Clapham Village Care Ltd

Clapham 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 took place on 14 and 19 August 2015 and was unannounced.

Clapham Lodge Care Home provides care for up to 26 people older people with a variety of needs including dementia care. The original house was built over 140 years' ago and is situated within the South Downs National Park. It was converted to a care home in 1970. Clapham Lodge Care Home is a large detached building surrounded by well-kept gardens and downland views. People have their own rooms and access to an extensive lounge, dining room and there are other areas around the home for people to engage in recreational activities or quiet contemplation.

There was a registered manager in post. 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.

Risks to people had been identified, assessed and managed safely. There was guidance for staff on how to manage people's care needs safely. Staff understood the signs of potential abuse and what action they needed to take. Premises and equipment were managed safely and the provider was in the process of redecoration and

Summary of findings

refurbishment to some parts of the home. There were sufficient numbers of staff employed to meet people's needs and the service followed safe recruitment practices. People's medicines were managed safely and were administered by trained staff.

Staff were trained in all essential areas and participated in a comprehensive induction programme. New staff followed the Care Certificate and all staff were encouraged to take additional qualifications. Staff had regular meetings with their managers. In addition, group supervisions enabled wider discussion, for example, on a particular policy or procedure. Handover between shifts involved a 'walkabout' when staff visited people in their rooms and discussed people's care and support with other staff and management. Consent was gained from people in line with the requirements of the Mental Capacity Act (MCA) 2005. No-one living at Clapham Lodge Care Home was subject to the Deprivation of Liberty Safeguards (DoLS) and were free to come and go. People were supported to have sufficient to eat and drink and to maintain a healthy lifestyle. A range of menu choices was available and food was freshly cooked. People had access to a range of healthcare professionals and services.

People and staff had developed positive, caring relationships. People felt they were well looked after by kind, friendly staff who understood and knew them well. People's preferences and choices were known and respected by staff and they were encouraged to express their views and be involved in all aspects of their care.

Their privacy and dignity were respected and promoted. Relatives and friends could visit without undue restriction and could join family members at mealtimes. As people approached the end of their lives, the home cared for them in a private, comfortable and sensitive way in line with their wishes.

Care records provided staff with comprehensive, detailed information about people's care needs and how they wished to be cared for. A wide range of activities were organised for people and they were also involved in choosing what they wanted to do, in line with their hobbies and interests. Complaints were listened to and dealt with in a timely fashion and led to a satisfactory outcome for all concerned.

People were involved in developing the service and they expressed their views at residents' meetings. Suggestions made were listened to and acted upon. People were encouraged to be involved in the review of their care plans at monthly meetings as 'Resident of the month'. The vision and values were embedded into the culture of the service and staff and management were proactive in this. Good management and leadership were evident and staff knew what was expected of them and were able to contribute their views and suggestions; these were listened to and acted upon. Robust audit systems were in place to measure the quality of the care provided. There was a holistic approach in how care was managed that supported people to have meaningful lives.

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 protected from risks as these had been assessed, managed safely and reviewed monthly.

Premises and equipment were managed to keep people safe.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Good

Is the service effective?
The service was effective.

Staff undertook a comprehensive induction programme and had completed all essential training within their three month probation period. There were opportunities for staff to achieve additional qualifications.

Staff had regular supervision meetings with their managers. 'Walkabout' meetings held several times a day enabled staff and management to meet and discuss any issues between shifts.

People's consent was gained in line with the requirements of the Mental Capacity Act (MCA) 2005.

People had sufficient to eat and drink and had a choice of menus. They were able to discuss menu choices at residents' meetings.

People had access to healthcare services and professionals. Any concerns were dealt with professionally, sensitively and promptly.

Good

Is the service caring?
The service was caring.

Staff knew people extremely well and warm, friendly relationships had been developed.

People were involved in making decisions about all aspects of their care and their privacy and dignity were promoted. Their relatives and friends could visit whenever they liked.

People were supported at the end of their life to have a comfortable and pain-free death.

Good

Is the service responsive?
The service was responsive.

Care plans provided detailed information to staff about people and how they wished to be cared for.

There was a wide range of activities on offer to people and account was taken of people's personal interests and hobbies.

Complaints were managed in a responsive way and in a timely fashion.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

People could express their views at residents' meetings and their suggestions were acted upon.

The home demonstrated a culture and values that were understood by staff and management and put into practice.

Robust quality assurance systems audited all aspects of the service and contributed towards the high quality of care delivered to people.

Clapham 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.

The inspection took place on 14 and 19 August 2015 and was unannounced. Two inspectors undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We 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 also spent time looking at records including five care records, three staff records, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

On the day of our inspection, we spoke with four people using the service and two relatives. We spoke with the provider (two directors), registered manager, deputy manager, care team leader, three care assistants, cook and an activity helper.

The service was last inspected in September 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse and harm. One person said, "I feel very safe here. I had a fall once and was in hospital, but I find it's very safe". Another person confirmed that they felt safe living at Clapham Lodge and clarified, "This is the only home I've got". Staff understood how to treat people equally and with dignity and respect and we observed this in practice. The induction programme for new staff included a section on equality and inclusion.

Whilst some recently appointed staff did not understand the term 'safeguarding', they were able to describe different types of abuse, how they would recognise the signs and what to do if they had any concerns or information was disclosed to them. Staff said they would report any concerns to the senior member of staff in charge and record the details in people's care records. The induction programme included a section on safeguarding and additional training on safeguarding of adults at risk was also included in the provider's programme of essential training that all staff had to undertake. Staff said that they also received additional training on how to keep people safe and this included moving and handling, use of equipment, infection control and first aid.

Premises and equipment were managed to keep people safe. During the inspection, we undertook a tour of the home, including some bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the home. People had free access around the home and into the well maintained gardens. The environment was homely, the dining area attractive and there were several different seating areas for people to choose, depending on their preferences. Some carpets along the main thoroughfares were slightly worn and stained. The laundry room was in the process of being revamped to improve the use of space. The provider told us that refurbishment and redecoration of the main hall and staircase was due to start next week and documentation confirmed this. The provider was in the process of seeking planning permission for an extension to the home in order to accommodate 11 more people.

Risks to individuals and the service were managed so that people were protected and their freedom was supported and respected. Environmental risk assessments had been undertaken by the provider in areas such as food safety, clinical waste, slips, trips and falls. Regular safety checks were carried out including fire alarms, fire extinguishers, call system, portable electrical appliances, hoists, wheelchairs and baths. The provider had achieved a level five rating at the last Food Standards Agency check in July 2014 and food was stored in accordance with environmental health guidelines. Staff told us that any faults in equipment were recorded in the maintenance book and rectified promptly; records confirmed this.

There were plans in place to respond to any emergencies that might arise and these were understood by staff. Staff were able to describe how they would respond to an emergency, such as a fire. In addition, one member of staff told us how they had responded effectively when there had been a power cut, obtaining a reference number from the electricity supplier for the installation of an emergency generator if required.

The registered manager or deputy manager were responsible for assessing the individual risks for people and risk assessments were reviewed monthly, or earlier if people's needs changed. For example, one care worker explained how they had recently raised concerns about one person's ability to walk steadily by themselves. As a result, a risk assessment had been carried out on their mobility, a walking frame procured and the person was now able to move around the home independently with confidence and safety.

Risk assessments had been undertaken for people in a variety of areas such as communication, administration of medicines, food, drink and nutrition, mobility and activities of daily living. Assessments were in place for people at risk of developing pressure ulcers. Where bedrails were in use to prevent the risk of people falling out of bed, bedrail assessments had been completed. The bedrail assessment included a 'bedrail algorithm', which was a flowchart guiding staff as to whether bedrails should be used and what alternatives might be considered. There were also assessments in place that reflected whether people had the capacity to consent to the use of bedrails. Risk assessments identified the potential risks to people, the action that needed to be taken to mitigate the risk and guidance for staff. A falls risk assessment identified a preventative measure for one person which stated, '[Named person] reminded to use call bell if she needs help'. Accidents and incidents were documented by staff and remedial action was taken. Records showed that risk assessments were reviewed and updated as needed.

Good

Is the service safe?

Staff were observed supporting people to move safely around the home. We observed one person being assisted from an armchair, with the use of a walking frame and then transferred safely to a wheelchair. Staff spoke in an encouraging way to the person and said, "Push yourself up gently, that's it. Turn around, nice and steady", as they sat down in the wheelchair.

Staff were aware of the whistleblowing policy and procedures and the need to raise any concerns about the quality of care provided or any wrongdoing, or suspected wrongdoing to the management immediately. However, staff said they had not needed to raise any concern whilst working at Clapham Lodge Care Home.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People were cared for by four care staff during the early shift, three during the late shift and two waking night staff. In addition, the registered manager and the deputy manager were available to work on the floor if necessary. The provider was frequently on site to provide additional support. The registered manager told us that staffing levels were based on the assessment of people's needs which was undertaken as part of the monthly review of care plans. Staff rosters showed that there were sufficient staff working to meet the needs of people in the home. No agency staff were used, but if necessary permanent staff agreed to work an extra shift if required. Staff thought there were sufficient staff on duty, although some said that an additional staff member on the early shift might enable them to provide more one-to-one care and support. A relative considered there were sufficient staff and said, "A few staff left recently, but everyone works really hard. As a relative, I've not had one issue with any of them".

The service followed safe recruitment practices. Staff were recruited following checks with the Disclosure and Barring Service (DBS) and appropriate checks were undertaken before staff began work. Staff files included a completed application form, two references, evidence of training, checks on identity, job description, terms and conditions of employment and contract. There was a requirement for staff to complete a satisfactory three month probation period.

People's medicines were managed so they received them safely. Medicines were administered by trained senior care staff. One person told us, "I have tablets, but I can't remember what they are" and explained that staff came to their room to administer their medicines. A relative said that staff were, "Bang on with medicines and things like that" and referred to a medicine that their family member was taking and the need for regular blood tests to monitor the efficacy and safety of the particular drug. Medicines were administered through a monitored dosage system which had been designed by the pharmacy to prevent the risk of maladministration of medicines. Medicine Administration Records (MAR) had been completed accurately by staff and people had received all their prescribed medicines at the time they needed them. Controlled drugs were stored safely and signed for by two members of staff in line with current legislation. These drugs were checked twice a day by staff and stock levels tallied. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations.

Staff received regular training and updates on the administration of medicines. The deputy manager informed us that they were in the process of completing 'Train the Trainer' in a number of subjects, including medicines management. When this was completed, regular medication training update sessions could be provided to staff at the home. Regular competency checks were completed every three months to make sure staff administered medicines safely. We observed the lunchtime medicine round. The care staff explained to people what the medicine was for and administered them in a discreet and respectful way. They stayed with the person until the medicine had been taken safely. Medicines prescribed on an 'as required' basis (PRN) were offered to people. Between the administering of each medicine, the drug trolley was locked when left unattended.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were supported to express their views and were actively involved in making decisions about their care, treatment and support. Each person was 'resident of the day' for one day each month, when their care plan was reviewed. This gave people the opportunity to comment on their care and voice their opinions. Staff told us that during this day people were weighed, their nails cut and their room was deep cleaned. A relative confirmed that they felt involved in any decisions or issues concerning their family member's care. They told us, "[Named registered manager] always mentions anything that's happening". There was confirmation within people's care records that they had been involved in reviewing their care. A statement, 'Was the resident able to express their wishes and contribute to the care plan' had been signed by people to show that they agreed.

Staff were able to substantiate how they knew people well. They knew what time they liked to get up, what activities they liked to join in with and their preferences in respect of food and drink. They also knew about their families and friends and some of their interests. New staff were required to complete the Care Certificate, covering 15 standards of health and social care topics, which the provider had recently introduced. Work handbooks were obtained for new staff and the registered manager had decided that she would also do the training alongside her staff to update herself. The deputy manager, having completed 'Train the Trainer' would be delivering training to new staff on the Care Certificate. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they were well supported by the registered manager and other staff in the home and felt they worked well together as a team. Records confirmed that the in-depth induction training included a tour of the building, work schedule, use of the call bell system, fire safety, moving and handling, dignity, person-centred care, 'Knowing Me' documentation, opportunities for training and the management of complaints. Staff received essential training in food hygiene, infection control, health and safety, first aid and safeguarding within the three month probation period. New staff undertook a period of shadowing experienced staff and did not work alone until they had been assessed as competent to do so. Their progress was formally reviewed monthly with the deputy manager, although there were plans to increase the frequency of supervision during this period to every two weeks.

All staff completed essential training and, in addition, were provided with the opportunity to undertake specific training relating to the individual needs of people. For example, dementia care, catheter care, medicines management, fire marshal and end of life care. Staff were encouraged to achieve further qualifications. One member of care staff told us they were just completing a National Vocational Qualification (NVQ) Level 3 in Health and Social Care and hoped to be a manager in the future. Two senior staff were undertaking their NVQ Level 5 and were also doing 'Train the Trainer' so that they could provide face-to-face training in house to staff. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the competence to carry out their job to the required standard. One person said, "The staff are good here and well trained".

Staff told us they were supported at supervision meetings with either the registered manager or deputy manager and that they found these sessions helpful. Supervision records showed the frequency of supervision sessions varied from between one to five months. The registered manager said that they currently provided supervision to staff every three months and a future aim was to undertake monthly supervisions. Topics discussed at supervision included the job role, overall performance and training. Where issues were raised, actions had been identified and agreed to address these; the supervision record was then signed by the supervisor and staff member. Group supervisions were also undertaken, when one of the provider's policies was discussed and this ensured that staff were informed and up-to-date on current practices. Staff had an annual appraisal of their performance. Appraisal records covered staff achievements, formal training, their performance including strengths and areas for improvement and future objectives.

Staff told us that in order to keep up to date on people's care needs and any other pertinent issues, they attended the handover at the beginning of each shift, read people's

Good

Is the service effective?

daily records and the communication book. The handover included a 'walkabout' to every resident's room to discuss the care and support given to each of them during the previous shift and any issues or concerns which could influence the care needed during the next shift. If people were in their rooms at the time of the 'walkabout', then the discussion would include them. Handover also included an office based meeting to discuss the management of any issues raised at the walkabout. Staff told us that they found this approach very helpful and it enabled them to have the information they needed quickly to meet people's care needs while they were on duty. One member of staff who worked part-time, told us that they too received a walkabout handover with the senior on duty, when they arrived in the middle of a shift, which they found very useful and informative.

Staff understood the relevant requirements of the Mental Capacity Act (MCA) 2005 and put what they had learned into practice. Although not all staff had a thorough understanding of the MCA, they were aware of people's rights to make decisions about their lives. Most knew that when a person lacked capacity to make a specific decision, their family and others would be involved in making a decision in the person's best interest. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. Staff informed us that if someone refused their assistance, they would respect their decision, but would return later and offer it again. We observed that staff spoke with people and gained their consent before providing support or assistance. Staff said they had never had to use restraint, but if someone displayed behaviour that might challenge, they would use de-escalation techniques, talk calmly with the person concerned, try to distract them or leave them alone for a while to calm down.

The registered manager said that she had completed forms for people under the Deprivation of Liberty Safeguards (DoLS) legislation. DoLS protects the rights of people ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. However, in retrospect, the registered manager felt that authorisations under DoLS from the local authority were not needed as no-one living at the home had their freedom restricted. Individual assessments for each person at Clapham Lodge Care Home had been completed, their care plans reviewed and people's families consulted in order to arrive at this decision.

People were supported to have sufficient to eat, drink and maintain a balanced diet. On the day of our inspection, lunch was served from a hot trolley, so that people could see the food that was on offer. There was a choice of menu at lunch and supper. Lunch on this particular day consisted of either liver and bacon with mashed potato or sausage and chips, with fresh vegetables, with fresh fruit salad for dessert. The cook discussed menu choices with people on the day. For example, one supper choice was Coronation Chicken and, when people did not know what this dish comprised, the cook took time to explain that it was a mild curry recipe. One lady decided she did not like the sound of this and asked for scrambled egg on toast instead and the cook took note of this. One person referred to the food and said, "It's very good I would say. Seems to be a good cook here". Another person told us, "We have all sorts of things like sausages, sometimes fruit, it's very nice. We always get a choice. We're asked what we want to eat on the day". The dining room was furnished tastefully and had the aura of a smart restaurant. Tables were laid with tablecloths, paper and cloth serviettes, wine glasses, condiments and a small vase of flowers.

Special diets were catered for and there was a list of people's dietary requirements and any allergies in the kitchen, so that the chef and a recently appointed cook were fully aware of people's needs when preparing meals. The cook told us that all meals were home cooked and were prepared from fresh ingredients and they did not have to work to a fixed budget. Kitchen staff told us they catered for vegetarian, gluten free, diabetic and other special diets. There was a stock of snacks, including biscuits and fruit available in the kitchen for people, throughout the day and night. A choice of hot and cold drinks was offered to people throughout the day and staff made sure that people had sufficient drinking water in their rooms.

People were able to choose whether to eat their meals alone or with others in the dining room. The atmosphere during lunch was calm and relaxed. People were offered a choice of drinks or a glass of wine. People were encouraged to eat sufficient to meet their needs and those who were unable to manage independently were provided with assistance in a discreet and dignified manner.

Good

Is the service effective?

Menus were discussed at residents' meetings and suggestions were acted upon. For example, if people had favourite recipes from before they moved into the home, these could be passed on to the chef and the dish was cooked. One suggestion had been that fresh fruit should be offered at morning coffee and afternoon tea times, in addition to biscuits, and this had been done. From the most recent satisfaction survey completed in June 2015 by 23 people or their relatives, the majority had indicated that the quality of the food was either 'good' or 'excellent'. A relative told us, "The cooking and food are superb. It's wonderful". Relatives could join their family members for lunch and the provider regularly joined people for meals. People's weights were recorded monthly, or weekly if there were any concerns and records confirmed this. People had been assessed to see whether they were at risk of malnutrition. The home used a screening tool – Malnutrition Universal Screening Tool (MUST) – which correlated people's weight, height and body mass index. If people had been identified as having lost weight, then the chef was informed so that higher calorie meals or snacks could be offered. If necessary, the GP was also consulted. This was an example of real 'joined-up' working towards the best possible outcome in ensuring that people were well nourished and their individual dietary needs catered for.

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support. Staff were knowledgeable about people's healthcare needs and were able to describe what signs might indicate a change in their wellbeing. For example, one member of care staff described how they would recognise that someone might have a urinary tract infection and what action they would take. Another member of staff told us of someone they were supporting who suddenly developed slurred speech and they were concerned that they might have had a mini stroke. They said they informed the senior staff member on duty who immediately called the emergency services. District nurses visited at least twice a week to provide treatments and advice, monitor pressure areas and carry out blood tests for people. GPs undertook monthly visits at the home, in addition to providing any emergency support. A chiropodist visited every six weeks and an optician and a dentist also assessed people in the home. In addition, staff were able to access support and advice from a dietician, speech and language therapist and psychiatric support.

A relative talked about the care their family member had received following healthcare concerns. They said that a hospital appointment had been arranged promptly and district nurses had visited to provide after care for the particular problem and that a successful outcome had ensued. The registered manager told us that when a GP visited, she asked them to write down any action or outcomes of their visit in the person's care record. This was also included in people's daily records. This meant that information about people's health and any action required was recorded accurately and could be dealt with accordingly.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that people and staff knew each other very well, not just their personal preferences and choices, but family news, events or celebrations. Care and cleaning staff used the time they spent with people well – they chatted with them and used humour to good effect, whilst carrying out personal care and seeing to people's needs. One person told us, "Staff are very nice, they're lovely". Another person said, "All the staff seem good. I've always been used to looking after myself" and added that staff encouraged them to be as independent as possible, which was their preference. A relative referred to staff and said, "We can always have a laugh". This relative described how staff and the provider had been particularly helpful and supportive when several members of the family had significant health issues. They told us, "They're really understanding and they have so much patience". People were treated with kindness and compassion and staff cared for people over and above what was required of them. For example, the registered manager said that some staff came in to take people out, even when it was their day off and they should not have been working.

Throughout our visit, we observed that staff interacted with people in a warm and friendly manner. People and staff laughed together and staff used a gentle touch to reassure and support people. Staff walked with people at their pace and when communicating with them, they got down to their level and used eye contact. They spent time listening to people and responding to their questions patiently. Staff explained what they were doing and offered reassurance when anyone appeared anxious. From the most recent satisfaction survey, all 23 residents or their relatives who responded, rated the friendliness of staff as 'good' or 'excellent'.

The registered manager told us that a party with a '1920s' theme was planned for October when two people living at Clapham Lodge Care Home would celebrate their 100th birthdays. People, relatives, friends and staff would be encouraged to dress up as a gangster or flapper. A charge of £5 per person would be made for the food which would be transferred to the 'residents' fund', which would then go towards activities, entertainments or outings.

People's privacy and dignity were respected and promoted. One person confirmed this to us and added, "They give me a bath on a Sunday. We all have one day to have a bath and I have my hair washed". They said that they could have a bath more frequently than one day a week, but that this was their choice. Staff discussed people's care needs in a respectful and compassionate way. They were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. The door and curtains were closed and the person was covered while staff assisted with personal care. People looked well dressed and smart and some people had their nails painted. Staff took time to assist people with their personal care and appearance.

People's relatives and friends were able to visit without undue restriction and there was a special area of the home available if people wished to have some private time together and share a meal. A relative told us, "I can come whenever I want, but it tends to be mornings. I come and take mum to lunch". Relatives, friends and professionals visited the home throughout the days of our inspection and there was a busy, friendly and positive vibe about the place.

People were supported at the end of their life to have a private, comfortable, dignified and pain-free death. People, and those that mattered to them, were involved in the planning, decision making and management of their end of life care. Clapham Lodge Care Home does not provide nursing care, but staff had received end of life training, so that people could be cared for at the home, rather than be transferred to hospital. Some care records included people's end of life wishes and that these had been discussed with the person and their family.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Within each person's care record, there was a document entitled, 'Knowing Me'. This provided a pen picture of the person including information about their family, friends and pets and a description of the personality of the person. There was information about people's cultural preferences and spiritual beliefs. Care plans provided staff with detail about people's hearing, eyesight, dental hygiene, washing and dressing routines, eating and drinking, pain control, mobility, communication and medical history. There was a social assessment which included, 'people important to me', 'things you could do to help me maintain contact' and 'my favourite TV programmes'. People's likes and dislikes were documented in detail, for example, how people liked to spend their spare time and what colours they liked to wear. Care plans were reviewed by staff with people on a monthly basis. One person said, "I'm always in my bedroom. I don't like going into the lounge. I like watching the TV and things like that. I like being quiet, on my own".

An activities co-ordinator was responsible for organising a wide range of activities for people and was supported by an additional person, to provide entertainment sessions. The activity diary for August included sessions for crosswords, bingo, extend exercises, music therapy, pet therapy, pottery painting and board games. An attendance register was kept for the activities and in the last week, the bingo sessions and extend exercises were particularly well attended. One person told us, "They go to great trouble to provide you with interests and activities you enjoy". In addition, entertainment was provided from visiting singers, films were shown and special occasions were made of national events such as Wimbledon (tennis) with strawberries and cream teas and the Grand National, with a sweepstake. People had the opportunity to go on trips to places of local interest such as Worthing Museum and the Arundel Wetlands Centre. Staff also took people for walks and down to the local tearoom on a one-to-one basis. One person told us, "One day they took me over the fields and I had a cup of tea out". A shop was available to people where they could buy items such as sweets and toiletries from the trolley; people could also participate in organised shopping trips from time to time.

On the day of our inspection, people were engaged in completing a crossword puzzle in the morning. Some people chose not to be involved and one person read a newspaper instead. People were invited to shout out clues and give their suggestions for the answers. People appeared to be involved and were enjoying the activity. In the afternoon, a bingo session had been organised. This was a lively affair and if people had a winning line, they received a choice of prize from toiletries, sweets or biscuits. At the end of the bingo session, the organiser read out to people what was on television and people expressed their preferences.

Activities were organised for people on an individual basis. For example, one person had expressed a desire to visit Lancing College, a public school on the South Downs. The activities co-ordinator had organised a visit specifically for this person and they had really enjoyed it. Another person enjoyed feeding the birds and saved left-over crumbs to put on the bird table in the garden which they could see from their bedroom window. A knitting circle was enjoyed by some people and provided an opportunity to chat as well as knit. A 'reminiscence lady' visited the home from time to time and people could choose what they wanted to discuss. The reminiscence lady would then try and bring in artefacts or postcards which related to the particular topic chosen. One person was interested in wartime aeroplanes, so a 'Painting by Numbers' had been purchased so that he could paint a picture of a Spitfire. Another person enjoyed gardening and had a mini-greenhouse in his bedroom, so that he could enjoy nurturing cuttings and plants. People could also help with gardening outside and the provider had built a 25ft long bowling alley, which was set up sometimes.

A hairdresser visited every fortnight and the activities co-ordinator provided regular manicures to people. People had an opportunity to spend time with the local curate who visited regularly and to receive Holy Communion if they wished.

Activities were discussed as an agenda item at residents' meetings and people commented on the programme, expressed their preferences and made suggestions for change. For example, people had recently discussed whether they would prefer to attend a pantomime or a show at Christmas time.

The service routinely listened and learned from people's experiences, concerns and complaints. People were made

Good

Is the service responsive?

aware of the complaints system and information was provided in the Clapham Lodge Welcome Book when people came to live at the home. One person said, “I know how to complain and, if I needed to, I’m sure the complaint would be addressed”. Staff told us they were aware of the complaints policy and procedures. They knew what to do if someone approached them with a concern or complaint and had confidence that the registered manager would take the complaint seriously. Two complaints had been received in 2015. We spoke with the person who had made one of the complaints and followed this up with the registered manager later, to establish that the complaint had been dealt with satisfactorily. A relative told us, “I have no concerns really”.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. People received a newsletter from time to time to inform them on items of interest at the home. For example, the latest newsletter was from the provider who had written about plans to extend the buildings and what would be happening. The registered manager said she had plans to organise a monthly newsletter in the future to keep people and their families up to date. Residents' meetings were held and people could choose whether or not to attend these. A relative confirmed that they saw copies of the residents' meeting minutes. At the last residents' meeting held in August, discussions had taken place on the new extension, people's preferences with regard to bathing and showering, cleaning, staff and care, food and activities. Residents' meetings were held at least three times a year. A satisfaction survey had been completed by people recently and in response to the quality of care provided, 21 out of the 23 responses rated it as 'good' or 'excellent'.

The Statement of Purpose 2015 states that the aim of the home is to provide people with a life that is as normal as possible, given their individual health and care needs, in homely surroundings , with care that will enable them to live as independently as possible, with privacy and dignity and the opportunity to make their own choices. The provider told us, "Our vision is to be a little bit unique, keep the family atmosphere and keep it as homely as possible". They added, "People have come here and changed for the better and we try and improve their quality of life. People form friendships too. It's about what people want and we also have happy staff who enjoy working here". The registered manager thought that the culture of the home was, "First and foremost, everyone is individual. It's all about the individual and staff understand this. It's a homely environment. They can choose when to get up and when they want to go out. Staff can take them out as do friends and families". Staff told us that the aims were to give people choice and opportunities, to improve their lives and help them realise that people care about them, to provide a homely environment where people feel they are in a family and to provide high quality care with the person in the centre. The service had a clear vision and set of values that were understood and promoted by all staff.

The service demonstrated good management and leadership and there was a clear line of management responsibility from the provider, through to the management team and staff, although this was not hierarchical as everyone was treated equally. The provider said, "We have some fantastic staff who all work well as a team". They provided examples of how the cook met with people and asked what they would like to eat on a daily basis, that cleaning staff chatted with people whilst cleaning their rooms and around the home. They said that staff knew people well and knew each other's personal histories and what was happening in their families. The provider added, "We see improvements as an investment for the future" and "It's good fun and we enjoy it as well". The providers were involved in all aspects of Clapham Lodge Care Home, from the maintenance overall to knowing every resident and their relatives on an individual basis. They came in on most days and took over the ownership four years ago. They said, "We look forward to getting up and coming here".

Staff knew and understood what was expected of them. There was a 'Staff of the Month Award' which was given to any member of staff who had gone above and beyond what was required of them in their role. The registered manager considered possible recipients for the award and then discussed these with the provider. They would then vote on who should receive the award and senior staff also voted. The successful staff member would receive £30 and awarded a certificate.

The registered manager and the deputy manager had a good knowledge of people in the home. They were visible, spent time on the floor and staff said they were both open and approachable and that they would go to them if they had any queries or concerns. One member of staff said, "The manager is fine and approachable and would definitely deal with things correctly". Staff said that the providers too were very visible, open, approachable and supportive and this was our observation at inspection. Staff thought Clapham Lodge Care Home was, "a good place to work". All felt supported by the registered manager, their colleagues and the provider. One member of staff said, "I love this place – it's homely and nice, we have a good team and communication is getting much better". Another said, "We have a great team, provide a good level of care, do our best and have so much fun".

Managers and staff had a shared understanding of the key challenges, achievements, concerns and risks. There were regular staff meetings when staff discussed any issues

Good

Is the service well-led?

about the service, their work, proposed changes and shared any new information. Staff said they were encouraged to bring up suggestions for improvement at these meetings. One member of staff told us how their suggestion to weigh people when they were 'resident of the day', rather than weighing everyone on one day, had been successfully adopted. The deputy manager told us they had also recently introduced departmental meetings. Issues raised at these, such as more storage space for cleaners and an increase in the shop budget requested by the activities co-ordinator had already been dealt with satisfactorily.

Staff described the strengths of the home as, "It's like one big family", "a good staff team who support each other" and "the owners are in every day and can address any issues immediately". The registered manager talked about her three 'walkaround' meetings every day which enabled staff to talk with management. Priorities for the day were discussed, any reviews to care plans and contacts with healthcare professionals arranged. The registered manager said she was proud of achieving her management qualification and added, "I think I'm really approachable with my staff, residents and relatives". She thought that part of being a successful manager was keeping up with the paperwork on a daily basis. The registered manager said that she started work at 7.30 in the morning as she liked to liaise with the night staff. She also worked night shifts sometimes and undertook unannounced night visits to check that everything was running smoothly at the home.

Quality was integral to the service's approach and there were robust quality assurance and governance systems in place to drive continuous improvement. Monthly checks were undertaken on first aid boxes, controlled drugs, residents' money, weights, emergency procedures, accidents and incidents and medicines. Staff described how they would report and record any accidents or incidents. The deputy manager told us that these were audited every month in order to identify any common themes from which they could learn and adjust their practice. Monthly internal audits were introduced in June 2015 to check the quality and accuracy of the medication records. In the last two months, one error had been identified relating to the failure of staff to sign for a PRN medicine, when it had been offered, but not needed. The deputy manager said that any medication errors were fully investigated and any issues identified would be addressed and action taken as necessary.

'Resident of the Day' ensured that every aspect of a person's care was reviewed on an individual basis. Where people were unable to communicate easily with their friends or relatives, a folder of photos had been put together for them. For example, one folder showed a person enjoying painting pottery and smiling and laughing with other residents and staff. Whilst this person might not have been able to directly communicate or remember how they had spent their day, this folder of photos provided the visual evidence. A relative described how they had selected the home for their family member and said, "We looked at one or two others, but this felt right". The atmosphere at Clapham Lodge Care Home was warm, bright and friendly. The hall area was welcoming with fresh flowers on display and menus had been printed which showed the food options available for that day. The provider shared their ideas with us and how they planned to develop the business and extend the home. They said, "We've been spending a lot of money on improvements and we spend a lot on activities too". This was evident in what we observed as we visited various parts of the home. There was a real holistic approach to the delivery of high quality, personalised care to people. A lot of thought had been given to providing a homely environment, from the well-maintained premises, through to the engagement of staff and management with people and ultimately to the provision of a meaningful, good quality of life for the people who lived at Clapham Lodge Care Home.