

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Clarendon Grange

Main Road, Great Clifton, Workington, CA14 1TR

Tel: 01900605316

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Brancaster Care Homes Limited
Registered Manager	Mrs. Lindsay Hay
Overview of the service	<p>Clarendon Grange is an older property that has been extended and adapted to provide accommodation for older people.</p> <p>It is situated near to all village amenities and is served by a regular bus service. Accommodation is in single occupancy rooms, most of which have en-suite toilet facilities. There is a well maintained garden and patio area for people to enjoy.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 3 August 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

People told us they were very happy living in Clarendon Grange and appreciated the support and care they received. Comments included,

"I can choose what to do and if I want to stay in my room and read I do just that".

"I have lived here a long time and do not regret my decision to move in".

"It is lovely here, we can do just what we like".

Relatives were also happy with the care and felt their family members were very well supported. They said:

"I am very happy with the care my [relative] receives and do not need to worry about them".

From our observations and conversations with people there we found they got the support they needed and were given choices about their care and their social activities. We saw that staff encouraged people to maintain their independence and control over their lives.

Staff working there had received appropriate training to support individual needs and to understand different conditions. The provider had effective recruitment procedures in place and had carried out relevant checks on the staff they employed. This helped to make sure that staff were suitable for working with the people living there.

Records and care documents were well maintained and held securely in locked facilities.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our visit to Clarendon Grange we observed staff as they went about their duties and how they interacted with the people living there. We looked at care records, looked at the facilities and activities available and talked to the people living there about daily life and the care they received. During our visit we spoke in private with six of the people living in the home. We asked them about their experiences of daily life and the personal care they received.

We asked them if they were encouraged to make their views known, to be independent and to make their own choices. Everyone we spoke to told us they were given choices about every aspect of their lives.

None of the people we spoke with had anything negative to say about their care and support or the staff that looked after them. One person said, "I can choose what to do and if I want to stay in my room and read I do just that". We found that many of the people who lived in the home chose to stay in their rooms but noticed that their doors were open and each time a member of staff passed they spoke to the people in the room. This ensured that although it was people's choice to enjoy their own company they did not become isolated.

People's individual care records indicated attention was paid to making sure that people were supported to give consent or be supported in their best interests about things that affected their dignity and support choices. We saw that people's wishes were documented in their records and also what their treatment and end of life preferences were and these decisions had been reviewed each month. This helped to demonstrate that the provider acted in accordance with people's wishes and preferences.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and in line with their individual plan of care.

Reasons for our judgement

We found that all the people living at Clarendon Grange had detailed and individual plans of care in place with assessments of their needs and of any risks that needed to be managed. This included nutritional assessments and risks, skin care, wound management, mobility needs, falls risks, moving and handling plans and emotional support needs. The risks to individuals living there were being assessed using recognised tools and the action needed to manage any potential risks was clearly recorded in their personal care plans and subject to review. We found that the care planning model had been evaluated as we were told during our last visit and this had made the care planning and delivery of care more individualised and involved people in their care planning process.

We asked people if staff discussed their care with them and they told us, "The staff do discuss my care plan with me and my family. That way we all know what to expect". Relatives who were visiting also confirmed that they were involved with the care plan reviews particularly if their family member had complex needs.

We saw in care records that people had received an individual assessment of their needs before being offered a place at the home. This helped to make sure the service could meet individual needs before the person came to live there. Some people were staying for respite care for a short period and their needs were well known to the staff. We saw that information was gathered before the respite stay to make sure there were no significant changes staff needed to be aware of to prepare for the admission. Care plans had been reviewed and updated for each respite admission. This helped make sure that staff were aware of any changes in circumstances, preferences or personal need.

There were up to date daily records for each person and also records of visits from medical and healthcare professionals, such as the speech and language therapist, the chiropodist and the physiotherapist. We saw that any changes to management or treatment were reflected in the plans in use. We found that people's plans of care were specific and also reflected their personal beliefs and religious and cultural preferences as well as their personal care needs.

From talking with people living there we found their different religious needs had been well supported through a monthly church service and the provision of Communion for people

who wished to take it.

One person we spoke with who had lived there for some time told us, "I honestly don't think anyone could be unhappy living here. I don't ever regret moving in".

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People receive safe and coordinated care, treatment and support where more than one provider is involved or they are moved between services.

Reasons for our judgement

We looked at this outcome to check if external agencies and health care professionals were involved in the care of people who lived in Clarendon Grange.

The manager confirmed that the staff had good working relationships with the doctors that visited the home and the district nurses were currently visiting two or three times each week. Details of these visits were recorded on each of the care plans we looked at and this information ensured people received the appropriate level of care and support to meet their needs. People told us they could see their doctor when they felt unwell and that the staff always organised this for them.

We saw that the services of dieticians and speech and language therapists were accessed if staff thought people were in danger of becoming malnourished through not eating properly. Occupational therapists and physiotherapists visited when requested. Optical and dental services were also available.

The services of the mental health teams were accessed when required and provided support to people. Social workers were also available for reviews if necessary. One person who was on respite care, told us that their social worker had visited them the previous day to see how they were feeling.

The Care Quality Commission (CQC) hold regular meetings with the local authority, during which social workers had told us that they were happy with the care provided by this service. The CQC had not received any adverse comments from the health authority about Clarendon Grange and the support that was provided to the people who lived there.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Clarendon Grange provided care and support to twenty-five older people with a variety of needs. On the day of our visit, which was a Saturday, there were four care staff and the team leader on duty to provide support and personal care to the people who were living there. These staffing numbers were the same throughout the waking day and there were two care staff on duty through the night. The manager was also in the home on the day of our visit. One of the staff we spoke to had only recently been appointed and was part way through her induction programme so during the shift she was shadowing more experienced staff. She told us she had completed the first part of her induction that covered the layout of the building, health and safety and moving and handling. She said she had been welcome by the other staff and that they all worked well together as a team.

Our observations throughout our time in the home evidenced the staff knew the people they supported very well and were able to provide an appropriate level of care and support. People did say, "The staff are great, always there when you need them and we have plenty of laughing and joking".

We spoke to the manager and to the staff who confirmed that all members of the team received suitable levels of training and support to be able to give the right kind of care to people in the home. We saw that the team had a good mix of skills available so that people's needs would be met. We also saw evidence to show that the team worked well together, following the directions of the team leader and that any updates to knowledge or training were given to the whole team so that staff could support people appropriately.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Clarendon Grange had a complaints' policy and procedure in place. Details of this were recorded in the service user guide that was kept in each person's room. There was also a copy of the procedure displayed on the wall by the front door. The home also kept a complaints' log but there had been none to record.

The registered manager was very much 'hands on' around the home and was available during the day for people to speak to. We spoke to people and asked them if they knew how to raise a concern or complaint, one person said, "Complain, why would I want to complain, I have everything I need here". Another person said, "I would certainly speak to the staff if I needed to but I am too happy to complain".

We also spoke to visitors and they told us they had never had cause to complain about anything at all but would speak to the manager or staff if it was ever necessary.

The Care Quality Commission had not received any complaints about this service and at a recent meeting with Adult social care the local authority confirmed they had not received any concerns or complaints.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment as records were kept securely and could be located promptly when needed.

Reasons for our judgement

The home had systems in place to record and keep secure information regarding the care delivered to people. These included care plan and assessment records, daily reports and information from visiting professionals.

The records we saw were detailed and accessible to staff although they were held securely in the office on the ground floor of the home. Personnel, supervision and training records were also kept securely in the manager's office.

The home kept records of incidents and accidents such as falls. These were monitored to identify any trends and record actions taken. The home carried out a range of audits such as for infection control, medicines management and dignity. We noted that the audit documentation was detailed and identified any action required. These audits were completed by the manager or a member of the supervisory team. We were shown a copy of the recently completed audit carried out by the local authority contracts officer. The recommendations made as a result of that audit were in the process of being put in place by the manager, some of which we saw during our inspection.

The home had accurate and up to date records related to the running of the home which assisted in maintaining a safe environment for people and staff to live and work in. This included environmental checks regarding the fire alarm system, water hygiene, health and safety and electrical appliance testing. We found equipment testing and maintenance records were up to date. The home kept comprehensive records of activities and environmental risk assessments. These were detailed and included measures to minimise the risks identified.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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