is the service well-led?

Our findings

Relatives told us "The owner is a caring guy. We generally get on well" and "I am pleased because the owner is such a lovely person." Care workers spoken with told us, "The manager is very good, he listens to what we have to say" and "We work well together, we are a good team, it's like a family home."

Staff were positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns.

The provider had developed a number of quality monitoring systems. These included surveys that were given to people who used the service, their relatives and representatives, and other stakeholders. Relatives confirmed they had been given these surveys and we saw the results from the last survey included very positive views about the home.

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff told us that they must treat everyone with dignity and respect and people should be treated like "your own mother or father."

Staff also told us that the registered manager encouraged them to be open if they made a mistake. One staff member told us, "If you make a mistake don't try and cover it up, the manager hates lies. Just tell the truth. I feel safe with the manager, I can talk about anything." Another staff member commented, "It's better to be honest. It's more professional."

The management had implemented systems to audit health and safety and treatment monitoring within the home. For example, we saw that fire risk assessments were reviewed as part of this audit and changed where required.

One relative commented on the décor which the person described as "tired." Another relative commented, "A bit of decoration would liven up the environment, but the care is very good."

Daily 'handover' meetings took place at the beginning and end of each staff shift where the outgoing senior care worker discussed key information about people who used the service to the senior who would be leading the next shift. Information was then passed on to the other staff members working on that shift.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered provider did not ensure that people who lack capacity to make decisions had been assessed and appropriate safeguards had been put into place under Deprivation of Liberty Safeguards.** Regulation 13 (5)