Avery Homes (Nelson) Limited

Clayton Manor

Inspection report

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Date of inspection visit:
03 May 2017
04 May 2017

Date of publication:
10 July 2017

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

This inspection was carried out on 03 and 04 May 2017, the first day of the inspection was unannounced. Clayton Manor is a purpose built care home with three units over two floors. Two units provided residential and nursing care and there was a unit specifically for people under 65. The service was for up to 75 people with varying needs and these included specialist nursing support, respite care, end of life care and general assistance with everyday living for people with dementia. On each unit there was a communal lounge and dining area decorated to a high dementia friendly standard and the building was in the process of undergoing a refurbishment programme. At the time of inspection there were 68 people living at the home.

The home has a registered manager. 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. The registered manager and regional manager were in attendance at the time of the inspection.

We found that the service was safe and effective. People told us they felt safe and we saw that staff knew how to ensure they were safe. From our observations it was clear that staff cared for the people they looked after and knew them well. People who lived at the home were protected from the risk of potential abuse because staff had undertaken safeguarding training, to recognise and respond to potential signs of abuse. Staff had a good understanding of what safeguarding meant and how to report it.

People's medicines were handled safely and were given to them in accordance with their prescriptions. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary.

Staff were recruited safely and we saw evidence that staff had been supervised regularly. Staff told us that they enjoyed working at the service and felt well supported in their roles. They had access to a wide range of training which equipped them to deliver their roles effectively.

Each person living in the home had a plan of care and risk assessments in place. These were specific to them and were regularly reviewed. The home offered a wide range of both group and individual activities that had a positive impact on their lives. Visiting was unrestricted and people's relatives told us they felt included in the care of their family members.

The Mental Capacity Act 2005 and the associated deprivation of liberties safeguards legislation had been adhered to in the home. The provider told us that some people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We found that in applying for these safeguards, peoples' legal right to consent to and be involved in any decision making had been respected.

We saw that infection control standards in the home were monitored and managed appropriately. The home was clean, safe and well maintained. We saw that the provider had an infection control policy in place to minimise the spread of infection and that all staff had attended infection control training.

People living in the home knew who the registered manager was. People and relatives we spoke with said they would know how to make a complaint, none of the people or their relatives we spoke with had any complaints.

The home had quality assurance processes in place including audits, staff meetings and quality questionnaires. The home also had up to date policies in place that were updated regularly. The provider regularly checked the quality of care at the home through visits and audits. These showed the home was performing well in all aspects of care and people's care records were maintained to a good standard.

End of life care was good with the service ensuring a person's final days were lived comfortably surrounded by the people who knew and cared for them.

People benefitted from living in a well organised, forward thinking home where their needs were put first. The culture of the home was open and people felt confident to express their views and opinions

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 were protected from harm and received support from staff who safeguarded them.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

We saw appropriate personal emergency evacuation plans were in place that matched people's risk assessments..

Is the service effective?

Good

The service was effective

Staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People enjoyed and were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

The registered manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made the appropriate referrals to the local authority.

Is the service caring?

Good

The service was caring

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and people appeared comfortable with staff.

Confidentiality of people's care files and personal information was respected.

There were systems in place to ensure end of life care was always provided to the highest standard.

Is the service responsive?

Good

The service was responsive

The complaints procedure was openly displayed and records showed that complaints were dealt with appropriately and promptly.

We looked at seven care plans and each person had a care plan that meet their individual needs and risks.

A range of social activities were provided, the recreational and leisure organisers and staff took time to build positive relationships with people.

Is the service well-led?

Good

The service was well-led

People's needs were appropriately met because the service had an experienced and skilled registered manager.

Quality assurance systems were in place to ensure the service provided safe and good care.

The registered manager was clearly visible and staff said communication was open and encouraged.

We saw people had prompt access to other healthcare professionals when required.

Clayton Manor

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.

This inspection took place on 03 and 04 May 2017and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed any information we had received about the provider since the last inspection. We contacted the local authority quality assurance team, to ask their views about the quality of the service provided. We also checked the website of Healthwatch for any additional information about the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke to five people who used the service, six relatives and eight staff members including the registered manager, cook care and nursing staff. We also spoke with a visiting GP.

We looked at a range of documentation including seven care plans, medication records, staff records for nine staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home was managed.

Good

Is the service safe?

Our findings

We spoke with people who lived at the home, relatives and visitors and asked if they felt safe Everyone we spoke with said yes. One person who lived at the home told us, "Very safe, no problems" and when we asked a relative what their opinion was, they told us their family member was, "Very safe and happy". We were also told by the visiting professional that they had no safeguarding concerns at all.

We looked at the records relating to any safeguarding incidents and we saw that the manager maintained a clear audit trail of any allegations of abuse, what action had been taken and the notifications made to CQC. All the staff we spoke with had an understanding of the different types of abuse and how to report it should they suspect any abuse had occurred. Records showed that all staff including ancillary staff had received safeguarding training. Safeguarding information was clearly displayed on each of the units and also in the staff room. This included information about whistleblowing. All staff we spoke to told us they would have no hesitation to whistle blow and report poor practice if they witnessed it and that the home promoted an atmosphere that made this possible. One staff member told us that if they had to whistle blow that the management "Would be straight on it".

We looked at the accident and incident records and saw that where an accident or incident had happened, appropriate action had been taken to reduce the risk of anything similar from occurring again. The number and type of accidents and incidents were monitored to identify trends in how, when and why they occurred so preventative action could be taken. People's care had been regularly reviewed and changes made to the care they received as and when required. For example, one person's needs were reviewed as their risk of falls increased. This review of their needs and care led to the service acquiring additional equipment to maintain the person's independence.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We also saw legionella checks had been carried out regularly. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPs) had been completed for all of the people who lived in the home and were readily available in a file in case they were required in the event of an emergency. These PEEPS matched the information held in the care files of the people living in the home. This indicated that the premises were safe and that the PEEPs were regularly updated.

The manager walked round the home on a daily basis and any issues were logged in a 'walk round book' and was actioned immediately. Other checks of the home included sensors, window restrictors and the mini bus.

We looked at a variety of risk assessments that included moving and handling, nutrition, health issues, falls and saw that risks were clearly identified and monitored closely. Examples of this were, one person had a nutritional risk assessment for special dietary needs and staff monitored their dietary intake daily to ensure their nutritional needs were met. Another example was that a person was at risk of injury surrounding the

use of a call bell, so the home implemented actions to make sure the person was safe and was able to call for help if needed. We also saw that temporary risk assessments had been put into place if risk had been identified.

We viewed nine staff recruitment files and found that all the appropriate recruitment processes and checks had been made. For example, all files contained two previous employer references, proof of the staff member's personal identification and appropriate criminal records checks had been completed on each staff member prior to employment. The registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Clayton Manor. The service had a disciplinary policy in place which had been followed when it was needed.

We observed medication administration rounds and found that the administration of medication was done safely. One unit had its own locked clinic room and drugs trolley which ensured medications were stored securely and the two other units shared another locked clinic room. We looked at the Medication Administration Records (MARs) of six people and these were fully completed by staff when medicines were administered apart from one instance which was immediately brought to the manager's attention. This showed that people received their medications in a timely manner. All the medication we looked at was in date and appropriately labelled. We saw that staff administering medications had been trained appropriately and their competencies had been regularly checked. One relative told us they were kept involved through every step when the person had to have their medication changed to liquid form as a problem had developed with swallowing tablets.

We looked at staffing levels and saw that these had been consistent over the previous month and there was sufficient staff on duty on both of the days of the inspection, as all people using the service had their care needs met in a timely manner. However feedback from visitors and staff indicated the service was sometimes short staffed. One relative said "Sometimes it doesn't look like they have enough staff, they work so hard".

The home had cleaning rotas in place for the domestic staff. This was up to date and we observed that the home was clean with no offensive odours. We asked people living at the home what they thought of the cleanliness of the home and were told "It's lovely and clean". We noted that all staff had attended infection control training and they were able to discuss this with us. Gloves and aprons were freely available for staff throughout the home to ensure good infection control standards were maintained with different coloured aprons used by care staff depending on the task they were carrying out.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear that the registered manager had a full and detailed understanding of the MCA and its application and people had MCA assessments. We also saw how the majority of staff had attended MCA and DoLS training sessions. We saw evidence in care documents that people who were able to, had signed consent to aspects of their care plans and had been involved in discussions regarding their care. We found that in applying for these safeguards, peoples' legal right to consent to and be involved in any decision making had been respected.

We asked people about their quality of life, they confirmed the staff were skilled and that they had a good quality of life. One person told us "They know what they're doing". A relative told us "Some staff excel at what they do".

We looked at nine staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw that all staff, including ancillary staff had all attended training required by the provider, which included safeguarding, moving and handling, food hygiene, fire safety, infection control and behaviour that challenges. The training was delivered to the staff through face to face training, online systems and work based learning. One staff member told us "There's quite a lot of training, more than the last place I worked," another staff member told us "The training is really good, you're always updated". We also saw how the service invested in their staff by supporting them to achieve other training such as an 'advanced carer' qualification that enabled care staff to take a larger role when supporting nursing staff. Nursing staff also told us of how the service supported them when they had to revalidate their registration.

There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. Each staff member we spoke with was able to tell us about their supervision processes. This meant that people who used the service received care from staff that were skilled and competent to support them.

Each unit had its own dining area with kitchen access. We observed the serving of lunch on the first day of inspection and the evening meal on the second day and saw that people were able to choose to have their

meals in their room, the lounge or in the dining room. Each environment was made appropriate for the people to eat as they wished, was nicely set up and with appropriate music playing in the background. We saw the atmosphere to be friendly and relaxed. This showed us that individual's choices were respected. Where people required support to eat, staff supported people in a friendly and unrushed manner and gently encouraged them with their meals. We saw that staff told people what the meal choices were and asked what they would prefer prior to serving. The unit called the 'Memory Unit' cared specifically for people with dementia and so in some cases people were unable to understand the choices available so the staff brought samples of the food to help the people make their own choices.

We were able to sample the food offered and found it to be hot, tasty and in appropriate quantities. We also saw that if they wanted to, people living in the home were able to enjoy a glass of wine with their meal. We asked people if they enjoyed the food and all said yes. One person told us "The food is lovely", another person said "I told them I don't like puddings and they listened to me" We also asked relatives and we were told "If there's anything mum likes then they'll do it" and "It's good food, there's three good meals a day, biscuits with coffee and if she doesn't like what's on the menu they'll change it".

Drinks and snacks appeared readily available in the lounge areas throughout the home as well as the new café area which was by the front of the building. On each day of inspection we saw kitchen staff going into each area on the units to restock anything needed for hot drinks, snacks and homemade cake. One relative told us "He [dad] loves the snacks here". This meant that both people who lived in the home and their visitors were able to help themselves. We saw that some people had their dietary and fluid recorded daily and their weight on a weekly or monthly basis dependent on the person's needs. We saw that when a person's dietary intake or weight changed significantly then the person's risk assessment was reviewed and a referral was made to other external professionals if needed to ensure people's nutritional needs were managed.

We were taken on a tour of the building and we were told that the home was in the middle of a refurbishment programme. When we looked around the building we saw that everyone had a spacious bedroom with some rooms being ensuite however all rooms had access to either bathing or showering facilities. People had been able to personalise their bedrooms, a relative told us "Their room is just so lovely, they even have their own mini fridge".

The manger kept up to date with new theories about dementia friendly environments and the service had access to a dementia support advisor. This was obviously used throughout the service as the home was decorated in a dementia friendly way with clear signs to enable people who lived with dementia to move around the home independently. Other areas of the home were nicely decorated and the entrance to the building was bright and welcoming.

Good

Is the service caring?

Our findings

We spoke to five people who lived at the home and six relatives. One person told us "They don't talk down to you, they look after everyone". All of the people we spoke with agreed with this. A relative told us how "I go home and think thank god my mum's being looked after there". Another family member said "Staff are wonderful, they always acknowledge you when you come in, [relative] is well looked after". We were also told that staff were "Very empathetic, both male and female staff, there's nothing to choose between them".

We asked people if they were able to choose when they went to bed or wear what they wanted and were told by a person who used the service "You can choose what to wear and when to get up I feel very comfortable". Relatives were also able to tell us how people were able to make their own choices with one relative saying "They ask her what she wants to wear".

Staff were proactive in ensuring people's privacy and dignity. People looked well-groomed and cared for and were dressed appropriately. A relative told us "She always looks well presented". Staff spoke with people in a respectful way, giving people time to understand and reply. We also saw how staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed. One staff member told us "It's like a big family, always upbeat and we have a laugh". During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner.

There were excellent systems in place to ensure end of life care was always provided to the highest standard. The home was part of the Gold Standards Framework that provided training to all those providing end of life care to ensure better support for people. It was clear from looking at people's care plans and the measures that had been put into place that the home took every step to deliver peoples wishes and allow people to pass away comfortably with the people who knew and cared for them.

We observed that confidential information was kept secure either in locked cupboards on each of the units or the main office.

Relatives told us that there was always communication between them and the service and they felt they were kept informed of any issues. One relative told us "I'm kept up to date with everything that's going on" another family member told us "The communication is fantastic".

The manager showed us a document produced by the provider that was made available to people living in the home and their relatives, this included information about the service from Clayton Manor which was available for people and their families. This held information that included care services and facilities and residents involvement in the home.

Good

Is the service responsive?

Our findings

We saw how people were supported by a service which was responsive to their needs. All staff we spoke to including the registered manager, were able to discuss the needs and individual circumstances of each person who lived at the home. This demonstrated the person centred approach the home had. A relative told us "It's not just a job to them." A person who lived at the home said "They listen to you".

We looked at seven care files and saw that people had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from this assessment had informed their plan of care. We saw from people's care records, that people and their relatives were involved in developing their plan of care. For example, we saw records which showed people and their families had been involved in the reviews of people's care and in documenting wishes regarding resuscitation. Each relative we spoke to confirmed involvement in people's care reviews.

We saw that care plans were personalised and provided details of daily routines specific to each person. For example, there were sections about supporting people with areas such as their health, dressing, washing and bathing and mobility. Care plans had been reviewed regularly to make sure they reflected people's current needs and circumstances. We saw that files held additional care plans when people's needs changed, an example of this was when a person needed to have a catheter fitted and became at risk of falling, this followed on from identification of risk through regular assessments. Each care plan also had an annual review. This ensured staff provided had appropriate guidance on how to support people as and when their needs changed.

We asked people if they knew how to complain and some everyone we spoke with said that if they had something they weren't happy about they would be comfortable approaching a member staff. All relatives we spoke with were able to name the manager and senior staff as a contact if they were to complain. One person told us "They are so good, I've no complaints" a relative said "If you raise anything, they action it. I think it's a super place, in my view it's clearly good".

We saw a copy of the complaints procedure was clearly displayed on a noticeboard in the reception area. This meant that people had access to up to date information on how to make a complaint. We saw that any complaint that had been received by the registered manager had been investigated, evidenced and actioned appropriately. We were able to see that even though the home was a 75 bed home and quite large in comparison to other homes there was meaningful engagement between people who use the service, families, visitors and staff.

People and relatives we spoke with were positive about the activities provided. The service employed two recreational and leisure organisers who were due to attend additional training surrounding activities, this was for the benefit of the people living in the home. There was a strong focus on person-centred activity planning and we observed ideas specific to improving people's well-being. For example, people who lived in the home were helped to set up and be involved in organising a regular coffee morning. We saw that there were books freely available for people to pick up and use and the home had put wool around the home for

people to use if they wished. We also saw the service had dementia friendly pictures and other items such as 'fiddle mitts' freely available. There was a full and varied activities programme for the people who lived in the home, this was clarified by the people we spoke with. We also saw that the home used a mini bus for outings, one relative told us "They're very good, they take them out". The extensive activities programme was advertised throughout the home and also on social media for the benefit of relatives and friends.

The home had grounds that were available for people to freely use and they had developed a sensory garden that included herbs. During the inspection we observed people using the garden and enjoying the good weather.

The home also had developed a memorial garden that had a memorial arch, donated by the family of a person who used to live in the home. This held the names of people who had lived at the home and was open to those who wanted to just come and sit quietly. We saw that this was used and that visitors had placed flowers in remembrance.

Good

Is the service well-led?

Our findings

The service had an experienced and skilled manager who was well supported by their regional manager. We received positive feedback about how they managed the service. One relative told us "All the management staff are fantastic, caring and lovely". Another relative told us "Can't fault it, from other experiences we couldn't believe the difference".

The registered manager had a proactive style of leadership and worked closely on a daily basis with people who lived in the home, the staff team and other professionals. All the staff that we spoke with told us the registered manager was always visible and approachable. We saw that staff, visitors and the people who lived at Clayton Manor were comfortable speaking with them. Staff said the registered manager's door was always open if they wished to speak with them. This helped to promote a positive and open culture to keep people safe.

The registered manager was supported by senior staff including a deputy manager, customer service staff and administrative staff. They understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. Records were well maintained at the service and those we asked to see were located promptly.

The registered manager was able to tell us how they kept their own knowledge up to date by accessing workshops, managers meetings and by keeping up to date with CQC changes. We were shown that there was good peer support for the registered manager and that any learning was cascaded through the home for the benefit of the people living there, and example of this was dementia friendly theories being used in the home.

Staff had access to policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

The provider and registered manager regularly monitored the quality of care at the home and there were procedures in place to monitor this. This included audits surrounding medication, infection control, catering and care plans. There were also quality reviews carried out between the registered manager and the regional manager that included premises, staff supervision and appraisals and compliments or complaints. The service had developed their own action plan following a home review. We saw that this was a widely used document and that actions identified were constantly being updated. Examples of this were booking additional training surrounding falls prevention, medication actions and end of life care plans that were to be reviewed and updated.

People and their relatives were encouraged to complete surveys about the care provided. The provider used quality questionnaires and we saw how the responses had been used and acted on to improve the service, in some cases in consultation with the person this meant that people could see that their opinions mattered

and were acted on. This showed that the provider sought and valued people's opinions and suggestions about the service provided.

We noted that people had prompt access to medical and other healthcare support as and when needed. All of the people we spoke with said that they could see a doctor, dentist or any other health professional when they needed and evidence of this was seen in people's care plans. One relative told us "The medical support has been really good". People said their health needs were being met and that they were happy with the service. We spoke with a visiting G.P. who told us that they thought the quality of the care being delivered was very good, the communication was good and that the staff were good at recognising when people had deteriorated. He said "Carers are excellent".

One member of staff said "They're really supportive" and another member of staff told us, "I love working here". The feedback from all the staff working in Clayton Manor was that they were supported, listened to and that the service had good teamwork that benefitted the people living there.