Clarendon Mews Care Limited

Clarendon Mews Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service caring?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Clarendon Mews Care Home is a residential care home that provides personal and nursing care for up to 47 people. At the time of the inspection the service was supporting 41 people.

People's experience of using this service and what we found
The provider had improved the systems to oversee and monitor all aspects of the service. However, some monitoring records had gaps where staff had not recorded when they had carried out night checks as specified in people's care plans. We also found gaps where staff had not consistently recorded when they had assisted people at risk of developing skin pressure damage to move position, as specified in the care plans. The provider confirmed the care monitoring systems would be further strengthened so that any gaps in monitoring people's care and support could be quickly identified and acted upon.

The systems to safeguard people from abuse or improper treatment had been improved. All staff had received refresher safeguarding training. The provider informed the local safeguarding authority and the Care Quality Commission (CQC) of safeguarding concerns. Records showed investigations followed the local authority and providers safeguarding policies.

Incidents of safeguarding and serious injuries had significantly reduced. The systems to investigate and follow up incidents, accidents and falls had been improved to identify and mitigate the risks of repeat incidents. This demonstrated a commitment to lessons learnt, to continuously improve the safety and care of people living at the service.

An electronic personal care monitoring system had been introduced and most people's care records had been transferred onto the system. We found the care plans that had been transferred onto the system were very detailed.

Risks associated to people's eating and drinking were clearly recorded and up to date. Practical measures had been put in place to reduce choking risks. All staff involved with supporting people to eat and drink had received specialist training on Dysphagia (choking risks). We observed staff sensitively supporting people that required additional support to eat and drink, whilst enabling people to maintain as much independence as possible.

Staff were trained in the safe administration of medicines and their competency was assessed before they administered medicines to people. Medicines were stored securely and administered to people as prescribed.

People's needs were assessed and people and / or their representatives were involved in the care planning and review process. Throughout the inspection we saw positive interactions between staff and the people using in the service. We observed people move freely around the environment. One person said, "They [staff]

put their arms round me when I am mardy (upset). It shows that someone cares." Relatives were very complimentary of the caring attitude of the staff team.

Staff were safely recruited recruitment files evidenced the provider applied for Disclosure and Barring Service (DBS) checks, to include a criminal conviction check and appropriate pre employment checks had been completed.

Why we inspected
This was a planned focused inspection based on the previous rating.

The last rating for this service was Inadequate (published 6 January 2021) and there were multiple breaches of regulation. We imposed conditions upon the provider's registration certificate.

The provider completed an action plan after the last inspection to show what they would do and by when to improve and meet the breaches in regulations: Regulation 10 Dignity and respect; Regulation 12 Safe care and treatment; Regulation 13 Safeguarding service users from abuse and improper treatment; Regulation 17 Good Governance and Regulation 18 Staffing.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-Led which contain those requirements.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 6 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

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

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.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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? The service was safe. Details are in our safe findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring 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 Mews Care Home

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 carried out by two inspectors 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 Mews Care Home 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.

At the time of this inspection the service did not have a manager registered with the Care Quality Commission. Two managers had applied to share the registered manager position and the applications were in progress. This means that once registered 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 the local authority and professionals who work with the service. We also sought feedback from Healthwatch Leicester. Healthwatch are an independent consumer champion that gather and represent the views of the public about health and social care services in England.

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
We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including care staff, catering staff, managers and the provider / nominated individual (NI). The NI is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. 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.

Good

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 inadequate at this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure risks related to people's physical and emotional welfare and safety were identified, assessed and monitored. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risk assessments and strategies were in place for known risks, such as pressure care, falls, behaviours that challenge, mobility, sleeping and personal care
- People using the service assessed by the speech and language team (SLT) at high risk of choking had clear instructions within their care plans and risk assessments on the level of support required to safely eat and drink. In addition, all staff had received training on how to use a de-choker device (suction equipment), we saw the devices were located at points around the home to ensure they were readily available in the event of a choking incident.
- Staff involved in receiving, administering and disposing of medicines had received training around medicines from a suitably competent professional. We found that medicines were received, stored, administered and disposed of safely. However, we found protocols for the administration of medicines prescribed to be given 'as required' (PRN) were not fully implemented for all people prescribed PRN medicines. Following the inspection, the provider put the protocols in place. This meant staff had the necessary information to safely administer and appropriately record when PRN medicines were required and given to people.
- Medicines audits were completed, however the actions taken in response to areas identified for improvement, such as, gaps in staff signing MAR charts, required more detail to fully evidence the actions taken by the provider to mitigate the risks of repeat errors.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from harm and the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

● Staff told us, and records showed they had received safeguarding training, which included Prevent Extremism & Radicalisation awareness training. Comments from staff demonstrated they understood the safeguarding and whistle-blower procedures and their duty to follow the procedures in reporting any concerns about people's health, safety or welfare.
● Staff completed incident and accident forms to report incidents, and body maps were used to report marks or injuries acquired or any unexplained bruising observed.
● Records showed the provider took all safeguarding concerns seriously and reported them to the safeguarding authority and CQC and undertook full investigations.

Staffing and recruitment

At our last inspection the provider had failed to provide training to meet people's identified specialist health and welfare care needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

● Staff told us, and training records evidenced a range of training had been provided for all staff, including training on positive behaviour support, dysphagia and medicines management. Training records evidence further training was scheduled to take place throughout the year.
● The training in positive behaviour support had significantly reduced the number of incidents of physical altercations between people living at the service and aggressive incidents towards staff. A staff member said, "The training was excellent, when a person refuses help with personal care, we don't push it, we give them time and space try again later. Sometimes people just need, a friendly face and a smile to re-assure them."
● The training staff received on dysphagia meant they were more aware of the risks to people with swallowing difficulties. Care records and risk assessments for people at risk of choking had clear information available on the specialist advice from the speech and language therapist. A staff member said, "The training is really good, [Name of provider] is very supportive, I am doing an NVQ (National Vocational Qualification) Level 3 in catering, a professional chef (who previously worked for a celebrity chef) came to show us how to present pureed meals to pipe the food into shapes resembling the foods, e.g. fish and chips. If we need any training or equipment [Name of provider] will arrange for us to have it."
● The staff recruitment records evidenced that staff completed application forms and previous employment histories were checked during interviews. References had been obtained and disclosure and barring service checks, which included checks for any previous criminal convictions, had been completed prior to new staff starting work at the service.
● People told us that generally staffing levels were sufficient. One person said, "It's improved here, there is less waiting for staff. They could do with more carers after lunch, because people need to be taken to the bathroom." We observed staff in communal areas spend time with people, sitting and chatting and walking with people. Some people using the service required one to one support, which was being provided for them. We observed people requiring support to eat and drink were well supported by staff who stayed with them during the mealtime.

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
● Analysis of accidents and incidents and falls monitoring was taking place, to mitigate the risks of repeat incidents.
● Staff had received training in positive behaviour support, including de-escalation techniques.
● Control measures had been implemented to support people safely at mealtimes, including people with dysphagia (swallowing difficulties). Colour coded plates alerted staff as to the level of support individuals required to eat and drink safely.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

● People were treated with dignity and respect. Relatives were very complimentary of the caring attitude of the staff team.
● During lunchtime we observed staff sensitively support people that required additional support to eat and drink, whilst enabling people to maintain as much independence as possible.
● People's confidential information was kept secure, and the care records that had been transferred over to the electronic personal care system (PCS) was password protected. The medicine administration charts containing personal details of the medicines people were kept securely locked away when not in use.

Ensuring people are well treated and supported; respecting equality and diversity
● Throughout the inspection we saw positive interactions between staff and the people using in the service. We observed people move freely around the environment. One person said, "They [staff] put their arms round me when I am mardy (upset). It shows that someone cares." All the relatives spoken with expressed admiration for the staff on how they cared for their relatives.
● People's care plans contained information about their preferences, likes and dislikes. People's individual cultural and religious needs were respected. Each bedroom door had a 'name plaque' with headlines 'conversation starters' of the occupants' hobbies and interests. This assisted staff in gaining a better understanding of the unique individuality of all people using the service.
● During the Covid-19 pandemic the service facilitated video calls with family members along with telephone calls and regular updates. This supported people to keep in touch with their loved ones.
● Relatives told us the home had a social media page and seeing photos of their relatives taking part in activities gave reassurance their relatives were being well cared for and included in the social activities within the home.
● Some relatives commented that more recently communications from the home had lessened, although they felt sure they would be contacted in an emergency.

● The service celebrated different cultures and ethnicities. We saw photographs of themes nights celebrating foods from different cultures. People had been involved in choosing photographs of places and events from their backgrounds. Tablemats had been made portraying the photos and on the reverse of the mats, there was a written description of the photo. For example, one person had a tablemat with a photo of a festival from their culture. The person became expressly motivated recalling the event and remembering their enjoyment of dancing at the festival.

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

● People's needs were assessed prior to them moving to live into the service. Relatives told us they had been involved with the assessments and on-going reviews of their relative's care plans.

● We observed staff offering choices to people of what they would like to eat and drink and what they would like to do for example, to go for a walk into the garden. One person said, "I went out yesterday with my friend. We went with two carers to the local shopping centre. It was a lovely day. Getting out more would make things better." Another person said, "They staff do ask permission before helping me; I would tell them if they didn't." Another said, "I don't get bored because I keep myself busy with my art stuff."

Requires Improvement

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the providers quality assurance systems were ineffective and there was a lack of management oversight of all aspects of people's care and safety. There were inadequate systems in place to monitor the quality of care and drive improvements of the service.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- Since the last inspection an electronic personal care (PCS) monitoring system had been introduced and most people's care records had been transferred onto the PCS system. We found gaps in monitoring records where staff had not recorded observations as required in the individual care plans and risk assessments. For example, a person required hourly night checks and we found gaps of between three to four hours between the checks. We also found gaps in monitoring and recording the fluid intake for people at risk of dehydration. We brought our findings to the attention of the provider who confirmed the oversight and monitoring systems would be further strengthened to quickly identify any gaps in the monitoring records.
- The provider confirmed that all people's care records would be transferred onto the PCS system by September 2021.
- The provider and the management team were working closely with the local authority quality improvement team to complete a full review of the quality management systems at the service. A comprehensive action plan had been put in place, which at the time of the inspection almost all actions had been completed and others were on-going.
- The provider had worked closely with the clinical commission group pharmacy team to improve the medicines systems; to safely monitor medicines; to identify any concerns about the storage, recording, administration and use of medicines.

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

At our last inspection the provider had failed to submit notifications to the CQC, required by law, regarding outcomes of Deprivation of Liberty applications, incidents or allegations of abuse, serious injuries, police incidents or the development of pressure wounds. This is a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18 (Registration) Regulations 2009 (Part 4).

● The provider had followed the procedures in notifying CQC of serious incidents and safeguarding concerns. This meant people were protected from the risk of harm or abuse.
● The provider had improved the system to assess people's mental capacity to make decisions and CQC were notified when Deprivation of Liberty (DoLS) authorisations were received.
● The provider had been open and honest when things went wrong. Meetings had taken place with people using the service and relatives to discuss incidents that had occurred and the actions taken to prevent any re-occurrences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider had worked with staff to promote a person-centred culture in the service. Staff said they felt well supported. They commented on the improved communications between the management and staff team and how they were kept updated on people's changing needs. They also commented on how the focus on staff training had improved the quality of care people using the service received.
● People's care plans were person centred and staff were kept updated of about any changes in people's needs. This supported staff to achieve good outcomes for people using the service. One relative said, "The staff are extremely capable in caring for people that display difficult behaviours. The staff seem happy and cheerful, it's the culture, it rubs off and people seem more relaxed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● During the COVID-19 pandemic period when relatives were not able to visit the service, they were kept informed of their relative's health and welfare telephone and video calls, which relatives said provided them with reassurance.
● The provider routinely sent out quality surveys to relatives and other health and social care professionals. Feedback received was positive of the actions taken by the provider to improve the service.
● Staff were kept informed of any changes to people's care and changes to systems and processes.
● The provider had arranged for all staff to undertake refresher training to update their skills and knowledge. Staff told us the training they had given them greater knowledge to provide effective care, particularly around positive behaviour management and caring for people with dysphagia (swallowing problems). One staff member said, "I have learnt to be much more observant and tolerant of behaviours, patience is a skill, I feel the home has definitely moved up, lots of improvements have been made." Another said, "I am very conscious now of the support people need to eat and drink, how food and drinks are prepared and ensuring people are fully supervised at mealtimes."

Working in partnership with others
● The provider and the management team worked in partnership with other health professionals involved in people's care. Weekly GP visits took place and community nurses regularly supported people's healthcare needs. One person said, "The GP comes here and my social worker rings me to ask how I am. If I needed to see the GP, I would tell the senior. "