Care Quality Commission

Greentree Enterprises Limited

Clarendon Manor

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

This inspection took place on the 11 February 2015 and was unannounced.

Clarendon Manor is registered to provide accommodation and personal care for a maximum of 36 older people. On the day of our visit there were 26 people living at the home.

A registered manager was 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.

People told us they felt safe living at Clarendon Manor and staff understood their responsibilities around keeping people safe**.** There were systems and processes in place to protect people from the risk of harm. These included a procedure to manage identified risks to people's care and an effective procedure for managing

Summary of findings

people's medicines. There were enough suitably trained and experienced staff to meet people's needs. Staff received training in areas considered essential to meet people's needs safely and consistently.

Staff understood about consent and where people had capacity to make decisions, staff respected decisions people had made. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA), but we found capacity assessments and best interest decisions had not been consistently implemented in the home.

Deprivation of Liberty Safeguards, DoLS, ensures people's freedoms and liberties are not unlawfully restricted. The registered manager understood their legal obligations in regard of DoLS. They were in the process of making applications to the local authority to make sure people who lacked capacity continued to live their lives safely and in the least restrictive way.

Staff were respectful and friendly in their approach to people. There was a consistent staff team that enabled people to build relationships and friendships with staff. People were given choices about how they wanted to spend their day so they were able to retain some independence in their everyday life. Family and friends were able to visit when they wished and there were a range of things for people to do during the day to provide stimulation and promote wellbeing. Staff understood people's healthcare needs and people were supported by external healthcare professionals to ensure their needs were fully met.

People who lived at the home, relatives and care staff said the home was well managed. There was an experienced management team in place and staff felt supported by the registered manager and senior staff. Staff told us they were listened to and would not hesitate to raise any concerns with the manager.

There were systems in place to assess and monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of checks and audits.

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?
The service was safe.

Staff understood how to keep people safe and there were systems in place to identify and minimise risks related to the care people received. There were enough suitably experienced staff to meet people's care needs and a safe procedure for managing people's medicines.

Good

Is the service effective?
The service was not consistently effective.

Staff understood about consent and respected decisions people made about their daily lives. However, capacity assessments and best interest meetings, had not been consistently implemented to ensure certain decisions people made were in their best interest and maintained their health and wellbeing. Staff received regular training to support people effectively. People were provided with enough to eat and drink during the day and had their healthcare needs met with the support of healthcare professionals.

Requires Improvement

Is the service caring?
The service was caring.

People told us staff were kind and caring and their privacy and dignity was protected. Staff had a good understanding of people's care needs and provided respectful care to people. People said they were listened to and their views and opinions respected.

Good

Is the service responsive?
The service was responsive.

People were happy with their care and had no complaints about the service they received. Staff demonstrated a good understanding of people's health and support needs and had up to date information about these at a handover meeting at the start of each shift. This enabled staff to provide the care and support people required.

Good

Is the service well-led?
The service was well-led.

People and their relatives told us the home was well managed. There was an experienced management team and staff said there was good management and leadership within the home. The registered manager and the staff understood their roles and responsibilities and what was expected of them. The quality of service people received was regularly monitored through a series of audits and checks.

Good

Clarendon 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 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.

This inspection took place on 11February 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority contract monitoring officer who had no concerns about the service.

We reviewed the information in the provider's information return (The PIR). This is a form we asked the provider to send to us before we visited. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the home operated.

Not all the people living in the home were able to give us their views and opinions about how they were cared for, as some had varying levels of memory loss or dementia. We spent time talking to people and observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people who lived at Clarendon Manor and two relatives. We also spoke with a senior carer, four care staff, the chef and the registered manager.

We looked at a range of records about people's care and how the home was managed. We looked at care records for four people to see how they were cared for and supported. We looked at other records related to people's care including medication records, the services' quality assurance audits, records of complaints, and incidents and accidents at the home.

Good

Is the service safe?

Our findings

People told us they felt safe at Clarendon Manor. Comments from people included, "Quite safe, quite content," and "Oh yes, I do, it's like home to me."

Staff we spoke with understood their responsibilities for keeping people safe and had an awareness of what constituted abuse or poor practice. Care staff told us they had completed training in safeguarding and knew what they should do if they had any concerns about people's safety or if they suspected abuse. For example staff said, "I would go to [the manager] and we would have to inform safeguarding." "If I suspected anything at all I would record it and report it to the senior or the manager, who would look into it." The registered manager and senior staff were aware of the local authority safeguarding procedure and knew how to make referrals in the event of any allegations received.

Staff understood risks associated with people's care. This included the support people needed to move around, to have sufficient to eat and drink and to take their medication. Staff took their time to listen to people, reassure them and knew what to do and what to say to support people to remain calm.

Risks associated to people's care had been minimised and safely managed. We looked at four care files. Risk assessments were in place to identify where people were at risk of falls, malnutrition, pressure areas or transferring, such as from bed to chairs. Where potential risks had been identified with people's care, we saw the correct equipment was in place to reduce the risks such as pressure relieving equipment and mobility aids to safely transfer people. As part of our monitoring of the service we had received a concern about staff not using equipment to move people when they should. From our observations on the day of the inspection, we saw staff carried out procedures using equipment and did this in a safe way. We asked staff what they would do if they saw staff not using equipment such as a hoist, or using the hoist incorrectly. One staff member said, "I would go upstairs and tell [the manager]. Everyone should know how to use it because we have training in the hoist."

Risk assessments had been regularly reviewed and changes recorded. However in one person's care plan, assessments had not been updated when the persons' needs had changed. We discussed this with the senior carer on duty who updated the care plan immediately. Staff knew about the changes in the person's needs and provided the required care.

Records showed accidents and incidents were recorded and acted on to reduce risk to people. When people had fallen, the accident had been recorded and analysed to identify any trends. Where necessary, action had been taken and equipment put in place to reduce the risk of further falls. For example, where people had fallen in their room a sensor mat had been provided to alert staff when the person got up so staff could respond promptly.

People told us there were enough staff available when they needed them, although some people said there could be more staff at night. Comments from people included, "There is in the day, at night we could do with more, three carers would be better." The registered manager told us they had recently opened seven new bedrooms and were going to increase the night staff to three. Staff said there were enough staff to meet people's individual needs. One staff member told us, "This is more like a family. We don't have agency we do it all ourselves here." During our visit staff supported people's personal care needs, had time to spend talking with people and promptly responded to people's requests for assistance. There were sufficient staff on duty to meet people's needs.

There was a system in place to make sure care staff were recruited appropriately and ensure they were safe to work with people who lived at the home. Staff told us about the recruitment process and said that they had to wait until their police check and reference checks had been completed before they could start working in the home.

The provider information return told us the home had plans in place for an unexpected emergency. "Our Disaster Planning Document looks at worst case scenarios and provides managers, senior staff and others instructions on how to deal with the unexpected." This provided staff with the action to take if the delivery of care was affected or people were put at risk, for example; in the event of a loss of services such as a fire or damage to the building. There were personal evacuation plans on the four care files we looked at to instruct staff the action to take to keep the person safe. Staff knew about the fire safety procedure and how to evacuate the building in case of fire.

Good

Is the service safe?

People we spoke with were happy with the management of medicines in the home. People told us, "I take quite a few, but they bring it to me regularly." A visitor said, "They are very good with medicines."

We looked at how people were supported to take their prescribed medicines**.** People had medication administration records (MAR) completed and records showed people received their medicines as prescribed.

There was a process in place to check MAR records to make sure people had received their medicines. Staff who administered medicines had completed training and had their competency assessed to make sure they administered medicines safely. Staff knew about medication to be given 'as required' and there were guidelines in place that informed staff how people were supported to take this. We found medicines were stored and administered safely.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they thought staff were trained to meet their needs. People said, "I was very ill at one time and they were marvellous with me," and "They definitely know how to look after me."

Staff told us when they started to work at the home they completed an induction which was a mixture of learning and shadowing experienced staff. One member of staff told us, "I completed on- line training and I had shifts were I shadowed an experienced member of staff." Staff told us they received training to support them in ensuring people's health and safety needs were met. This included moving and handling, health and safety and infection control. We saw staff put this training into practice. For example, we saw the safe moving of people and use of equipment. Staff told us they had their training updated regularly. Records confirmed staff completed the training required to work with people effectively and safely.

Staff said they were well supported by senior staff so they could effectively carry out their role and the tasks required. Staff had regular supervision meetings to review their practice and personal development which ensured staff maintained their skills and knowledge.

The registered manager completed a PIR that told us how the provider made sure people received effective care. "We do this through staff training not only in the basics and mechanicals of care but also by enrolling staff on training courses aimed at fully understanding not only the needs and preferences of the clients but also their interested parties." Records seen confirmed this was taking place.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had completed training in the MCA and understood the reasons for gaining people's consent. We saw staff asked for people's consent before they assisted them to do things, for example, supporting people to move around or with personal care. We were told applications for DoLs for people who lived in the home were being completed.

We found inconsistency in how the MCA had been implemented. We were told there were several people in the home who lacked capacity to make certain decisions. Not all the people who lacked capacity had assessments completed to show how they were supported to make decisions. Two people had capacity assessments completed and best interest meetings had been held to make sure they were able to make decisions about how they lived their lives. A referral was being made for another person new to the home who had been assessed as requiring a DoLs to maintain their safety. However one person had made decisions about their personal care and taking medication which affected their wellbeing and behaviour. We were told they did not have the capacity to understand the consequences of refusing this. Although the home had discussed this with the person's GP, a referral for an MCA assessment and best interest meeting had not been considered. The registered manager said this would be requested.

People told us they had a choice of meals and enough to eat and drink during the day. All the people we spoke with enjoyed the food, comments included, "We are asked what we would like for lunch the day before, we can change our minds if we like. The food is nice, home cooked and enjoyable," and, "Food is good, you get a choice. Every day it is different, they ask the day before what you want."

We observed people's experiences during the lunchtime meal in the dining room. People were served the main meals they had chosen and were offered a choice of puddings and drinks. People were able to eat independently and were provided with support and encouragement to eat their meals where needed. There was a quiet relaxed atmosphere in the dining room, people could take their time and were not rushed to eat their meals. The chef had a good understanding of people's individual dietary needs including special diets, for example people with diabetes.

Care plans contained risk assessments for people's nutrition. Where risks around eating and drinking had been identified, a care plan was in place to minimise the risk. For example people who had difficulty swallowing received

Requires Improvement

Is the service effective?

pureed food and thickeners in their drinks. Staff knew the people who had risks associated with eating and drinking and how to manage the identified risk. We saw where people had difficulty eating or drinking the Speech and Language Therapist (SALT) had been involved.

People received healthcare support when they needed it. One person told us, "Staff would arrange for my doctor to see me if I wasn't very well." Staff made sure people received appropriate healthcare support and could access appropriate healthcare professionals. We saw staff recorded when health professionals, such as opticians, dentists and their General Practitioner (GPs) had visited the person. Staff understood how to manage people's specific healthcare needs so people remained healthy and well.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Comments from people included**,** "They are respectful - they are good and friendly and will have a joke with you."

We asked people if staff maintained their privacy and treated them with respect. People said they did. Most people said staff knocked on the doors before entering although we observed one occasion when staff did not do this. Staff we spoke with understood how to maintain people's privacy and how to treat people with dignity and respect. They told us they would shut doors and curtains when providing personal care. Staff said they talked to people in a respectful way, "I speak to residents in the way I would like them to speak to me. There is no difference." During our visit we saw staff provided personal care in private and spoke with people respectfully.

We observed staff were kind to people and people appeared comfortable in their home. Staff engaged people in conversations and laughed and joked with them. People were listened to and staff understood people's preferences and choices. For example, staff addressed people by their preferred names. People were treated as individuals and were encouraged to make choices about their care. This included how people wanted to spend their day, what clothes to wear, where they would like to sit, and their choice of food. People told us they were able to do things for themselves to maintain their independence. Comments included, "I only ask for help if I want it. They don't push me to do things I don't want to do".

We observed staff promoting people's dignity in several ways during our visit. The meal time was a sociable occasion with tables laid with tablecloths, napkins, cutlery and condiments. Some people wore aprons to protect their clothes, but people were given a choice to wear one or not. People were encouraged to make their room personal to them and were able to bring in pictures and ornaments to make the room their own. Some people preferred to spend most of their time in their rooms. People had televisions in their rooms and one person had a direct telephone line so they could phone friends and relatives when they chose. Some people had a small private garden outside their room where they could sit.

There was a caring atmosphere in the home, this was generated by the registered manager and was recognised and shared by all the staff team. For example, the registered manager told us the most important thing for her was, "Having the time to talk to people because that's what people want," and " Whatever people want they can have." They gave examples of how people who enjoyed certain things were provided with them, for example, bagels and specific marmalade. Staff were able to tell us what 'caring' meant to them. One member of staff told us, "I look at it like I am looking after my Gran." Another member of staff described what they thought a good carer was, "Someone who listens, someone who is there for them when they need help, when they are upset you are there to make them happy. You come into this job to help the elderly live the rest of their lives as they want to live them."

People said they were happy living at the home and were satisfied with the care they received. There were processes in place for people to express their views and opinions about their care. People said they were listened to and their views respected.

The PIR told us how the home involved people in their care planning. "We use person centred planning as a process of continual listening and learning, focusing on what's important to a client now and for the future, acting on this in alliance with their family and friends. We recognise our client's as individuals with their own aspirations, likes and dislikes. We have resident's meetings that serve as a forum to clients for them to express any concerns or complaints or simply raise ideas on how the home can improve its service all help us remain responsive to changing needs." We found what the PIR told us had been put into practice.

The registered manager told us all the people living at the home had someone to help them with major decisions, for example relatives or a solicitor to help with their finances. People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked.

Good

Is the service responsive?

Our findings

People told us staff involved them in their care, “Staff talked to me about my care, then they wrote it down.” Relatives told us they were kept informed of any changes in their relative’s needs and had been invited to attend review meetings.

People received personalised care that was responsive to their needs. People told us they were supported by staff that knew their needs and preferences. People said, "When they are giving me a bath or personal care they know what sequence I like this to be done."

The PIR told us how the service was responsive to people’s needs. “By understanding needs, preferences and choices: We do this through continuous assessment and communication both on a personal level with each client (talking to them one to one) through group discussions (resident's meetings) and through a ‘Comments, Criticisms and Complaints’ procedure that is designed to find out as much about people's needs and preferences as possible.” We found what the PIR told us was taking place.

We looked at three people’s care files. Care plans and assessments contained detailed information that enabled staff to meet people’s needs. Plans contained personal preferences. For example, what products people liked to use in the bath or shower and preferences for food and drink. One plan said the person enjoyed a cup of ‘Ovaltine’ in the evenings; records showed this was regularly offered. Care plans we looked at had been reviewed and updated regularly. Staff knew when people’s needs had changed because they shared information at handover meetings and kept daily written reports.

There were things for people to do during the day. We saw people engaged in individual activities like reading a newspaper or a book and a small group of people watched the television. People sitting in the main lounge spent time socialising and talking with each other. We spoke to four people in their rooms, they said they were content to be on their own and did not want to participate in activities. People said there was a weekly exercise class and a quiz, although some people said they preferred to watch rather than join in. Photographs of activities people had been involved in were displayed in the entrance hall. There was also a list of people who provided specific activities in the home, for example exercise classes and music. The manager had recently adapted one room into a cinema for people to use. The chef told us they loved to make popcorn for people using the cinema in the popcorn machine; they also said they had regular barbeques in the summer.

We looked at how complaints were managed by the home. We saw information on how to make a complaint was available in the entrance area. People were provided with information in the ‘service user guide’ about how they could raise any concerns or complaints about the service. People knew who they would raise concerns with, “I'd go to Jo [the registered manager] she's the main one I'd see,” and, "I'd speak to a senior carer or someone higher.” All the people we spoke with said they had never complained because they had never felt the need to. People said if there was something that concerned them, “a chat with staff sorts it out.” One relative told us, “I would speak to the manager, she is very helpful.”

The registered manager told us, “We receive concerns and criticisms from people and their relatives. We try to deal with these before they become complaints.” We looked at the file ‘Concerns, Criticisms and Complaints’ which showed minor concerns had been looked into and resolved. There had been no formal complaints received by the service in the past 12 months.

Good

Is the service well-led?

Our findings

People told us the home was well managed and described the management of the home as open and friendly. "Well managed? Oh yes it is, to be honest I don't think there is another home as good as this".

During our visit we observed the registered manager interacting and speaking with people and staff. The registered manager had a positive relationship with staff and people living at the home. She was fully aware of people's individual likes and dislikes and people were comfortable with her and responded well to her.

Information in the PIR told us how the registered manager planned to improve the service, "I will continue to lead by example and select and support the right people who are capable of sharing the organizational goals and are committed to the service outcomes, I will continue to build trust and listen and communicate effectively with my staff through motivation and encouraging staff to take an active role in coming up with ideas and plans for the future."

There was good management and leadership within the home. The registered manager, senior staff and the care staff understood their roles and responsibilities and what was expected of them. All the staff we spoke with were positive about the support they received from the registered manager and senior staff. One staff member said, "I love working here, it's a good home to work in and I feel very well supported." Staff said there was a stable staff team and some staff had worked in the home for many years. A staff member told us, "We all work well together; we have a great staff team who all have similar values. We put the resident's first."

Staff told us they had regular supervision meetings, to discuss their performance and training needs, an annual appraisal and team meetings. Staff told us the senior staff observed how they worked and gave feedback if they noticed areas that needed improvement. Staff told us the service supported whistleblowing and staff felt confident to voice any concerns they had about the service. One staff member told us, "The management are very supportive, friendly."

The PIR told us the home was well led because – "The company undertakes six weekly leader/manager meetings, the purpose of which is to consult with others about issues and to learn from issues and complaints in a forum that is non accusatory and whose purpose is to ensure best practice and high quality care throughout the company."

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of audits. Audits included regular checks on care plans, people's weights, medicines management, infection control and the environment.

The provider had additional systems in place to monitor the quality of service people received. The organisation completed additional audits on incidents and accidents records, complaints and quality leadership. These audits were completed to make sure people received good quality care that protected them from potential risk. Where audits identified improvements, actions had been taken to ensure the home made the required improvements.

Records we looked at showed staff recorded when people who lived at the home had an accident or incident. Incident records were reviewed to identify patterns or trends, for example when people had a fall or when people's behaviour had been challenging to others. We saw that action had been taken to learn from incidents to avoid re-occurrence. We noted that incident forms had not been completed for two recent incidents that had involved staff, although the incidents had been recorded in the person's file. We discussed this with the registered manager and the team leader, who completed the incident forms while we were there. This would provide staff and the organisation with an accurate record for monitoring incidents related to this person's behaviour.

People's personal records were stored securely so they could be assured their information remained confidential.

The registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, G.P, the district nurse team and the local authority contracts team.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and the PIR which are required by our Regulations. We found the information in the PIR was an accurate assessment of how the home operated.

Good

Is the service well-led?

There was a programme in place to improve the environment for people who lived at the home and their visitors. The dining room had been recently redecorated and refurbished and the home was comfortably furnished to provide a homely environment for people to spend their time.