

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 ●

Summary of findings

Overall summary

The inspection took place on 16 April 2018 and was unannounced.

Clare Lodge Care Home 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. Clare Lodge Care Home accommodates up to 24 older people some of who may live with dementia. The home is arranged over four floors and is purpose built. On the day of this inspection there were 21 people living at the home.

The service had a registered manager who was also registered with CQC to manage another Grange Care Services learning disability service locally. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

At our previous inspection in November 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe living at Clare Lodge Care Home. Staff were knowledgeable about how to safeguard people from avoidable harm. Potential risks to people's health, well-being or safety had been assessed to help keep people safe. Staff helped people to move safely using appropriate moving and handling techniques. There were enough staff available to meet people's needs in a timely manner. Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed. There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. Some improvement was identified in medicine record keeping. Regular fire and health and safety checks were completed to help maintain safety.

There were systems in place to help promote infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training to support them to be able to care for people safely. People were provided with a good choice of food and that they were supported to maintain a healthy diet. People's day to day health needs were met in a timely way. The environment was appropriate to meet people's needs.

People and their relatives were happy with the staff that provided the care. Staff took prompt action to address people's discomfort and to help meet people's individual choices and wishes. Staff respected

people's dignity, promoted their dignity and privacy and made sure that they supported them in the way they wished whilst encouraging them to remain as independent as possible. The environment throughout the home was warm and welcoming. Information was available and accessible to guide people and their relatives about how to access to external advocacy support if required. Relatives and friends of people who used the service were encouraged to visit at any time.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. The service was managed in a way that responded to people's changing needs. Regular meetings were held for people who used the service and their relatives to share their opinions about the service and facilities provided at Clare Lodge Care Home. A dedicated activity co-ordinator was employed to manage opportunities for engagement for people who used the service and a variety of support had been provided to respond to people's individual likes and wishes. Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

People knew the registered manager by name and felt that they were approachable with any problems. Staff told us that the management team was approachable and that they could talk to them at any time. Relatives and staff told us that they would recommend Clare Lodge Care Home to anyone looking for residential care. There were a range of checks undertaken routinely to help ensure that the service was safe. Satisfaction surveys were distributed annually to people who used the service, their friends and relatives, staff members and health professionals to gather feedback about how the service performed.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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 was planned to check whether the provider is 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.

This inspection took place on 16 April 2018 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 19 September 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, two staff members, representatives of the senior management team and the registered manager. We spoke with relatives of three people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework 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 electronic care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at Clare Lodge Care Home. One person told us, "It's nice here, everything is nice. It makes me feel safe." A relative of a person who used the service told us, "Oh yes, [relative] is absolutely safe here. It is clear from the way the environment is looked after and from the way [relative] always looks when we visit."

Staff had been trained in how to safeguard people from avoidable harm. They were knowledgeable about the potential risks and signs of abuse and how to report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Potential risks to people's health, well-being or safety had been assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments identified potential risks to people's safety and detailed the controls in place for staff to help mitigate the risk.

Staff helped people to move safely using appropriate moving and handling techniques. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. This showed us that people's safety and well-being was a priority for the staff and management team.

People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. Assessments had been undertaken in relation to people at risk of developing pressure ulcers. Staff told us that pressure mattresses were checked daily to help ensure they were maintained at the correct pressure for people's weight. Where required people were assisted to reposition at appropriate intervals to help maintain their skin integrity.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. Throughout the course of the day there was a calm atmosphere in all areas of the home. People received their care and support when they needed it and wanted it and staff went about their duties in a calm and organised way. The registered manager and staff told us that early morning had been identified as a pressure point where staff had found it hard to meet everyone's needs and to address this an additional shift had been introduced from 8am to 11am. This showed that the provider and registered manager were committed to providing a safe service for people who lived at Clare Lodge Care Home and the staff team.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed. We noted that suitable reference responses and completed criminal record checks were received before staff started to work at the home. However, we discussed with the registered manager that it was good practice to verify references to confirm they were

genuine and that more detail was needed within application forms to enable them to explore any gaps in prospective staff member's previous employment history.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines and found that record keeping was not always accurate in respect of medicines prescribed as a variable dose or 'as needed' (PRN). The registered manager and representative of the provider immediately created an action plan identifying amended the audit procedures to enable them to review and closely monitor this specific area.

Staff members and the registered manager confirmed that regular checks of fire safety equipment and monthly fire drills were completed and a visit from the Fire Authority was scheduled to take place. The provider also ensured that other checks, such as electrical or health and safety assessments, were completed to help maintain people's safety.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons and discarded them appropriately. The home was clean and fresh on the day of our inspection. A relative told us, "It is always clean and fresh whatever time of day we visit, it never smells."

The registered manager had processes in place to share lessons learned from incidents, accidents, complaints and negative feedback from quality assurance surveys. They told us they undertook investigations into the issues, shared the outcome with the staff team via handovers and team meetings and undertook on-going monitoring to assess if the actions taken had been effective.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Clare Lodge Care Home was appropriate to meet people's needs. One relative said, "[Person] really does get the care they need. Anything [person] needs the staff provide." Another relative told us, "The care provided here is of a very high standard. The staff are all very pleasant and capable."

Staff received training to support them to be able to care for people safely. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care. The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and were able to demonstrate to us that they understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe, the steps to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful.

A staff member explained how they obtained consent to provide care from people who had limited capacity to understand the need for personal care. They told us that it had been ingrained in the staff team to promote choice and help people to maximise their independence. They said, "There is a fine line between supporting people's independence and their right to make choices about their care and the potential of abuse due to neglect. We need to be able to promote individual choice whilst keeping people as safe as possible." In discussion with the registered manager and the regional operations manager it was acknowledged that further work was needed to ensure that records provided a clear audit trail of how decisions made in people's best interest had been reached.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms. One person told us, "The food is very good indeed." People's individual likes, dislikes and food intolerances were recorded and respected by the staff team. We saw that

drinks, snacks and finger food were offered to people throughout the day.

The lunchtime meal served in a communal dining room was a pleasant experience that promoted people's independence as much as possible. People were provided with appropriate levels of support to help them eat and drink in a calm, relaxed and patient way. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. The food provided smelt appetising and people clearly enjoyed it. One relative told us, "[Person] had to have a special diet after an operation, they [chef] coped with it really well."

Assessments had been undertaken to identify where people were at risk from poor nutrition or hydration. These assessments were kept under review and amended in response to any changes in people`s needs. Staff took appropriate action to encourage people when they lost their appetite. For example, we were told of a person who had been reluctant to eat meals and had not been satisfied with what was on the menu within the home. The chef had meetings with the person to devise a personal menu for them and the registered manager ensured all items were purchased to support the person to eat. The outcome of this for the person was successful and they began to eat a healthy diet again.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. Appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists. One relative said, "There seems to be a really close liaison with the GP surgery and the staff."

The environment was appropriate to meet people's needs. People's personal rooms were arranged over three floors, there was a through the floor lift as well as stair lifts to support people to move around the home. The garden was safe and ramps had been created to help people to be able to move freely around.

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A person told us, "Staff seem to be devoted to our care, I have no complaints so far." A relative said, "The staff are wonderful, caring and considerate. It is absolutely what you would hope to find." The relative went on to praise on particular staff member and said, "They are all so nice, they are wonderful." We saw feedback from a relative thanking the staff team for the care provided for a person during their final days. "We wouldn't have wanted [person] to have been anywhere else and feel privileged that they got to spend their last days with you all."

Staff took prompt action to address people's discomfort. For example, a person was struggling to communicate with us because their hearing aid battery no longer worked. We mentioned this to a staff member who immediately replaced the battery for the person.

Staff took action to help meet people's individual choices and wishes. For example, a person had mentioned to a staff member that they would enjoy going town, one afternoon for dinner and drinks but felt they didn't have anyone to go with. The staff member voluntarily came in on their day off to provide this support. The person appreciated this and had said it had made them feel they were listened to. Another example we were given was where the registered manager supported people with hospital transport at weekends to enable people to return home quicker when ready for discharge instead of having a delay. This showed that the staff and management team gave thought to making life better for individuals.

Staff respected people's dignity and made sure that they supported them in the way they wished whilst encouraging them to remain as independent as possible. Staff were always courteous and kind towards people they supported, often sharing banter and jokes between each other in a respectful and dignified way.

Staff promoted people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. For example choices of main meal, snacks, drinks and opportunities for engagement.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

People's care records were primarily electronic accessed by staff members using handheld devices. Staff and management told us that passwords were regularly changed to help ensure the security of the system. Paper records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. The office was closed when staff were not using it.

Information was available and accessible to guide people and their relatives about how to access to external advocacy support if required. Advocates help people to access information, make decisions about their lives, explore choices and options and defend and promote their rights and responsibilities.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. The registered manager told us that people's relatives were sometimes reluctant to discuss this sensitive topic however encouragement was given to help them do so. The registered manager went on to say, "It is such an important part of care and it is vital that people's last wishes are carried out properly." The registered manager and a team leader had attended some training with a local undertaker so that they could support relatives better and answer their questions at such a difficult time. This showed that positive action was taken to help provide people with care and dignity.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. We were given an example where a person was nearing the end of their life and their relatives had been encouraged to go into the home and sit with the person at any time.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing their care plans. People's care plans were reviewed regularly with them to help ensure they continued to meet people's needs and people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives. They told us, "They [staff] are prompt to contact us if they have any worries about [person]."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, staff had hand held devices that they carried with them which enabled them to access information about each person's needs at the point of care delivery. The information included people's likes, dislikes and what physical interventions were needed to keep people safe and meet their individual needs.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. For example, one person had said they did not want to be disturbed at night by staff members routinely checking on them and insisted they had their bedroom door locked. The risks associated with this had been carefully explained to the person but they remained adamant that they did not want regular checks. This was respected and showed us that staff considered people as individuals.

Throughout the inspection we observed several examples of staff being proactive in assisting people and responding to their needs in a way that confirmed they knew people very well.

The service was managed in a way that responded to people's changing needs. The management team had identified that people's dementia needs were gradually escalating over time. People who live with dementia can experience difficulties with their sight and perception which may cause them to misinterpret the world around them. Contrasting colour can make objects stand out for example, a toilet seat is easier to see if it contrasts with the colour of the toilet bowl and walls. As a result the registered manager had ordered brightly coloured toilet seats with a view to helping to prevent falls and increasing independence for people. Additionally some adapted cutlery and crockery had also been ordered to make it easier for people with reduced dexterity or strength to continue to eat independently.

There were regular quarterly meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Clare Lodge Care Home. For example, a person had asked that a magician come to provide them with entertainment. We saw that this request had been granted. A regular newsletter was issued to help keep people and their relatives up to date about such issues as new staff members, staff promotions, developments within the home and activities that had taken place and were planned.

A dedicated activity co-ordinator was employed to manage opportunities for engagement for people who used the service. The registered manager advised that this provision was due to increase imminently from

18hrs a week to 30 hrs per week. During the course of the inspection we saw staff sat chatting with people, reading to them and playing puzzles with people. A quiz took place during the morning and people were supported to go out into the garden to enjoy some of the first sunshine of the year.

Records showed a variety of support had been provided to respond to people's individual likes and wishes. For example, one person liked to go to get their own money from the bank and staff supported them to do this. A relative of a person kept goats and brought a goat into the home for people to meet. One person had worked with animals in their professional life had really enjoyed this experience.

A person had been a dance teacher in their professional life and was passionate about dancing. The registered manager researched a local dance group for the elderly and staff supported the person to attend on a weekly basis. The registered manager reported that this had an emotional effect on the person as it brought them enjoyment and a positive effect as they still felt able to do things that they once did. A dance class was set up in house for the person to lead and teach other people who wished to join in, which further helped the person to feel that they had a purpose in life.

The basement of the home had been developed to incorporate a bar area, a cinema room and a hairdressing salon for the benefit of the people who used the service. Staff had planned some fundraising events for things such as fitting out the residents' bar. For example, there was a 'face your fear' week arranged where staff sponsored each other to face their fears by holding spiders or rats, one staff member was planning to do a parachute jump.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People and their relatives told us that they would be confident to raise any concerns with the registered manager. One relative said, "The [registered] manager is very approachable. I have no concerns but I would be completely confident to raise anything if I needed to."

We saw a number of compliments received from relatives of people who used the service praising the staff team for the care and support provided for people. We discussed with the registered manager that it would be good practice to date these on receipt to add some context to the period of time they related to.

Is the service well-led?

Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One person told us they would be confident to approach the 'boss lady' and were sure they would be responded to. A relative told us, "[Person] has only been here a short while but already we are confident with the way the home is run."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. For example, one set of meeting minutes showed that kitchen staff had identified they were struggling to complete their work within the allocated hours. As a result of this discussion at the meeting the kitchen staff allocated hours were increased and this was monitored to make sure it worked well. One staff member said, "We have good communication with the [registered] manager, she is very open, honest, transparent and supportive."

Relatives of people who used the service told us that they would recommend Clare Lodge Care Home to anyone looking for residential care. Staff members we spoke with as part of this inspection all told us they would recommend Clare Lodge Care Home to anyone looking to work in care. One staff member told us, "I would recommend this home for anyone considering working in care. There are good career prospects, the training is good, the registered manager is very approachable, we have plenty of support."

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. The provider's training manager had visited the home to review the staff training provision. They identified some shortfalls and took action to ensure that the team were provided with the necessary training. This showed us that the registered manager and provider were committed to providing a safe service.

The registered manager undertook random spot checks during the night and 'popped in' unannounced at weekends. They told us that this served to satisfy them that the service was running smoothly in their absence and to re-assure the staff team that they were available to provide support as needed.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives, staff members and health professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along

with suggested actions. For example, the report of the findings from the survey undertaken in January 2018 noted that some people who used the service felt that the activity provision could be further improved. As a result of this feedback we saw that the dedicated activity hours were to increase from 18hrs per week to 30hrs per week with the effect from the end of April 2018. This showed that people and their relatives were able to positively influence the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.