

B & M Investments Limited

Clare Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 23 November 2015 and was unannounced. At the time of our inspection there were 23 people living at Clare Lodge.

Clare Lodge is care home for up to 24 older people or people living with a dementia. There were two people who were on end of life care pathways at the time of our inspection.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible

Summary of findings

people make their own decisions and are helped to do so when needed. Where 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 MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection we found that people's freedoms had been restricted by the service to keep them safe and some applications were completed and awaiting authorisations while others were in progress. Staff had received training in Mental Capacity Act 2005 (MCA) and were aware of how to protect people's rights. People were asked for their consent before staff carried out any care or support.

People told us that they felt safe and well cared for by the service, relatives confirmed their relatives were kept safe. Staff had received training in how to safeguard people from abuse and knew how to report and elevate concerns, both internally and externally.

There were safe and effective recruitment practices in place to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff on duty to meet people's care and support needs. However people told us staff at the weekend had less of a 'presence', so it felt like there were less of them, although rotas confirmed that the numbers were the same. The manager told us they did not work at the weekend and also there was no admin staff or laundry staff so there were fewer staff around.

Staff were appropriately trained in how to administer medicines safely and we saw that they supported people to take their medicines regularly and at the right times. Potential risks to people's health and well-being had been identified and were reviewed and managed effectively.

People were supported to participate in a range of activities, some provided by staff and some provided by outside entertainers who visited the home.

Staff were respectful of people's privacy and dignity. We saw that interactions between staff and people were positive, caring and respectful. Staff were observed to be patient, when assisting people and demonstrated a good knowledge of people's needs and wishes.

People and their relatives told us that they were listened to and complaints were investigated, recorded and responded to appropriately. There was a clear complaints procedure which was also in pictorial form. We saw many letters and cards of gratitude and saw that compliments and comments were also recorded.

People were offered a choice of food and drinks and people told us the food was good. There were arrangements in place for people who required additional dietary support. Staff supported people to maintain their health and wellbeing.

There were effective systems in place to monitor the quality of the service and there were on-going plans in place to demonstrate the manager and staff worked hard to achieve continuous improvement. The manager had undertaken a survey which was sent to all stakeholders about the quality of the service including people who used the service, their family and friends and professionals. The results had been evaluated and actions were in place where required.

Summary of findings

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.

People were safeguarded from abuse.

People were protected from any potential risks because there were systems in place to manage these.

Medicines were managed safely by trained staff.

There were robust recruitment procedures in place.

There was an effective system in place to manage accidents and incidents.

There were enough staff to meet people's needs in a timely way.

Good



Is the service effective?

People received effective care and support.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberties and how these applied to people who lived at Clare Lodge.

People had a choice of food and drinks and special dietary needs were catered for.

People were supported to maintain their health and wellbeing.

Good



Is the service caring?

The service provided to people was kind and caring.

The manager was open and transparent and supported staff and people.

People had positive relationships with staff and managers and people were treated with dignity and respect.

People were involved in their care planning and were listened to.

Good



Is the service responsive?

The manager and staff were responsive to people's changing needs.

People received care that was based on their needs and choices, and were involved in reviewing their care.

People's views were sought and listened to. This supported continual improvement to the quality of the service.

Good



Is the service well-led?

The service was well managed.

The management team promoted an open and inclusive approach where all people were valued.

The service worked in partnership with other professionals and organisations.

Good



Summary of findings

There were systems and audits in place to monitor the quality and drive improvements to the service.

Clare Lodge Care Home

Detailed findings

Background to this inspection

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

We visited the service on 23 November 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is information about important events which the home is required to send

us by law. We received a provider information return (PIR), which was a questionnaire completed by the manager at the service. We also contacted commissioners to request feedback from people who had experience of the service.

We looked at how people with complex needs were supported by using our Short Observational Framework for Inspection (SOFI). This helps us to assess people's experiences when they were unable to provide verbal feedback.

During our inspection we spoke with two people who used the service, four relatives, two members of care staff, and the chef. We also spoke with the registered manager and deputy manager. We spent time looking at records, which included three people's care and support plans, menus, staff rotas and three recruitment files and records relating to the overall quality and management of the service.

Is the service safe?

Our findings

Relatives and people we spoke with were confident about their safety at Clare Lodge. One relative said, “(my family member) is absolutely safe. It is almost like being in an extended family. We have no concerns about safety” and “We are not worried about safety. (The family member) is looked after so well”.

We saw that there were policies and clear procedures in safeguarding and whistleblowing for staff to follow if they were concerned about any potential abuse or poor practice. We saw a copy of the local authority safeguarding procedures in the office which was accessible to all staff. Staff training records showed and staff confirmed they had received training in safeguarding adults as part of their essential training and they had refresher training annually. Staff were able to describe what constituted abuse. They knew how to report any suspected abuse to the management team so that people in their care were kept safe. Staff told us they felt confident that any reported abuse would be dealt with appropriately. The registered manager was clear about when to report concerns, and the process to follow where abuse was suspected.

There were robust recruitment processes in place to make sure staff were suitable to work with people. We looked at the files for three of the most recently employed staff. Appropriate checks had been completed, prior to commencement of work. The staff files demonstrated that pre-employment checks had been carried out, including taking up a minimum of two written references, a Disclosure and Barring Service clearance (DBS), and evidence of people’s identity.

Staff and people told us there were enough staff to meet people’s needs and provide personalised care and support. Staff were present when people spent time in the communal areas and people who were spending time in their rooms were checked periodically. We observed that staff responded quickly to people’s needs so that people did not have to wait for support or assistance.

Risk assessments had been completed and contained detailed instructions and action plans which provided

guidance for staff about how to minimise risks. These covered both the internal and external areas of the home. Risk assessments identified specific hazards and the appropriate control measures, which had been put in place to minimise the potential risk in the event of accidents and incidents. Risk assessments were reviewed regularly and in the event of a change in a person’s health or mobility these were changed promptly.

We saw that accidents and incidents were monitored and analysed with a view to reducing the risk of an incident reoccurring. People were protected from the risk of avoidable harm because the manager and staff were proactive in identifying and putting remedial actions in place.

A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. Regular fire drills were carried out and checks made to equipment such as fire extinguishers. People had up to date personal emergency evacuation plan (PEEP). These were kept in an easily accessible place and included important information about the care and support people needed in the event that they needed to evacuate the premises.

There was a safe process in place for administering medicines. Medicines were dispensed on a 28 day cycle and were checked on arrival into the home. There were systems in place to ensure staff checked the correct medicine and the correct dosage was administered. Staff who administered medicines were trained to do so safely. The manager told us they undertook a weekly audit of medicines so that any anomalies were picked up quickly and could be addressed.

Staff had been trained in how to administer and record the administering of medicines on the medicines record chart (MAR). Records were signed to show that the medicines had been given at the correct times. Information about the management of medicines was easily accessible by staff and guidance was available which described safe dosages and how to recognise any adverse side effects. The process that was in place demonstrated a safe and appropriate system for the safe administration of medicines.

Is the service effective?

Our findings

Relatives told us they were confident in the staff team and in their abilities to care for people effectively. One relative said, "I have trust in the staff, I think they care for my relative very well." Another relative said, "They are definitely trained, I can tell by the way they approach people to offer support". We observed that people were supported effectively and in a timely way.

All staff had completed an induction training when they started working at Clare Lodge. Staff told us they received a mixture of face to face training courses, and e-Learning. New staff were also 'shadowed' until they were assessed as being competent in their role. Staff and the manager told us that staff can request training if they needed it. Staff confirmed that additional training was provided to enable them to meet people's individual needs, and also for specific conditions such as dementia care.

Staff told us that they felt supported by the manager and deputy. They told us they had received regular one to one supervision, had regular team meetings and an annual appraisal. Two staff members we spoke with spoke positively about the support they received. A visiting relative also said, "The staff are great, my relative finds it difficult to communicate, yet they take the time to let them say what they want to say and decipher what they have said. They do understand and that is really important". Staff are always available, we know they are busy but they always stop to acknowledge you."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where 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 MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on

authorisations to deprive a person of their liberty were being met. MCA had been completed for eight people and were awaiting authorisations and the manager was in the process of completing capacity assessments for the remaining 15 people who lived at Clare Lodge.

People were offered choices. We saw for example staff asked people where they wanted to sit, what they wanted to do, and what snacks they would like. Staff were clear about issues relating to lack of capacity. One staff member told us, "Just because some people might lack capacity in one area, it doesn't mean they can't make day to day decisions, like what they want to wear, or what they want to do." We observed that staff offered choices throughout the inspection and consent was sought before support was given.

We saw there were several choices of food and people were able to have their own choice. For example if they did not want the main meal, they could choose jacket potatoes, salad, sandwiches, quiche or other foods they wanted. Relatives told us "There's always plenty of choice, and the food is at a good standard." We saw that care staff and the cook were familiar with people's likes, dislikes, preferences and their dietary needs. Lunch was unrushed and people were supported when needed. People were chatting happily and it was a sociable experience. People who were at risk of not eating or drinking enough had their food and fluid intake monitored. We saw that people's weight was checked monthly and if there were any concerns, these were referred to a dietician or appropriate health care professional for intervention, advice and ongoing management.

People were supported to maintain their health and well-being. Relatives told us that their family were well cared for and they were kept informed if their family member was unwell. Staff told us people were supported to see various health professionals including GP's, chiropodists, an optician and when required arrangements were made for people to be seen by a dentist or dental technician.

Any changes to people's health or well-being were documented in people's care plans and communicated to the staff team at handovers to make sure staff were aware of changes and could respond accordingly. This helped to ensure that people's individual health needs were met appropriately and consistently.

Is the service caring?

Our findings

People and relatives we talked to spoke very positively about the staff and management at Clare Lode. Relatives told us, "We come in and see the staff are busy, but they always ask how we are and they are there for us as well as for our relative." We saw that staff had well developed relationships with the people they cared for. People described the care and support staff as being 'kind' and 'caring'. One person told us "I think the staff are exceptional, they are just lovely." Another person said, "They are kind and really do care about us." A relative told us they were, "So impressed with the attitude of the staff at the service," and said, "They go far beyond the expectations they are just so kind and really do care for my relative. They all work hard and must be tired but they always smile."

Staff told us they were a small team and worked well together. One member of staff told us they helped out with each other's shifts if they needed to be covered at short notice. We saw staff regularly checking on people who were sitting in the communal areas and several times we saw staff put a reassuring hand or arm on people's hand to reassure them when they became anxious. We saw that staff continually monitored people and responded in a caring and compassionate way.

We saw that people's care and support plans detailed their life histories, and were personalised. Staff told us that they

worked to achieve maximum positive experiences and outcomes for the people in their care. Staff told us they liked to know about the things that were important to the people they supported and also to support people to maintain family relationships if that's what the person wanted. We saw that people were supported to express their views and were fully involved in making decisions about their care and support.

We saw that people were supported in a way that promoted and respected their dignity and staff told us they understood the importance of respecting people's independence. Staff tried to encourage people to maintain as much independence as possible. Staff told us they maintained confidentiality by not discussing 'personal information' outside of work or with anyone who was not directly involved with caring for the person.

Staff spoke fondly when talking with us about the people they cared for. They demonstrated that they cared about the people they supported. There were many written thank-you cards from people past and present thanking staff for their care and support.

We saw that families often attended events at the home such as Christmas parties or a summer fair or BBQ, and a relative told us, "We like to support the home and give something back because they are always so nice to all of us."

Is the service responsive?

Our findings

People received consistent, personalised care and support. Their care and support was planned with them and their relatives where it was appropriate and they were fully involved in contributing to their care and support plans and reviews. Relatives told us the staff always gave their relative choices and how these should be met. For example if someone choose to have breakfast in their bedroom this was arranged, or if a person wanted to change their clothes after lunch they were supported to do so. People and their relatives were also involved in regular reviews of each person's care plan to make sure they were up to date.

We saw that the manager and staff responded to people's changing health needs as well as day to day needs. Two people whose health had deteriorated and were on end of live care pathways were being supported by the staff at Clare Lodge. People had made the choice to stay at the home and additional resources had been arranged to ensure the staffing levels could support the additional needs of the people as their condition and needs changed. This helped to demonstrate how the staff and manager responded to peoples changing needs and wishes.

People were supported to pursue hobbies and interests both within the home and the wider community. We saw for example in the morning staff were doing a quiz with people in the communal lounge. We saw also that some people had chosen to stay in their bedrooms and watch television, read quietly or listen to music. Staff told us that a musician came to the home and provided entertainment and we also saw that there were periodic functions which people were invited to like a BBQ in the summer, birthday

parties and festive celebrations. One person also told us that the evening before they had attended a musical concert at a local venue which they had thoroughly enjoyed.

Staff told us that when people had specific events to attend the staff rota was arranged to accommodate these events to ensure that there were always enough staff to support them, and also to maintain the staffing levels in the home.

People and their relatives were aware and had been provided with information about how to make a complaint. We saw that there was process in place to record the issues of concerns. The complaint was then investigated and feedback given to the person who raised the complaint to make sure it had been fully addressed and they were happy with the outcome. Complaints information was provided in a simple easy read format so that people could understand the process. We observed that the complaints procedure was also displayed in the entrance hall at the home and a notice board in the office. People were also supported to give feedback at resident meetings and this was a proactive way of early intervention when people expressed any type of dissatisfaction.

We saw many compliments about the service and they were about different aspects of the service. However we noted that most complimented the manager and staff for their excellent care, support and kindness when looking after people and on many occasions' relatives had thanked the manger and staff for supporting them when they visited the home. Relatives were confident they would be listened to if they made a complaint. There had been no complaints received this year.

Is the service well-led?

Our findings

People described the manager as being a positive open and inclusive person. Staff told us they were well supported and the manager always made time for them. Equally relatives that we spoke to gave us positive feedback. One relative told us, “We looked at so many homes before our relative came to live here; we just knew this felt right.” Another visitor said, “This is how it is, we come here frequently and the staff and manager are so lovely, they always make time for us and have a welcome smile on their face, it makes such a difference. The person went on to say they went home feeling content that their loved one was “Well cared for and happy.”

The registered manager demonstrated how well they knew the people who resided at Clare Lodge and knew about them as individuals. We saw that people responded warmly to the registered manager as we walked around the building and they took time to speak to them and explain why we were visiting the service so as to alleviate any concerns they may have had.

Everyone we spoke to had a positive comment to make about the home, staff, people who used the service and relatives. People told us the home was well run and well managed and the manager ensured everything was running well. A relative told us, “The staff are a great bunch.”

Staff were supported by the manager and deputy through regular one to one supervisions, team meetings and an annual appraisal. Staff had key roles like infection control lead, dementia champion and also had key worker responsibility for people who used the service.

We saw that there were a range of quality monitoring checks in place. These included a medicines audit, including checking the profiles weekly to make sure there had not been any changes that were missed. In addition care plan checks were made to make sure they were current and reflected any changes. We saw that environmental audits and health and safety were monitored. Audits were analysed to support improvement. A member of staff told us the manager was always trying to improve the service and really did listen to what people suggested. The person told us that this made staff feel valued and motivated because it was not just about the managers ideas but about what they brought to the service as well.

We saw that questionnaires had been sent to people to obtain feedback. They had also been sent to relatives, professionals involved with the people who use the service and staff. Information was reviewed and evaluated, results were displayed on the notice boards and detailed how points were being addressed and actioned and this demonstrated that there was a proactive approach to making improvements and a commitment to continually improve the standards of care people received.

Staff were clear about their roles and responsibilities and knew who they were accountable to. They knew what was expected of them by the manager and took ownership of their decisions and the role they played. We saw that the staff were supportive of each other and this created a positive atmosphere for example when speaking to each other it was in a polite and friendly way.

The processes that were in place demonstrated that there were good governance arrangements in place and these were continually reviewed to make sure the improvements were continual and proactive.