

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

Clayton Manor

Rood Hill, Congleton, CW12 1YZ

Tel: 01260299622

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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
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms. Nicola Joan Oliver
Overview of the service	<p>Clayton Manor is a care home that provides both residential and nursing care to a maximum of 78 people at any time. The care home is set in its own grounds with car parking just off the A34 on the northern outskirts of Congleton.</p> <p>The home is organised into three separate units. There are nursing and residential units for older people and a separate unit for younger people with physical disabilities.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 4 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

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

What people told us and what we found

On the day of our visit we spoke with the manager, staff, relatives a district nurse and residents. We also had responses from external agencies including social services .This helped us to gain a balanced overview of what people experienced living at Clayton Manor.

We spoke with people who lived at the home. They told us they could express their views and were involved in making decisions about their care. They told us they felt listened to when discussing their care needs. Staff confirmed to us they also involved people to ensure they received the right care and support.

We observed the staff team providing sensitive and flexible personal care support. The staff were kind and patient and showed a good understanding of the needs of the person in their care.

The people we spoke with said their relatives were receiving safe and appropriate care which was meeting their needs. One said, "I come quite a lot and the staff are always kind, caring and supportive, they do treat the residents well."

There were a range of audits and systems in place to monitor the quality of the service being provided.

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.

People can be assured that their right to make decisions is respected.

Reasons for our judgement

We looked at care plan arrangements the home had in place. We found they had recorded information to ensure the people they support were receiving the appropriate level of care. Records showed that people were at the centre of planning and decision making about their care. Consent documents were signed to show they had been consulted and agreed with the level of support being provided. One relative we spoke with said, "Everything was discussed with us as a family to ensure mums agreement." Discussion with the manager confirmed management and staff some had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. This should enable them to assess peoples mental capacity should there be concerns about their ability to make decisions for themselves.

Residents and relatives we spoke with told us they were consulted about their care needs and support they required. They said they had been consulted and agreed with the level of care being provided.

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

Our judgement

The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

Reasons for our judgement

We looked at the care records of people who lived at the home to see how their needs were being met and monitored. Records were set out in a way which informed staff of people's needs and choices. They contained a range of assessment information including managing mental health, nursing, social and healthcare needs. This meant staff had the information they needed to support people's welfare.

Risk assessments had been completed to identify the potential risk of accidents or harm to people living at the home. This meant staff were aware of any potential risk in the home for individuals in their care. These were being reviewed and updated monthly.

During our inspection we used a method called short observational framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. We did this around lunch time period in one of the units. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs. We observed staff being responsive, sensitive and attentive. This confirmed people who required support with their personal care and lunch were being treated with sensitivity, respect and dignity.

We observed the routines within the home were being arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas of the units. The home had a relaxed atmosphere.

A list of social events daily displayed on a notice board. Also we spoke with the activity coordinator about social events and activities. On the day of our visit one staff member was accompanying a resident on a one to one basis in the community, on an activity of their choice. A relative said, "The activity persons are fantastic they do a really good job. They spend time with people and try and help them do activities that are their choice." A member of staff said, "We are supported by the manager to put on social events, entertainers and provide activities of peoples choice."

We found care records completed by staff members were up to date and being kept under review. We noted they described the daily support people were receiving and the activities

they had undertaken. Visits to the General Practitioner and other healthcare professionals had been recorded.

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.

Sufficient numbers of staff were available to meet the needs of people.

Reasons for our judgement

We looked at the staffing levels for the three units, examined staffing rotas, observed care practices and spoke with people living at the home. This confirmed staffing levels were sufficient for the number of people being accommodated. However on the residential/nursing unit, the level of dependency for nursing residents was high. The afternoon period from 2pm until 8pm was one member short from the morning. Staff we spoke with said, "Although we are managing, we are pushed in the afternoon." Also, "The needs of residents are the same in the morning so sometimes we are much busier from 2pm especially at tea time." One resident we spoke with said, "The afternoon seems a lot busier for the staff." The manager told us they would be looking at staffing levels in the nursing unit and discuss with the provider at the next meeting.

We sat in the lounge and observed staff were around to support and talk to residents when they wanted to. One resident we spoke with said, "They come to me when I need them to."

Residents we spoke with told us the home was staffed enough to provide them with individual and group activities. One resident said, "I do enjoy spending time talking with people and the staff do try and sit with me."

Staff members said they worked well as a team and supported each other. One staff member said, "We have a good staff team here on all the units and support each other."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Systems were in place for monitoring the quality of the service people receive.

Reasons for our judgement

The provider had procedures in place to monitor the quality of the service. Regular audits were being completed by the provider and the manager. These included monitoring the homes environment, care plan records, medication procedures and maintenance of the building. They reviewed all quality audits and identified any changes or actions which might need to take place in order to improve the service. This meant the home had systems in place to ensure it benefitted from effective decision making.

Service contracts were in place confirming the building was maintained and a safe place for people to live.

Meetings were held daily for senior staff in all roles to discuss the running of the home. We were shown minutes of meetings held. One senior staff member said, "These meetings are useful to discuss daily events and any issues that need addressing."

Surveys and questionnaires were sent to relatives and residents. The provider would analyse the responses and act upon any negative comments.

Staff spoken with said they attended staff meetings, which kept them informed of any developments or changes within the service. Staff told us that their views were considered and responded to. Resident and relative meetings were also held on a regular basis. Requests to improve the service, or any concerns raised would be discussed at staff meetings and acted upon. One relative spoken with said, "The relative meetings are good and the manager is always willing to listen."

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The provider had in place a complaints policy which contained appropriate information about how to make a complaint, including the timescales for investigating and responding to complaints.

Information on how to make a complaint was available to people and their relatives through the information document available to residents and their families. People we spoke with said they had not had any need to raise any concerns, but if they were worried about anything they would speak with the manager or senior staff. One resident we spoke with said, "I have no reason to complain but I know the process to follow should I."

There had been no complaints raised with the service since the previous inspection.

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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