

Clandon Care Limited

Clandon House

Inspection report

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Tel: 02082528723

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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?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 12 June 2018. At our last inspection in May 2016 the service was rated Good. At this inspection we found the service remained Good.

Clandon House provides accommodation and personal care for up to three people. At the time of our inspection there were three people living at the service.

The service has a registered manager. 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 and associated Regulations about how the service is run.

At this inspection, we found robust processes were not in place to ensure people's personal allowances were managed appropriately. The recording of people's personal expenses and the overall management of personal allowances were not secure and open to abuse.

People received care and support based on their assessed needs, care plans and risk assessments.

Staff knew about safeguarding and protecting people from harm. The premises were clean and infection control practices were evident throughout the service.

People received their medicines as prescribed by their doctors. Staff were trained and experienced in the management and administration of medicines. They were well supported, supervised and had access to training related to their roles.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's capacity to make decisions was assessed when required.

The staff recruitment process enabled the service to ensure there were suitable and enough staff to support people.

People's diversity and preferences were met by staff. The service provided meals that reflected people's preferences. People were also supported to access healthcare and community facilities.

The management was open to new ideas and was willing to work with people, families, and health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Robust systems were not in place to ensure people's personal allowances were managed safely.

The registered manager provided clear guidance and support to staff.

There were ongoing auditing and quality monitoring systems in place to ensure continuous improvement in the quality of the service.

The registered manager worked in close partnership with the relevant health and social care authorities.

Clandon House

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 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 comprehensive inspection took place on 12 June 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with three people, a relative and an advocate. An advocate is an independent person who represents a person using the service at meetings and care plan reviews. We also received written feedback from a social care professional. We spoke with three care staff, the registered manager and the provider.

We reviewed three people's care records, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

The service had systems in place to protect people from abuse. Staff told us that they knew where the service's safeguarding procedures were if they needed them to report any concerns, or if they suspected any form of abuse was taking place. Staff were clear that they could also contact the local authority directly with any concerns they had with regards to people's safety and welfare.

People's risk assessments were comprehensive detailing possible risks and how to minimise them. For example, following a risk assessment, the registered manager decided to keep some sharp knives away in locked cabinets in the office. This was to ensure that some people whose behaviour challenged the service did not have access to dangerous items to harm others or themselves.

Staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of incidents that had taken place. The registered manager was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe.

People received their medicines as prescribed by their doctors. We checked the medicines and medicine administration record sheets (MARS) and found they were all in order. The registered manager told us that they audited medicines and the records daily. However, there were no records to confirm that these audits had taken place. The registered manager said they would ensure that the auditing processes were recorded and were available for inspection.

People and relatives told us they found the service was always clean. One person said, "Staff clean my room." A relative and an advocate told us that they found no issues with the cleanliness of the service. A social care professional wrote: "From my experience [of visiting the service], I have always found the placement to be clean." During our visit we found all the premises were clean and free from unpleasant smells.

The service had enough staff. One person said, "Yes, staff are here to help me." A relative and an independent person told us they were confident there were "enough staff" to meet people's needs. The staff rota showed there were two care staff during the day shifts and one waking member of staff at night.

There were safe staff recruitment processes in place. We saw evidence that Disclosure and Barring Service (DBS) checks had been completed. These checks are carried out to determine whether applicants had a criminal record or had been placed on a list of people who are barred from working with vulnerable people.

Is the service effective?

Our findings

People, relatives, a social care professional and an advocate made positive comments about the service. One person said, "I like the staff, they know how to support me". A relative told us, "We can talk to staff. They know how to care for [my relative]." A social care professional and an advocate told us they were satisfied with the staff knowledge and experience in meeting people's needs.

Staff had the skills, knowledge and training in areas related to their job roles. This included their understanding of the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us some people had a behaviour that challenged the service. They said they were working with the person and their representatives to support and meet their needs. Staff explained how they successfully supported people who had a behaviour that challenged the service.

Staff felt there was a lot of training available to them. One staff member said, "We have lots of training. I am currently doing [training leading to a qualification]". Another member of staff listed the training programmes they had attended and said the registered manager supported them. New staff completed an induction programme before they could work unsupervised.

Staff told us they had supervision and appraisal from the registered manager. One member of staff said, "Yes, I have supervision each month from my manager. I can also ring [the manager] if I wanted to ask anything."

Staff told us and records confirmed that there were regular monthly staff meetings. The minutes of the staff meeting showed each month, staff discussed various topics and reviewed the CQC inspection reports of the service. We also noted that annual staff appraisals were undertaken.

The service promoted people's health. People told us they attended GP appointments and had access to chiropodists, opticians and general annual medical check-ups. On the day of the inspection, we noted all people had annual medical check-up. The service promptly assisted people to attend emergency healthcare when needed.

The premises were accessible and suitable for people using the service.

The service did not keep a menu for us to review. The registered manager said people's preference was to make their choice daily rather than developing a menu. The records of what people had at each mealtime were kept in their daily notes. The registered manager said they would ensure staff keep the records of the meals people had and copies the shopping list for reference. This ensures there was a transparent system in place to show how people's nutrition needs were met.

Is the service caring?

Our findings

People told us staff were caring. One person said, "Staff are nice and friendly". We observed that staff had developed relationships with people. For example, we saw how staff communicated with people and met their needs. One staff member said, "I know [people's] needs because I have worked with them for many years. I know how to care for them". A relative told us staff were "patient" and "supportive" to people. A social care professional wrote, "I have no concerns about [the care and placement of the person using the service]."

People practised their faith. Staff told us one person occasionally attended a place of worship. A member of staff explained how people decided and staff supported people practising their religion. We noted that the service made arrangements for people to have meals that reflected their religious or cultural preferences.

Staff told us they were committed to dealing with any kind of discrimination. A member of staff said, "People using the service have the same rights as anyone else. We support [people] to have access to the community." Another member of staff said they treated each person equally with respect and dignity. During the visit we observed that the registered manager, the provider and staff communicated with people and staff in a friendly and approachable manner. We saw that they listened to people and staff and engaged in positive conversations.

People were involved in their care and were supported to live as independent as possible. For example, a member of staff encouraged one person to carry a task independently whilst observing them to ensure they were safe. Another person told us that they liked they were able to make and have a drink in their bedroom. This showed staff listened to and cared for people.

Staff respected people's privacy. A member of staff told us that they "closed the doors and curtains" when supporting people with personal care. They told us they ensured people had a choice of what to wear, when to get up or to go to bed. We observed people could choose to stay in their room when they wanted to have private time or could join in with others in communal areas, if they chose.

People were encouraged to keep in touch with their family members. A person told us staff supported them to visit their family and their family also visited them every other weekend. This was confirmed by a family and a member of staff. We also noted one person was regularly visited by their advocate. An advocate is a person who supports someone who may otherwise find it difficult to communicate or to express their point of view.

Is the service responsive?

Our findings

People and relatives told us they were involved in developing and reviewing their care plans. One person said, "Yes, I was involved in reviews." A relative told us they attended care reviews and were able to talk about the needs of their relative and how to support them. We saw that the care plans contained people's needs and preferences.

People's care plans were personalised incorporating areas such as personal care, diet, physical health, communication needs, foot, oral, sight, hearing, history of falls, personal safety, religion and other medical conditions. Based on these areas, the care plans identified the aims of the plan and how staff needed to implement tasks to ensure each person's needs were met. Staff told us they explained to people and relatives the contents of the care plans so that they knew and understood how staff supported them.

There was a key worker system in place which meant a member of staff was responsible for monitoring a person's needs and sharing information with the staff and families. A member of staff told us that they found the system useful in establishing good relationships with people and updating care plans. We looked at the monthly keyworker reports and noted some gaps in recording. The registered manager told us these were because of one person being away from the care home. They said they would ensure the keyworker system was followed by the staff and appropriate records were kept.

We also noted that staff kept daily records of significant events and their contacts with people. These records showed how staff supported people to take part in activities, attend appointments and places of interest. People told us staff supported them to go to snooker clubs, pubs, swimming and on holidays. At the service, people enjoyed watching television, listening to music and drawing. They told us they had various activities at the home.

People and relatives knew how to make a complaint if they were concerned about the service. One person said, "Yes, [I can complain to] my social worker and someone I know." A relative told us they were aware of the service's complaints' procedure and knew how to raise their concerns. Staff were clear about what they needed to do if they received a complaint. A member of staff said, "My duty is to listen to the complainant, give them time to be able confidentially state what is bothering them. I will take it immediately to manager."

One complaint had been received during the last 12 months. The provider confirmed in their PIR that they liaised with the local authority and investigated this complaint. They said the lesson learnt from this was to communicate effectively with the families. We noted the service had a complaints procedure, a copy of which was displayed at the care home.

Is the service well-led?

Our findings

The service had a registered manager who was also registered to manage another small care home owned by the provider. The registered manager and the provider told us they visited both care homes daily and were also available, when needed, to support people by telephone.

We found the registered manager did not have a robust system in place to ensure people's finances were managed. We checked a cash box and the records for one person and noted gaps. For example, the actual money we found in the cashbox was much less than the figure recorded in the book. We looked at the receipts and found that these were not always retained to show how, where and how much money the person had spent. The registered manager explained that the personal allowance received for the person was often not enough. They showed us records confirming that the person sometimes ran out of money and received additional payments from the service. However, we recommend that the registered manager should put a system in place to ensure there is accountability and responsibility so people's finances are not open to abuse.

Relatives, a social care professional and staff told us the registered manager were accessible and approachable. A relative said they found the registered manager and staff easy to talk to. A social care professional stated that the service was "very well managed". A member of staff told us, "I can ring [the registered manager] anytime. [They] are approachable."

The service worked closely with the relevant health and social care practitioners. For example, social care practitioner wrote, "The service is very proactive in reporting all incidents and alert their host borough." An advocate for one person told us the manager listened to them and they were satisfied with the management of the service.

There were various auditing and feedback systems in place to ensure improvement in the quality of the service. For example, health and safety audits such as regular checking and recording of fridge/freezer temperatures, medicines, emergency lights and fire alarms had taken place. The premises were kept clean and staff were clear about infection controls.

The registered manager told us that they had sought feedback from relatives around aspects of the quality of the service. We were informed that staff also reminded people and relatives to comment on the quality of the service at their review meetings. The registered manager told us that they were organising a relatives' event this summer to provide families and people an opportunity to meet for a barbecue and share their views about the service.