

Clarendon House Care Limited

Clarendon House

Inspection report

Birmingham Road
Allesley
Coventry
West Midlands
CV5 9BA

Tel: 02476404067

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Ratings

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

Summary of findings

Overall summary

About the service

Clarendon House is a residential home providing accommodation and personal care for 21 people aged 65 and over on the day of inspection including people living with dementia. The service can support up to 23 people.

People's experience of using this service and what we found

People felt safe in the home. Staff understood how to keep people safe and protect people from avoidable harm. Risks associated with people's care had been assessed and management plans were completed for identified risks. There were enough staff to keep people safe and to meet their needs. There were safe procedures to manage people's medicines and to prevent the spread of infection.

The new home manager was passionate about providing good dementia care and was supported by the provider to implement new initiatives to promote people's wellbeing. Changes to staff working practices and new procedures were being embedded. The provider and home manager understood their regulatory responsibilities and had effective processes for assessing and monitoring the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 28 November 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to staffing levels, the management of medicines and the management oversight of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection priorities. If we receive any concerning information we may inspect sooner

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led

Clarendon House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector and an inspection manager.

Service and service type

Clarendon house 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 in the process of registering 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities who contract with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection

To gain people's views and experiences of the service, we spoke with three people who lived at the home and two relatives. We spoke with the manager and the provider. We spoke with five care staff and one visiting professional

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff development. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and relatives had no concerns about the safety and welfare of their family members. One relative told us, "I feel absolutely that he's safe there in terms of being looked after and general security."
- Staff were trained in safeguarding, they knew how to recognise signs of abuse and their responsibilities to report concerns to the manager.
- The manager understood their regulatory responsibilities to refer safeguarding concerns to the local authority and inform CQC as required.

Assessing risk, safety monitoring and management

- People's needs had been assessed to identify any risks associated with their care. Risk management plans informed staff how to manage risks. Where people needed one to one care this had been provided and additional hours requested. One staff member told us that if a person displayed behaviour that challenged others, they should ensure they recorded this so the person's support needs could be reviewed further.
- Staff understood the importance of risk management and knew the level of assistance each person required to maintain their safety. Risk assessments were reviewed regularly and updated if risks to people's needs had changed.

Staffing and recruitment

- There were enough staff with appropriate skills and experience to meet people's needs and provide effective care. Some staff told us at times they felt pressured and support in areas like the laundry could be increased. We discussed this with the provider who acknowledged our feedback and confirmed they continued to review staffing levels at the service as people's needs changed.
- Relatives said there were enough staff to provide the care and support required. Comments received included, "When I've called and spoken to them (care staff) they're either with him (loved one) or very close to him." And, "I've never felt they were short staffed."
- Overall staff told us there was enough staff and where people now needed one to one support, they were able to evidence this need. This assisted the manager to make a direct request for any additional support to the local authority.
- The manager maintained clear oversight of staffing levels. They reviewed people's individual risks and dependency levels to ensure people's needs could be met safely and on time.
- Recruitment practices were carried out safely and in line with legislation and guidance.

Using medicines safely

- Unsafe medicine practices had been raised as a concern before the inspection. We found no evidence of this during our visit or that people were at risk of harm from this.
- Relatives told us medicines were given safely and at the times prescribed. A relative told us how the home had worked with their family members's GP to review their medication and ensure what was being prescribed was correct for the person.
- People received their medicines as prescribed and medicine administration records (MAR) had been completed correctly.
- Protocols for administering 'as required' or 'covert' (hidden) medicines were in place so staff knew how to administer these.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The manager monitored and analysed accidents, incidents and falls to identify any trends and patterns and to ensure appropriate action had been taken to minimise the risk of a reoccurrence. For example, following a recent incident changes were made to the locks on the conservatory doors leading to the garden and where the garden furniture was stored. This demonstrated lessons were learnt.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

There had been concerns raised about the management of the home prior to the inspection. We found no evidence of this during our visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were happy with the care provided and the way the home was run. One relative told us, "I feel it's all glowingly positive." Relatives felt listened to and involved in decisions about the home. One relative told us, "The director is always asking for feedback... I feel as though they're listening to me."
- There had been a change of management of the home since our last inspection. The new manager had been in post for approximately two months and made a positive impression on staff and relatives. They had ensured that all staff had supervision meetings and opportunities to share their views. One staff member told us "Since the new manager started, systems around the way we do things have improved." Staff spoke positively about being able to approach the manager or provider if they had any concerns. Staff told us that the morale in the home had improved since the recent change in management.
- The manager felt supported by the provider who had made significant investments in improvements to the building such as changing flooring and decorating as per the wishes of the people who live there.
- The provider and manager were enthusiastic and committed to further improving the service for the benefit of people using it and new systems continued to be embedded. When any issues were raised with them during the inspection these were clarified or addressed immediately. For example, a historic schedule displayed the days people were to be offered a bath. When we raised this with the manager they agreed this did not promote person centred care for people and confirmed this system was in the process of being changed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were clear policies in place explaining the role of duty of candour and the home's responsibilities to this. Whilst there had not been any recent incidents, the manager and provider were aware of their responsibilities in relation to this and could say what steps they would take if needed. Any incidents that had occurred were used as an opportunity to reflect on what improvements were required at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and staff understood their roles and responsibilities and staff told us they enjoyed working

in the home. Their knowledge had been developed through training, supervision and team meetings.

- The provider and manager understood their responsibilities and the requirements of their registration. For example, the manager knew about the legal requirement to inform us about incidents which occurred and their latest CQC rating was displayed in the home.
- The manager was experienced manager and is currently in the process of registering with CQC. Staff spoke highly about the support they received from the manager and their leadership team. One comment received was, "Everything is going onwards and upwards...(the manager) is always coming to the carers to make our job easier."
- Audits were regularly carried out to check and assess the quality and safety of the service. Information was analysed by the manager and improvements identified in response. For example audits had identified the ground floor shower room required improvements and refurbishment work was scheduled.

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

- The service involved people and their families in a meaningful way. For example, some redecoration work had recently been carried out in the home and people were asked about their preference. People chose the colours of their bedroom doors to help them identify their bedrooms easily.
- The manager and provider were proactive in seeking feedback from people, relatives and staff. Throughout the pandemic the home had been telephoning relatives to update them about their family member. They also used this as an opportunity to gain feedback to improve the service.
- The home were enabling family visits by making available bookable slots in a room allocated for this. Relatives could also provide in person feedback to the management during these visits.
- Staff had plenty of opportunities to share their thoughts with the management team in meetings and through an anonymous comments box.

Continuous learning and improving care

- The manager was passionate and proactive about promoting good dementia care. Having been in post a short time they had identified several changes to improve the service and ensure good person-centred care. For example they had ensured that staff were having regular supervision meetings where this had not always been happening before.

Working in partnership with others

- The manager and staff team had developed positive working relationship with health and social care professionals, such as local authority commissioners and local GP's. One GP who was visiting the home on the day of the inspection told us, "The staff are excellent and seem very on the ball."