

Care with Hope Ltd

Clarendon Gardens

Inspection report

77 Clarendon Gardens
Wembley
Middlesex
HA9 7LD

Tel: 02089045574

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20 February 2023
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01 March 2023

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Clarendon Gardens is a care home providing accommodation for persons who require nursing or personal care to up to 6 people. The service provides support to people who live with mental health conditions. At the time of our inspection there were 4 people living in the home.

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

The service was experiencing a staffing crisis. There were insufficient staff available to work including at manager and care worker level. The provider had not taken action to address this and the safeguards we found in place were inadequate.

The service did not follow safe recruitment procedures and staff were not sufficiently vetted to ensure they were suitable to support people who used the service. Staff lacked essential training and training records were not kept. Medicines were not always managed safely. Building and environmental checks were either out of date or non-existent.

Overall, the quality assurance monitoring system was not effective to ensure appropriate improvements were made to care for people who used the service. Risks to people were not always adequately assessed. The provider did not have effective systems in place to review care plans and risk assessments.

There were systems in place to protect against the spread of infection.

Staff worked with healthcare and social care professionals, to ensure people had a safe and effective service.

Staff were aware of their responsibilities to report allegations of abuse. People told us they felt safe using the service

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. People made decisions about their care, and about matters to do with the running of the service.

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

Rating at last inspection

The last rating for this service was good (published 7 April 2021).

Why we inspected

We received concerns in relation to the lack of staff training, staffing levels and the provider managing the

home without sufficient knowledge of people's needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

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.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staff recruitment, person centred care and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not Safe

Is the service effective?

Inadequate ●

The service was not Effective

Is the service well-led?

Inadequate ●

The service was not Well-Led

Clarendon Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 1 inspector and an inspection manager.

Service and service type

Clarendon Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clarendon Gardens is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however they were not there on the day of the inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 February 2023 and ended on 1 March 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection, which included notifications which the provider must send to us of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the site visit we met and spoke with the registered provider, 2 support workers and 2 people who lived at the service. We could not speak to the registered manager as they were away from the service at the time of the inspection. We spoke with the nominated individual on the phone. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed a range of records. We looked at care records for 4 people. We also looked at 6 staff files in relation to recruitment, training and support.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff had not been recruited safely to ensure they were suitable to work with people using the service.
- We reviewed 6 staff recruitment files and found that only 1 had an up-to-date DBS check in place. We were told by the nominated individual that all staff had an up-to-date DBS in place but we were not shown evidence of this. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on Police National Computer. The information helps employers make safer recruitment decisions.
- References had not been obtained in line with the providers recruitment policy. Only 1 staff file had a completed application form.
- There were not enough staff working in the service due to staff being on annual leave and the registered manager and another staff member being away from the service. As a result, staff were working long double shifts and long hours including night shifts.

The lack of established and effective recruitment procedures puts people who use the service at risk of being supported by unsuitable care workers. This was a breach of Regulation 19 (a) (b) (c) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed on a regular basis. However, the review records showed that the reviews were brief. The two care plans we looked at had not been changed since 2016.
- On the last page of people's risk assessment's there were several handwritten sentences stating, 'risk assessment reviewed no changes', which were dated but not signed. A staff member told us of a recent change to a person's risk due to an incident at the service. When we looked at the person's risk assessment it had not been changed to reflect new or emerging risks.
- We were not able to see up to date records showing that the home was being maintained on a regular basis. There were no recent fire safety checks, fire risk assessment or an environmental risk assessment.

We found that systems were not robust enough to demonstrate risks were effectively identified and managed. We also found that the service was lacking in some areas of safety check for the premises. This was a breach of Regulation 12 (a) (b) (d) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

- Peoples medicines' administration records showed they received their medicines as prescribed. People told us they had their medicines at the right time and had regular reviews of their medication with their GP and other professionals.
- Care plans indicated that people needed help with taking their medication, however staff were not competency checked in these areas or had up to date administration of medicines training.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse.
- One staff member told us, "If I saw any signs that abuse was happening, I would report this straight away to my manager. If it was serious my manager would then inform the safeguarding team."
- One person told us, "The staff always look out for us and ask us if we are alright and to tell us if we have any concerns."

Preventing and controlling infection

- People were protected from the risks associated with poor infection control.
- Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons.
- The provider promoted safety through the layout and hygiene practices of the premises. The home looked visibly clean, and there was a rota in place for staff to take it in turn to clean the communal areas of the home.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with current guidelines. For people this meant they could be visited at their home.

Learning lessons when things go wrong

- We did not have access to accident and incident records so we could not see that appropriate actions to address concerns had been put in place.
- We did not have access to quality checks carried out by senior management. The nominated individual told us they audited the service every 2 months, however neither the provider or the nominated individual could show us the audits.
- After the inspection the provider agreed to send an analysis of staff training, obtain staff DBS checks, ensure a fire risk assessment was in place and a senior staff member or manager was on shift 7 hours each weekday to strengthen the leadership and oversight arrangements. To date the provider has not put this in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We were not assured that people's needs, and choices were respected in relation to their care.
- Care plans were reviewed and signed at the back of the plan indicating they had been reviewed. However, the document remained the same and was not re- printed.
- People could not see where they had made progress or where there were changes to their support plan.

Staff support: induction, training, skills and experience

- Staff did not have the skills to provide care or treatment to people. The provider had inadequate systems to keep track of staff training and to check that staff were provided with the required training.
- Inductions were either not completed or not done at all. One staff who had been there for 4 months had not yet completed any training.
- The provider told us that there had been no staff training since before COVID-19. The provider when asked could not show us a training matrix or training certificates for staff.
- One staff member told us, "I get support from the manager but she is not here at the moment so the provider is supporting us."

The lack of sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times was a breach of Regulation 18 (a) (b) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People could choose what they wanted to eat and were happy with the meals provided.
- People had access to snacks and drinks and were encouraged and supported in the preparation of meals.
- During the inspection we saw there was a good stock of a variety of fresh produce for example, fruit, vegetables dairy and meat products.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People did not receive consistent, effective, timely care.
- People told us their health needs were met by the service. One person told us, "Staff support me with all my appointments including GP, dentist and optician, I have regular checks in all of this."
- People were encouraged to be active. One person told us, "I like to go out for regular walks with my

support worker and I go to the gym as well."

- Systems in place to manage people's medical and health care appointments were not robust enough. One person has missed several appointments and when the health care professional contacted the home to see why they had not attended staff said they were unaware of the appointment.

Adapting service, design, decoration to meet people's needs

- CCTV was installed in the care home covering communal areas inside and outside. There were signs to advise visitors that CCTV cameras were in the building.
- People had access to well-maintained communal areas including a kitchen, garden, and lounge/dining area.
- One person told us, "I like my room especially my ensuite bathroom, its lovely and spacious."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. Care records reviewed showed consent forms were in place and were appropriately signed.
- At the time of the inspection, all the people using the service had capacity. One staff member told us, "If I noticed that people were not able to make decisions about something they used to be able to do I would bring this up with my colleagues and the manager."
- People told us they were able to make their own choices and that's what they liked about the support they were receiving from staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. 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.

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

- The provider had not made adequate and safe arrangements to run and manage the home in the absence of management cover.
- The provider had relied on the nominated individual to step in to support him however this did not happen and as a result nobody had access to up to date or relevant documentation.
- The provider did not operate effective systems to monitor and improve the quality of the service. The provider could not show us evidence of any service audits.
- Staff had not completed essential training. There were no competency assessments in place to observe staff in the administration of medication.
- Recruitment and building checks were not in place.

The lack of management oversight of quality performance, risk assessments and staffing and recruitment meant people were placed at risk of harm. This was a breach of regulation 17 (1) (2) (a) (b) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service and people told us they received personalised care. One person told us, "Staff support me to cook food from my home country."
- Staff told us that the management was approachable.
- Some of the comments from people using the service were, "Staff always have time to talk to me and ask how I am, we also have a bit of a laugh and a joke which cheers me up."

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

- The provider had good knowledge of the people being cared for and the staff who supported them.
- The provider was unable to demonstrate their responsibilities under the duty of candour.

Working in partnership with others

- The provider did not always work in partnership with other health and care professionals to monitor and meet people's needs.

- During the inspection we saw evidence of contact with the local authority, mental health professionals and GPs. However, we also saw evidence of missed appointments for people, delays in reporting serious incidents or no reporting at all.