

Avery Homes (Nelson) Limited

Clayton Manor

Inspection report

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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

Clayton Manor is a residential care home providing personal and nursing care to 67 people at the time of the inspection. The service can support up to 75 people with different health and care needs. People are accommodated on different units across two floors in one building. One unit specialises in the care for people living with advanced dementia. This is the unit we visited during this focussed inspection.

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

We found that some aspects of the safety of people's care could be improved, although people and relatives we spoke with told us the service provided safe care. We found that some aspects of risk management needed to be made more robust. We made a recommendation regarding this.

Service governance, including ensuring robust monitoring, record-keeping and implementing of lessons learned, needed to be improved to underpin a consistently safe, quality service. We made a recommendation regarding this. Following a few changes in service leadership, a new manager had been appointed and became registered with the Care Quality Commission shortly after our visit. As they had only recently started the new registered manager was still getting to know people, relatives and staff; however, those we spoke with praised the unit staff and leadership.

Those we spoke with told us that generally there were enough staff to keep people safe. The service had introduced an additional shift, based on their learning from incidents. The service still relied on agency workers, although their use had reduced. Staff and relatives confirmed that where possible the same agency workers were used, which promoted consistency. We highlighted to the registered manager the need to check whether agency staff had also been trained to deliver safe care for people living with dementia.

Regular meetings took place to keep people, relatives and staff up-to-date and involved in the service. We received positive feedback from those we spoke with about the service keeping them informed about their family members, as well as the service creating a homely, welcoming feel. Staff felt there was a positive team atmosphere.

People we spoke with felt safe living at Clayton Manor and in observations we saw people appeared relaxed around staff. One person said, "I am well looked after here, although I do not really need much looking after." Relatives we spoke with praised the way in which staff kept their family members safe, particularly at times of distress. A relative told us, "I cannot sing their praises loudly enough, somehow they always find a way to get through."

At our last inspection we found that 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. As this was a focussed inspection checking whether the service was safe and well-led, we did not revisit this particular aspect of care.

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

Rating at last inspection

The rating for the service following the last comprehensive inspection was good (published 24 July 2019).

Why we inspected

We received concerns in relation to the safety of people's care. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only. Meetings and investigations were ongoing in relation to concerns raised and our inspection looked at the wider themes within the service.

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, although there was a deterioration of the Key Question Well-led to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the recommendations we have made within the Safe section, as well as improvement needs identified within 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 Clayton Manor 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clayton 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clayton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who became registered with the Care Quality Commission shortly after our visit. 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 inspection

We reviewed information we had received about the service since the last inspection. As this was a focussed inspection responding to concerns, the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does 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

For the purpose of this focussed inspection, we only visited the unit specialising in the care for people living

with dementia. We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers, care workers and a member of the domestic staff. We completed two Short Observational Frameworks for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at files in relation to staffing, including training to support safe care, weekly rosters, recruitment checks and agency worker information. A variety of records relating to the management of the service, including quality checks and safety procedures, monitoring forms and reports were viewed.

After the inspection

The registered manager sent us additional information, which included staff training, quality checks and meeting minutes.

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Incidents and accidents were analysed and lessons to be learned identified. For example, an additional early evening shift had been introduced, based on when people were at greater risk of falls. However, we highlighted that at times there needed to be more robust overview of whether individual risk management strategies were consistently followed.
- Evidence of follow up and implementation of actions linked to lesson learned needed to be more robust. This included the consistent use of records in relation to incidents, observation and reflections.

We recommend the service review their processes regarding risk management and lessons learned, to ensure assessments provide clear explanations and guidance, incident reports are completed, and consistency of approaches is ensured.

- When we assessed whether the service was safe, we found some areas where improvements were needed. However, we considered these issues as part of record-keeping and governance; people told us they felt safe and we also received some very positive feedback from relatives we spoke with.
- One person commented that staff overall were fine and some were very good. They stated, "I am well looked after here, although I do not really need much looking after." When we observed interactions and support in communal areas, people appeared relaxed around staff.
- Relatives we spoke with gave us positive feedback regarding staff's knowledge and approaches to keep people safe. One relative said, "[Family member] has thrived there. They make each other giggle, they have built up good relationships. They have worked with me and the mental health team and tried to stabilise their dementia."
- The registered manager gave us examples of when the service had identified that they could no longer safely support people. This was as their needs had significantly changed and they required dementia nursing care, which the service did not provide.
- Staff we spoke with had no concerns about the service, were aware of safeguarding responsibilities and had confidence in managers to address concerns
- The service had identified that more in-depth dementia awareness training was required to keep people safe and permanent staff had attended this. We highlighted that not all agency worker profiles stated that these staff had received equal training. However, the registered manager followed this up with agencies to ensure all staff working at the service were competent to do so.
- Regular health and safety checks of the environment were completed.

Staffing and recruitment

- Feedback from relatives and staff was that generally there were enough staff to keep people safe. We discussed some feedback for reflection on additional requirements during the night, to allow for arising urgent support/ emergency situations. Staff commented that the introduction of an additional evening shift had been helpful.
- The service still relied on agency staff, however the use of these had decreased. Staff members told us agency staff were mainly used during the day and explained, "We do have a lot of agency, but we have regular agency staff who have been before. They know the residents. "
- Recruitment was ongoing. New staff had been employed following the completion of appropriate checks.

Using medicines safely

- The service used an electronic system, to help ensure Medication Administration Records (MAR) were completed effectively. Medication levels we checked matched those on records.
- Plans for people's topical preparations, such as creams, and 'as required' medicines gave staff basic guidance on when they should be administered.
- We heard from relatives that the service liaised with them and health professionals to support regular medication reviews. 'Resident of the day' reviews checked how often people had been offered 'as required' medicines, to identify whether changes were required.

Preventing and controlling infection

- The service appeared clean and hygienic.
- We discussed with the registered manager how the transport of people's laundry could be improved, to help prevent items falling off full trolleys.

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 comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant that aspects of service management were inconsistent.

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

- The service needed to be more robust at following up on and implementing lessons learned from incidents, to ensure and develop consistently safe, quality care. Record-keeping and monitoring needed to be improved to support this.
- For example, the provider used a reflective report for staff to complete when people presented behaviours that challenge. The purpose of such a record is to review events, learn from them and reflect, to ensure people's care is consistent, safe and developed to become more proactive. However, we found that completion of this had not always been ensured.
- When lessons had been learned from accidents, safety measures were put into place to protect people and these were noted in care plans. However, consistent implementation of this was not always monitored effectively.
- Aspects of person-centred record-keeping needed to be improved. For example, we found that one person's 'as required' medicines protocol was missing. Another person had been regularly assisted to move, to help prevent pressure sores. 'Turn charts' had been completed every four hours, but it was not clear what this frequency of turns was based on.
- A variety of local and provider level checks were in place to promote safety and quality of care These were detailed, identified issues and actions. However, we discussed their effectiveness and accuracy at times needed to be improved with a view to the issues we highlighted.

We recommend the service review their monitoring and quality assurance arrangements, to ensure record-keeping and consistency issues are identified and improved effectively.

- However, we also found examples of learning and improving, such as the review of staffing patterns, based on learning from incidents. Another development was the service's introduction of more dementia champions, which was planned for the new year. It had been recognised that there needed to be a joint-approach between staff from all departments.
- A new registered manager was in post and the Care Quality Commission (CQC) had been notified of specific events in line with legal obligations. Ratings from our last inspection were displayed in the service and on the provider's website.

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

- A duty of candour log was in use to evidence the provider meeting their legal responsibilities. We discussed that this needed to be updated.

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

- The registered manager provided us with different examples of how the service embraced people's diversity and supported a variety of religious and cultural backgrounds.
- We received positive feedback from relatives we spoke with about the care and support to their loved ones and staff understanding individual needs. Relatives comments included, "I cannot sing their praises loudly enough, somehow they always find a way to get through" and "They keep [my relative] happy very well, very attentive, I never see anything where I think I am not sure about it"
- Staff and relatives also were confident to raise concerns if they had any. One family member said, "I do watch, and I would say something if something was wrong."

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

- People spoke well about the service or showed engagement when interacting with staff, for example when involved in games or activities.
- As the registered manager was new in post, relatives and staff were still getting to know them. Staff felt well supported by their line managers. Relatives told us staff on the unit kept them well informed. One relative stated, "As things have got more difficult, communication just seems to improve."
- Satisfaction surveys were sent out annually. These had been issued recently and not yet returned and analysed when we inspected.
- We saw minutes for recent meetings with people, relatives and staff. Staff told us about the team atmosphere, "Everybody just gets on. A lot of staff have been here a long time, especially the night staff."
- Relatives also praised the warm and welcoming atmosphere of the service. This included for example a coffee area, where people and relatives could get together, over free tea, coffee and freshly baked goods. A relative said, "We also have a closed [social media] group that keeps everyone informed. The staff are so brilliant, it takes so much patience to do the job and they have it."

Working in partnership with others

- The service worked together with people, relatives and other health and social care professionals review and develop people's support, as well as to learn and improve. The registered manager was liaising with the local authority to join local managers networks.
- The service kept a log of compliments. From July until November 2019, the service had received nice thank you cards and compliments.