

Clarendon Manor Limited

# Clarendon Manor

## Inspection report

37-41 Golf Lane  
Whitnash  
Leamington Spa  
Warwickshire  
CV31 2PZ

Date of inspection visit:  
12 March 2019

Date of publication:  
26 March 2019

### Ratings

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

# Summary of findings

## Overall summary

### About the service:

Clarendon Manor provides accommodation and personal care for up to 35 people, some of whom are living with early stage dementia. The home is situated in a residential road in Whitnash. It is a period home which has been extended. The home is three storeys with bedrooms on the ground and first floor. There is lift access to the first floor. There were 34 people living in the home at the time of our inspection visit.

### People's experience of using this service:

- People were protected from the risk of avoidable harm because staff had been safely recruited and they knew how to recognise and report abuse.
- There were systems to monitor the service to make sure it was safe for people and there were enough staff to deliver good quality care.
- Staff had the skills, training and support to meet people's needs.
- Risks to people's health and well-being were assessed and well managed.
- People's medicines were managed safely and in line with best practice guidelines.
- People were supported to see a health and social care professional such as a GP, if they needed to.
- People enjoyed their meals and had enough to eat and drink. Meals were prepared taking into account people's cultural or religious beliefs and preferences.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The home was warm, clean and comfortable. There was a friendly atmosphere and people appeared relaxed in their surroundings.
- Staff were motivated to provide compassionate care and improve people's quality of life. They encouraged people to be as independent as they wanted to be and supported people to maintain their dignity and respect.
- Improvements had been made in the opportunities for people to engage in activities and they had more things to do during the day.
- There was a clear management structure that promoted person-centred values.
- Managers and senior staff monitored staff practice and carried out checks to ensure people received the care and support they needed.
- The registered manager had improved the safety of the premises since our last inspection.

### Rating at last inspection:

At the last inspection the service was rated as 'Requires Improvement' with two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Report published 16 March 2018). At this inspection we found the necessary improvements had been made and the service is now rated as 'Good' overall.

### Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

The performance of this service will continue to be monitored and we will visit the service again in the future to check if there are changes to the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Clarendon Manor

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector, a bank inspector 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.

#### Service and service type:

Clarendon Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

This inspection was unannounced and took place on 12 March 2019.

#### What we did:

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. The provider returned the PIR and we took information in this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We contacted commissioners who had a contract with the service to ask if they had any information they

wished to share about the service.

During the inspection visit, we spoke with five people who used the service and one relative. We also had discussions with the registered manager, the deputy manager, two senior support workers, two members of care staff, the cook, a kitchen assistant and two members of domestic staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience people who could not talk with us.

We looked at the care records for three people and eight people's medication records. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training records, safeguarding information, complaints and records of accidents and incidents.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Clarendon Manor. One person told us, "I'm quite safe. If I have any problems I just ring for the girls and they come." Another person said, "Very safe, I have faith in the people who work here."
- The provider had systems to protect people from abuse and avoidable harm. This included staff training in recognising abuse and safeguarding people from harm.
- Staff said they felt confident to challenge other staff's practice and knew to report any concerns to a senior staff member or the registered manager. Staff said they had never needed to report any concerns.
- Information about how to report a safeguarding concern was displayed in the hallway for staff, relatives and other visitors.

Assessing risk, safety monitoring and management

- At the previous inspection there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Systems to identify and manage risks were not always effective to ensure people's safety. At this inspection we found the required improvements had been made.
- The registered manager used recognised assessment tools to determine risks to people's health and well-being, such as skin damage or mobility. People's care plans explained the actions staff should take and the equipment they should use to minimise the risks.
- The system of electronic care planning alerted and reminded care staff about every aspect of each person's needs, to ensure they were supported safely and at the right time.
- Equipment was used to support some people to stay safe. For example, pressure relieving mattresses to prevent skin damage and hoists and walking frames to transfer and move people safely. Routine checks and maintenance was carried out to make sure the equipment was safe and in good working order.
- Staff told us that following our last inspection they were now more vigilant about identifying risks to people within the environment. One staff member told us, "We are very aware now when we go into a room and jump on it straightaway if we see something that could be a risk to somebody."

Staffing and recruitment

- There were enough staff to support people safely on the day of our inspection.
- The registered manager used staff feedback and observations to determine staffing levels. Staff told us recent changes in shift patterns meant there were more staff to support people at busy times of the day such as in the morning and at lunch time. One staff member told us, "Staff are always busy but there is never an occasion when there is nobody there to help a resident."
- People told us staff were around when they needed them. One person said, "There's plenty of staff here, they are all nice." Another person said, "I ring my bell sometimes, they answer very quickly."
- The registered manager made sure when agency staff were needed, they were from the same group of

agency staff that had worked at the home previously, because they were well-known to people. A visiting healthcare professional told us, "The agency staff always seem as passionate (about the care) as the permanent staff."

- Staff told us they did not begin working for the service until the provider had completed employment checks to identify they were safe and suitable for their roles, in line with the requirements for employers in health and social care.

#### Using medicines safely

- People received their medicines safely and they were administered by trained staff. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.

- There were processes to ensure time critical medicines and medicines administered through patches applied directly to the skin were given in accordance with the prescriber's instructions.

- At our last inspection people told us staff did not always observe them taking their medicines and sometimes left their medicines with them. This was not good practice. At this inspection people confirmed staff stayed with them to ensure they had taken their medicines before signing the administration records. Comments included: "They give me tablets night and morning, they always stand and watch you" and, "They always wait while I take it."

#### Preventing and controlling infection

- The service was clean and tidy, and staff observed infection control procedures. One person said, "They always wash their hands first and wear gloves and aprons."

- The service had been given a positive rating of five out of five for food hygiene by the local authority.

#### Learning lessons when things go wrong

- The registered manager had improved the safety of the premises since our last inspection. They had ensured there were no trailing wires in people's rooms by pinning any required wires to the walls. Fire safe doors and window restrictors had been fitted to all the upstairs bedrooms.

- Staff's medicines training had been reinforced through discussions at team meetings to ensure staff consistently followed safe medicines management practice.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they went to live at Clarendon Manor to ensure their needs could be met appropriately.
- Care plans developed from these assessments considered people's needs and wishes and staff used the care plans to help them deliver effective care and support in the way people preferred.
- Care records were reviewed and updated as required to ensure they continued to meet people's needs and reflected any guidance from healthcare professionals or others involved in people's care.

Staff support: induction, training, skills and experience

- New staff completed an induction to the home, which included shadowing more experienced staff to get to know people.
- Staff said they had the training they needed to be competent in their role and do their job well. During the inspection we saw staff support people to get up and transfer from their chair to a wheelchair safely.
- The registered manager was establishing links with external training providers to source further training opportunities for staff to develop their knowledge and skills. For example, some staff had recently completed a course in falls prevention which had impacted positively on their practice in the home.
- Staff had regular one-to-one meetings with the registered manager to discuss and consider their personal learning and development needs.
- The registered manager and deputy manager regularly worked alongside staff so they could check staff were working in the right way.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs, preferences, likes and any allergies, were assessed and recorded when they moved into the home. This information was shared with the cook and kept in a file in the kitchen for their reference when preparing food and drinks. The cook told us they had regular conversations with people, to check they were happy with the food and to ask if they had any special requests.
- At lunchtime there was a choice of meals and puddings. The menu was displayed outside the kitchen door in pictures to assist those people who could not communicate well verbally.
- People said they enjoyed their meals and had enough to eat and drink. Comments included: "I find the food excellent and I'm fussy", "They ask me the day before what I want. I had meatballs today, very nice and hot" and "They always come around and fill my jug up and tea and coffee as well."
- At lunchtime we heard people discussing how they enjoyed the meals at the home. One person said they had put on weight since they moved in, which pleased them. Another person said they were supported in their decision to eat "more carefully" as they did not want to put on any more weight.
- People were offered hot drinks throughout the day and a cold drink at lunch time.

- People were weighed monthly to monitor any risks to their nutrition and were referred to other healthcare professionals if there were any concerns.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to the healthcare they required and were supported to access healthcare services, such as their GP and a chiropodist.
- Staff knew people well and recognised when someone's health was changing. Staff referred people to other healthcare professionals and followed their guidance when people's needs changed. One healthcare professional told us staff were knowledgeable about people and explained, "I haven't had any issues with the care at all. When the girls ring about a patient they have all the information and are able to give me that information." They went on to say they were only called when necessary.
- Information was shared appropriately with other health and social care professionals to help ensure people received consistent care and support.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff worked within the principles of the MCA. Staff understood the principles of consent and we observed people were asked for their permission before staff supported them. Records of care offered and given showed that staff respected people's right to decline their support.
- People were offered choices and were supported to make decisions in their best interests.
- The registered manager had completed assessments to identify people who lacked capacity to consent to care. Referrals had been made to the Local Authority to seek authority for any restrictions placed on people's care. This ensured any deprivations of people's liberty were done lawfully and in the least restrictive way.

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

- The communal areas in the home had recently been re-organised and re-arranged to better suit people's need to share their home with others. The communal areas were large enough to allow everyone sufficient space to suit their emotional well-being.
- The home was warm and comfortable throughout. It was pleasantly decorated and furnishings were of a good quality.
- The communal areas included brightly coloured pictures, magazines and newspapers to capture people's interest and stimulate their minds.
- People's bedrooms were individually decorated and arranged to suit their needs and preferences for colours and styles. People's bedrooms contained their own photos, ornaments and trinkets, which made them unique and personal. A relative told us, "The home is nicely decorated. Her room is personalised to how she likes it."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity

- People enjoyed being with staff who they knew well. One person told us, "We are all very friendly here. The staff are all very nice, they have a laugh with us." Another person said, "They really are very caring staff."
- There was a friendly atmosphere in the home and people appeared relaxed in their surroundings. One person told us, "You wouldn't find any home better than this one." A visiting healthcare professional said they enjoyed visiting the home and explained, "It feels like a home, everybody seems to be happy in themselves. It is joyful."
- People were consistently well treated and staff understood the meaning of equality and diversity. People were equally free to choose how and where to spend their time and staff supported their choices. When people chose to spend time in their bedrooms, or the quiet area, staff spent time talking with them individually.
- The registered manager made sure people who spoke English as their second language were supported, as far as possible, by staff who spoke the same first language, to make them feel at home.
- People were supported to maintain their religious beliefs and practices if they chose to do so. A member of care staff told us one person was supported by staff to visit their religious centre. The cook understood the importance of respecting and incorporating people's beliefs in their diets and prepared vegetarian and cultural dishes that matched those beliefs.
- Staff were observant to people's moods and actions. We heard staff offer to fetch one person a blanket when the person wrapped their cardigan tightly around themselves.
- Staff made people feel cared about by spending time with them and talking about the things that were important to them. We heard staff admire one person's skill at knitting and one staff member discussing the merits of fishing with another person. A relative confirmed, "They sit and chat with [name] for half an hour sometimes."
- Staff were motivated to provide compassionate care and improve people's quality of life. They told us they worked as care staff because they enjoyed their work.

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

- People had care plans which were based on their individual needs and wishes.
- The registered manager arranged regular 'resident' meetings to give people the opportunity to share any concerns and suggestions about the home.
- Staff knew how to communicate with people and support them to express their views.
- Staff explained that respecting people's wishes and independence was a priority. They told us they would offer, but not try to coerce anyone into a 'more sensible' decision, such as having a footstool to rest their legs on, if they did not want it.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and self-respect. They wore clean clothes, their finger nails were clean and their hair was tidy. Everyone was dressed in an individual style, which indicated they had chosen their own clothes.
- Staff respected people's individual privacy in the home, by knocking on people's doors, although sometimes they did not wait to be invited in before entering the room. However, people described the staff as "respectful" and a visiting healthcare professional told us, "I always feel staff treat people with respect."
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person keep their skills.
- People who could walk independently moved around the home as they wished to throughout our inspection visit.
- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished to and share their experiences of the home. A relative confirmed, "It is very homely, I can come here whenever I want."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their individual needs. Care plans contained information about people's preferences for the way they wanted to receive their care and support. This included people's physical, mental, emotional and social needs.
- People's care plans put them at the centre of their care, with the aim of supporting people to feel in control of their day-to-day lives. People's care plans included goals, such as, 'to regain confidence and strength' and 'to have their wishes and concerns met by staff'.
- Staff were knowledgeable about people and understood how to respond to their individual needs.
- Changes in shift patterns meant staff had more time in the morning to support people to get up when they wanted to. It also meant care staff had time later in the day to focus on people's emotional needs and engage them in meaningful activities of their choosing.
- We saw care staff engaging people on an individual level and in small groups, talking, playing skittles and admiring people's individual hobbies.
- Care staff were knowledgeable about people's personal interests, favourite television programmes, music and religious beliefs, which enabled them to deliver a person-centred service.
- The registered manager had improved the opportunities for people to engage in group activities with regular exercise classes, bingo and a weekly creative art group facilitated by an external provider. The artwork and posters displayed in the dining room demonstrated the successful outcome of engaging people in creative art work.
- The registered manager had recently had a demonstration of a new projected interactive light game which projected bright and colourful images on to a table top. The images responded to hand and arm gestures by moving around the table. The registered manager told us this had been a great success with people encouraging physical activity and social engagement. They said they were looking at ways to make this a regular activity within the home.
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. The manager was not aware of AIS. However, we saw from care plans that people's sensory and communication needs had been assessed and were being supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was displayed within the entrance of the home for people and visitors to access.
- People told us they would feel confident to share any concerns they had about the service knowing they would be responded to.
- There had been one complaint made about the service in the 12 months prior to our inspection visit. This had been dealt with and responded to in writing.

#### End of life care and support

- The home provided care to people at the end of their life if they wished to remain at Clarendon Manor.
- The registered manager told us staff worked with other healthcare professionals so people had all the anticipatory medicines in place to remain comfortable and pain free.
- A visiting healthcare professional told us when people became unwell they developed a care plan with staff to ensure all the person's needs were met.
- The registered manager told us they used their knowledge of people's lifestyle choices to ensure people could spend their final days as they would wish to.

# Is the service well-led?

## Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality assurance systems were not sufficiently robust to monitor and improve the quality and safety of the services provided within the home. At this inspection we found the registered manager had taken the necessary action to improve.
- There was a clear management structure that promoted person-centred values and ensured people received care that met their individual needs. The registered manager and senior staff had the skills, knowledge and experience to perform their roles and responsibilities.
- Care staff felt well supported by the senior staff and registered manager who they said were visible and accessible and who they felt at ease to approach. One staff member told us, "[Registered manager] comes down every day." Another staff member said, "You can talk to her (registered manager) and go to her with any concerns."
- The registered manager was committed to the well-being of people who lived in the home and said, "I want to give them a happy, loving and safe environment. I want them to do the same things they have done as much as they possibly can and enjoy the last years of their life."
- Staff described the approach to working with people as 'person centred' and of striking a good balance between keeping people safe and supporting them to live their lives as they wished to.
- The registered manager was accountable for the staff and monitored staff practice. A member of care staff told us the electronic care plans included alerts about every aspect of care, which the management team could monitor to ensure people received the care and support they needed.
- The feedback we received about the service was positive. One person told us, "I don't think you can better my care." Another person said, "The atmosphere is good, it's lovely. There isn't anything to improve."
- External healthcare professionals also spoke positively about the leadership shown by the registered manager. One told us, "[Registered manager] runs a tight ship."
- The registered manager carried out regular quality audits and observations to ensure staff were working in the right way to meet people's needs and keep them safe.
- The registered manager and staff told that following our last inspection, representatives from the provider visited the home more regularly to check the quality of care people received. One staff member described their visits as, "More robust now than it was before."
- The last CQC inspection report rating was available for people to read at the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about

the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There were regular relative and 'resident' meetings to enable people to feedback about the service and discuss their issues and concerns.
- Relatives could provide feedback through the 'Gateway'. This was an electronic system where relatives could access their family member's care records, with their consent, and see the care and support they had received.
- Staff had regular opportunities for one-to-one meetings with the manager and staff team meetings which helped them to feel involved in decisions that impacted on them and the running of the home. Staff told us, "The manager keeps an open door. We can speak about anything to them" and, "The staff and manager are good and they will listen to our ideas."

Continuous learning and improving care

- The registered manager had made the required improvements since our previous inspection. They had improved risk management within the home, together with staff understanding of their responsibility to identify and minimise every day risks to people's health and wellbeing. People had more opportunities to engage in activities and had more things to do during the day. Changes in the timing of shifts meant staff could be more responsive to people's preferences and staff had more time to spend with people engaging in conversation or individual activities.
- A member of staff told us the registered manager had made it 'their mission' to make the required improvements since our previous inspection. They said, "The manager has put their heart and soul into checking everything, working really hard. The care has always been good, it was about maintenance, upkeep, trip hazards, and medicines management. There were no issues about the budget, this is what needed doing to improve."
- Another member of staff said, "I did read the last report. There are lots of changes now. The rooms have changed around, people like the big lounge. There are benefits to the changes."
- Staff recorded accidents, incidents and falls and these were logged centrally so they could be analysed by the registered manager to identify any trends or patterns. However, we found staff were not always consistent in how they recorded accidents and falls in line with the provider's policy. The registered manager assured us they would remind staff of the policy so there was a consistent approach.

Working in partnership with others:

- The management team had established effective links with health and social care agencies. They worked in partnership with other professionals to ensure people received the care and support they needed.