

Clarendon Manor Limited

Clarendon Manor

Inspection report

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

Date of inspection visit:
24 March 2022

Date of publication:
27 April 2022

Ratings

| | |
|---------------------------------|--|
| Overall rating for this service | Good  |
| Is the service safe? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service

Clarendon Manor is a residential care home providing personal and nursing care to up to 35 people. The service provides support to older people and younger adults including those living with dementia. At the time of the inspection 33 people were using the service. The home provides accommodation in one adapted building with shared dining rooms and lounges. Some of the bedrooms have private gardens.

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

Relatives told us they felt their loved ones were well looked after and received safe care from staff who were kind, caring and proactive. Some of the staff team had worked at Clarendon Manor for a long time so were able to provide consistent care. However, due to staffing pressures the home was relying on a lot of agency staff which sometimes impacted on the quality of care provided.

Staff had good knowledge of keeping people safe and managing risks to their health and safety. Overall, risks were assessed with guidance to support people contained in risk management plans, but we found some risk management plans for catheter care required further detail.

Although some quality assurance processes and audits took place, improvements were needed to ensure they were effective and helped mitigate risks to people. A new pressure mattress audit was implemented during the inspection and the registered manager planned to introduce audits of accidents, injuries and falls in response to our feedback.

Feedback from people, their relatives and staff about the management of the home was positive and management were described as approachable and supportive. When relatives reported any issues or concerns to management, they felt those concerns were listened to and acted on.

Staff felt they worked well as a team. They enjoyed working at Clarendon Manor and described the home as having a friendly atmosphere.

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 the last inspection

The last rating for this service was good (published 23 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention and control in

relation to COVID-19 and safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement 

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 (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 Health and Social Care Act 2008.

This was a targeted inspection to check on concerns we had received about infection prevention and control and safeguarding.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Clarendon Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clarendon Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of the inspection

This inspection was unannounced. Inspection activity started on 24 March 2022 and ended on 30 March 2022. We visited the location's service on 24 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people about their experiences of care and six members of staff. This included the registered manager, deputy manager, senior care worker, care workers and the chef. We looked at four people's care records, multiple medicine records and a variety of records relating to the management and governance of the service.

After the inspection

We spoke with six relatives for feedback and continued to seek clarification on the evidence found on inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Overall, risks associated with people's care were identified and records informed staff how those risks were to be managed.
- We found some risks relating to catheter care needed to be included in the risk management plans. However, staff spoken with understood the risks associated with catheter care to ensure catheters were managed safely. The deputy manager updated risk management plans immediately.
- Staff understood their role in risk management and monitored people and their environment to keep them safe. One staff member spoke of people at risk of falls and explained, "We check their footwear because if it is not on properly it can make them fall. Some people's medication can make them more at risk of falls and we make sure the area is clear, especially when they walk around their bedroom and make it as safe as possible for them."
- Where people needed equipment such as sensor mats or bed rails to keep them safe, we saw these were in place. Staff made sure people in their bedrooms had their call bells to hand so they could call for assistance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt reassured their loved ones were safe. One relative said, "We could go away for a couple of weeks and we wouldn't worry." Another relative said, "I feel very happy and secure that my father is safe."
- The registered manager was able to explain what safeguarding incidents there had been and how they had been managed, although records were not always clearly completed. However, one incident had not been referred to the safeguarding team, but we could see that actions were taken in response to the concerns. The registered manager informed the safeguarding authority immediately after the inspection.

- Staff told us they were confident identifying and reporting safeguarding concerns to managers. Whilst confident any safeguarding concerns would be responded to, they said they would not hesitate to escalate them outside the home if nothing was done. One staff member told us, "If nothing was done, I would take it upon myself to ring safeguarding. I probably wouldn't want to go down that route, but if it wasn't dealt with by anyone here, I would think it was in the best interests of the resident that should happen."
- Information about the local authority safeguarding contact numbers and the whistleblowing helpline were displayed in the staff room.

Staffing and recruitment

- The registered manager had identified the number of staff required to be on duty to meet the needs of people living at Clarendon Manor. However, current staff vacancies meant a significant number of shifts had to be covered by agency staff.
- Staff told us there were enough staff on each shift to meet people's needs safely but acknowledged the challenges of agency staff. One staff member commented, "It would be nice to have our own staff because with people coming and going, we are having a lot of agency at the moment. Agency staff are good if they have been here before; they are always willing, but they don't know the routine to start with."
- On the day of our inspection visit, identified staffing levels had been met. However, two agency staff had never worked at the home previously and did not always support the permanent staff team effectively. This had potential to impact on the standard and timeliness of the support people received.
- Recruitment processes included reference requests and Disclosure and Barring Service (DBS) checks. This information helps employers make safer recruitment decisions. Some improvements were needed to validate references. The registered manager took this on board and agreed to implement new processes for validation.

Using medicines safely

- Medicine administration records we reviewed showed people had received their medicines as prescribed.
- Where people were prescribed 'as required' medicines such as pain relief, there was some guidance for staff about when these should be given. The deputy manager agreed that more detailed guidance in some cases would support staff in giving these medicines consistently to people who could not always verbalise their pain.
- When staff had given people 'as required' medicines they recorded the time it had been given, the reason why it had been given and the outcome of giving the medicine. This helped to ensure people were not given too much of these medicines.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff were trained in using PPE safely and effectively. However, staff were observed wearing face masks below the nose and chin which does not follow guidelines.
- 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 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.

Visiting in care homes

- The home facilitated visits in line with government guidance.

Learning lessons when things go wrong

- Staff spoken with knew about accidents and incidents involving people and the actions taken to keep people safe. One staff member said, "We discuss it, minimise it as much as we can. [It's] always written on handover. Any staff who've been off, we let them know and share information."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and governance systems did not always support the delivery of high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Some audits to monitor the safety of the service required improvement. Pressure relieving mattresses were checked monthly to ensure they were at the correct weight to support the person's weight and relieve pressure on vulnerable areas. However, we identified a number of mattresses that were not on the correct setting. The registered manager implemented a more robust system during our inspection to ensure more regular checks.
- Records were not always completed accurately or clearly to demonstrate safe practice and enable effective monitoring to take place. For example, fluid intake and output records were not consistently completed to show that people with a catheter were being effectively monitored to identify early signs of an infection.
- Measures were implemented to reduce the risk of falls, accidents and injuries. However, there were no audits to identify whether there were any trends or patterns.

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

- Overall, CQC were notified of important events and incidents as per regulations. However, we found two incidents had not been referred to us. The registered manager submitted these immediately after our inspection.
- Records in respect of safeguarding investigations were not always maintained. Although safeguarding concerns were investigated and actions taken in response, we identified one incident that had not been referred to the local authority safeguarding team. The registered manager was open and honest about this being an error and notified the local authority after our inspection.

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

- Staff spoke of a responsive management team who were available to provide support, assistance and guidance when it was needed. Comments included: "We can always call on them (managers) if we need to bring them down for any reason" and, "[Registered manager] helps us out as much as she can. If you have any problems, she is always willing to listen and help us out if she can. She has always been very fair with me and as far as I know with the other staff."
- Staff were happy working at Clarendon Manor and told us staff worked well together. One staff member told us, "It is absolutely lovely and a friendly atmosphere. I get on well with the staff and the management

are great." Another commented, "It is a nice bunch of girls, the majority of us get on fine, on the whole there is a good rapport with staff and the residents."

- Relatives gave positive feedback about the care provided. One relative said, "[They are] Really helpful, look after mum really well. I'm really happy with the way they're looking after her." Another relative said, "Everything has been very good, very happy with the staff. Very caring. Never had any problems whatsoever."

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

- People had been asked their views of the menu and where improvements could be made.
- Questionnaires had been sent to relatives asking their views on the care provided at Clarendon Manor. Only a few responses had been received, but they were all positive about the standards within the home. One relative had responded, "I am very happy with the way [Name] has been looked after during the pandemic and wish to thank the staff and management for their dedication and ongoing care."
- Relatives could access their family member's electronic care records, with their consent, and see the care and support they had received and also provide feedback. One relative in feedback had commented, "Although we would have liked more contact with [name] and with staff (during the pandemic), we have used the electronic care diary to stay up to date and communicate when necessary."

Working in partnership with others

- The provided worked in partnership with other agencies and health professionals to improve outcomes for people and ensure they received specialist healthcare when they needed it.