

Care with Hope Ltd

Clarendon Gardens

Inspection report

77 Clarendon Gardens
Wembley
Middlesex
HA9 7LD

Tel: 02089045574

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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

About the service

Clarendon Gardens is a care home providing personal care and accommodation for people who have mental health needs. There were five people using the service including one person who was receiving hospital care and treatment at the time of the inspection. The care home accommodates up to six people in a house similar looking to other houses within the area. Public transport services and a range of shops are located close to the home.

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

Staff knew people well and had a caring approach to their work. They engaged with people in a considerate and friendly way. People spoke in a positive way about the staff who supported them.

Each person had a care plan that was up to date and personalised. People were fully involved in the planning of their care and support.

Staff had the skills and knowledge to provide people with the care and support that they needed and wanted. They received a range of relevant training and had the support they needed to enable them to carry out their roles and responsibilities.

Staff respected people's privacy and dignity and understood and valued people's differences.

People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe.

Systems were in place to ensure that people received their prescribed medicines safely.

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 services supported this practice.

People had a choice of meals, snacks and drinks.

People received the support they needed to stay healthy and to access healthcare services.

Staff encouraged and supported people to participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The provider had systems in place to manage and resolve complaints.

Staff told us that the registered manager and chief executive officer were open and supportive.

Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

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 13 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clarendon Gardens is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We also used the information the provider sent us in the Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information and the previous inspection report to plan our inspection.

During the inspection-

We spoke with the registered manager, chief executive officer, the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), two care workers and four people using the service. We also spent time observing interactions between staff and people who used the service.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, four staff employment records, staff training information and quality monitoring records.

After the inspection –

We continued to seek clarification from the registered manager to validate evidence found. We looked at a person's personal emergency evacuation plan and training information. We spoke with two people's relatives and three healthcare and social care professionals involved in people's care.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. People's relatives told us they were not worried about people's safety.
- Staff received training in safeguarding people. This supported them to understand the different types of abuse people may experience.
- Staff knew that they needed to report any suspected abuse and/or discrimination to the registered manager. However, one care worker needed some prompting before telling us that they would if necessary report suspicions of abuse to the host local authority safeguarding team. The registered manager told us they would ensure all staff were reminded of the safeguarding procedure.
- The provider had a whistleblowing policy. Staff told us that they would always report to management any poor practice from staff to ensure people were safe.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage risks were in place. Risks to people's safety, health and well-being were assessed. Risk assessments included risks of scalding, getting lost, and risk of financial abuse. They were reviewed regularly and included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.
- Staff knew about the risks to people's safety. They knew that they needed to report any concerns to do with people's safety to the registered manager.
- Service checks of the gas, electrical and fire safety systems were carried out as required. People took part in regular fire drills and there was an up to date fire risk assessment. However, we noted that each person using the service did not have a personal emergency evacuation plan (PEEP). PEEPs include information that staff, and emergency services needed to support people to leave the premises in an emergency. These were promptly completed by the registered manager following the inspection. The registered manager informed us that the PEEPs would be accessible to emergency services.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- Arrangements were in place to ensure that there were enough staff to meet people's care needs. Staff told us that staffing numbers were flexible and responsive, which ensured people had the support that they needed to attend healthcare appointments and social events. Some staff had recently worked over their contracted hours. The registered manager told us that this was due to staff having taken annual leave. They informed us that staff working hours were monitored closely to ensure they met current legislation and that staff do not get over tired.

- People received support and care from regular staff who understood their needs. People told us they knew all the staff and received the support they needed.

Using medicines safely

- The service had a medicines policy which covered the recording and safe administration of medicines and was accessible to staff. Staff knew they needed to follow the medicines policy guidance. We saw staff administer people's prescribed medicines safely. Staff followed safe protocols for the ordering, storage, administration and disposal of medicines. People told us they received the medicines they were prescribed.
- At the time of the inspection no one was administering their own medicines. The registered manager told us people had started a personalised step by step process where self-administration of their medicines was the goal.
- Written protocols for administering PRN (medicines administered as needed) medicines safely were in place.
- Staff had received medicines training and their competency to administer medicines had been assessed. However, staff medicines competency assessments had not been recorded, and we found there was one gap in the medicines' administration records. The registered manager told us that they would speak with staff about the importance of recording all medicines administered. They also told us they would repeat the staff medicines competency assessments and ensure they were recorded. Following the inspection, the registered manager told us that she had arranged for staff to complete medicines refresher training.
- Auditing of medicines and stock checks took place regularly to monitor the safe management and administration of people's medicines.

Preventing and controlling infection

- The home was very clean. Cleaning tasks were completed each working shift by staff. The cleanliness of the service was monitored by management staff.
- Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were available to staff to use when needed to minimise the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Records showed they had been responded to appropriately, reviewed by the registered manager and action taken to reduce the risk of reoccurrence. They were also monitored by the provider. The registered manager told us that the monitoring would be further developed to include looking for patterns and trends to help prevent accidents and incidents being repeated.
- The registered manager told us that lessons learnt, and areas of best practice were shared with staff to keep people safe. Staff team meeting minutes showed that practice issues to do with health and safety had been discussed with staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's needs had been fully assessed with them before they moved into the home. This was to make sure that the service could meet the person's needs. Care and support plans were developed from the assessments to ensure staff knew how to provide each person with personalised care.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's individual needs and effectively provide the care they needed.
- 'Daily' records of people's progress were completed. Staff told us people's needs were assessed on an ongoing basis, so staff always provided personalised effective care.
- People told us they made choices about their care and staff respected the decisions they made.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff. This helped them to learn about their role and responsibilities. Feedback from people, relatives and care professionals informed us that they found staff to be knowledgeable about people's needs and competent in carrying out their roles.
- Staff had completed a range of training relevant to their role and responsibilities. A member of staff told us they would ask the registered manager for further training if they felt they needed it and were confident it would be provided.
- Staff were supported to complete qualifications in health and social care.
- Staff told us that were well supported by the registered manager and other senior staff. They received regular supervision and appraisal of their development and performance.
- Relatives spoke positively about the staff. They told us, "They [staff] are well trained. They know about [person's medical condition] and contact the GP when needed." A person told us "I see the doctor."

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

- People's nutritional and dietary needs were assessed and understood by the service. Staff were knowledgeable about people's cultural and other dietary needs, and provided people with the support they needed to meet those needs. People spoke highly of the meals provided.
- People were supported to make healthy food choices. They were involved in planning the menu and went food shopping with staff. Staff encouraged people to choose nutritious food options and be involved in cooking meals. We saw a person make their own breakfast. The registered manager told us that they were looking at further ways to develop people's knowledge and skills in planning meals and food preparation to

further support people's independence.

- People's weight was monitored. Staff knew that they were required to report all changes in people's weight to the registered manager and refer to healthcare professionals when needed.

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

- Staff engaged with people, their families, and with other agencies to meet the health and care needs of people. People were supported to access healthcare services.
- People told us they saw a doctor when they were unwell and received the care and treatment they needed. People's access to other primary health services, such as chiropody, opticians and dentistry, was documented.
- There was detailed information in people's care files to inform staff about people's health including their oral (mouth) health, medical needs and wellbeing. Personalised guidance helped staff recognise when there was deterioration in people's health and ensured they knew how to provide people with the care and support they needed.
- Changes in people's needs were shared with commissioners (representatives of public bodies that purchase care packages for people), when needed.

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

- The environment was suitable for people. The building was a house like others in the area. There were no specific adaptations. People were fully mobile and were able to access all areas of the home including the garden.
- The home was well maintained, and its décor and furnishings were pleasant and in good order. People told us they liked the home. They told us they had personalised their bedrooms.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a good understanding of MCA and DoLS, they knew when they needed to make a DoLS application.
- Staff completed training to help them understand the principles of the MCA. Staff told us they always asked for people's agreement before providing them with support.
- People had the capacity to make decisions about their lives including those to do with their care and treatment. Staff knew that if the service was concerned about a person's capacity to make decisions they would ensure that decisions were made in people's best interests by those involved in their care.
- No one had an authorisation to deprive them of their liberty (DoLS). People were free to go out and about and access community facilities and amenities without restriction.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw positive engagement between people and staff. Staff interacted with people in a friendly and respectful way. People's relatives told us people were well treated by staff and knew them well. One person's relative told us that a person would tell them if they had not been treated in a respectful way by staff. A person told us "I am happy, it is good here, we have choice."
- Staff were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. Staff showed respect for people's individuality, preferences and beliefs. A person regularly attended a place of worship.
- People were asked about their individual needs and preferences during the pre-admission assessment. People's care plans included detailed information about people's background to help staff get to know them and understand their life experiences.
- People received support from consistent care staff who had a good knowledge of people's likes and interests and how they wanted to be supported. A person's relative told us that a person received "good care," and was "very happy." Another person's relative told us "I am so happy. They [the service] are so good."
- Healthcare and social care professionals told us that people were well cared for. One care professional told us that during a visit to the service "residents looked happy and well" and they had no concerns about people's care.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in all aspects of their care with staff supporting their decision making. They made choices about their lives. These included making decisions about their goals, what they wanted to eat, drink, do and wear. These were respected by staff.
- People had the opportunity to attend regular residents' meetings and one to one meetings with staff where they could express their views about their care and the service they received. Records showed a range of matters were discussed with people including finances, activities and goals associated with moving on to more independent settings.

Respecting and promoting people's privacy, dignity and independence

- Staff were considerate and respectful of people's privacy. They knocked on their bedroom doors and waited for the person to open the door. People had their own key to their bedroom and could spend time alone when they wished.
- Staff told us they encouraged and supported people to do as much as they could for themselves including

doing their own laundry and helping with household tasks. The registered manager spoke about how people were supported to develop their confidence and abilities, so they would be prepared to live in more independent settings. This included developing skills in cooking and food and clothes shopping. A person told us "I buy my own clothes."

- The service had worked with healthcare and social care professionals in helping a person gain the skills they needed to live more independently. The person had recently moved to a more independent living service.
- Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care. People's care records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans detailed their individual needs and included personalised guidance about how staff needed to support them. Staff were knowledgeable about each person's preferences and goals. People told us they were aware of their plan of care and support. A care worker told us that people had "100% choice."
- Staff communicated effectively with each other to benefit people. They were kept up to date about all changes in people's care and support needs. A care worker told us that staff constantly spoke with each other and with people about people's needs. Handover meetings and a communication book were used to share information with staff.
- People, staff, healthcare and social care professionals and when applicable people's relatives were involved in regular reviews of people's needs. These care plan reviews ensured staff knew how to meet each person's current care needs and goals and were responsive to any changes. People's relatives told us they were always kept informed about any changes in people's needs.
- A social worker spoke positively about the service. They told us that the service was person centred and that the people they support were happy living in the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans. People were able to verbally communicate their needs and read. The registered manager told us that if in the future people needed to receive information in a particular format, they would ensure that this was provided in a way that suited their individual communication and sensory needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to lead meaningful lives. They participated in a range of social activities, that met their needs and preferences. A person spoke of the activities they enjoyed which included going to cafes, day trips, shopping, watching television, and listening to music. Another person spoke of going swimming and bowling. One person spoke of having enjoyed a recent holiday.
- People's relationships with family members and friends were supported by the service. People's relatives told us that they felt that people were very happy living in the home. One person's relative spoke of the

support staff provided a person so they could visit them at their home. Another person's relative told us that the person often spoke about enjoying the activities they participated in.

- Feedback from healthcare and social care professionals indicated that they felt the service could better promote, prepare and encourage people to aspire and achieve moving on to a more in. The registered manager spoke of learning from the experience of recently supporting a person to move on. They told us they had plans to further develop people's independence by encouraging them to take part in more personalised day to day activities to help them to further develop independent living skills.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. There had been no recent complaints. People were given a range of opportunities to raise any complaints or concerns and confirmed they understood how to do so.
- People told us they had no complaints about the service. They and their relatives knew who to speak with if they had a concern or complaint. A person's relative told us, "If I had a complaint I would talk to the manager."
- Care staff knew that they needed to report to management any complaints and concerns about the service that were brought to their attention by people, people's relatives or others. The registered manager told us any complaints would be used to reflect on and improve the service.

End of life care and support

- The service was not providing end of life care and support. The people living at the service were not old and had not made decisions regarding the care and support they wanted at the end of their life. The registered manager told us they would work with people to explore people's preferences and choices in relation to end of life care. This would help ensure they received the care and support they wanted if they needed end of life care whilst living in the home.
- The manager told us that they would ensure that staff received the training and support they needed to provide people with personalised care at the end of their life.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 registered manager and other staff had knowledge and understanding about their roles and responsibilities. They showed commitment to providing a caring, effective and responsive service to people.
- Quality systems were in place to monitor the quality of the service and make improvements where needed. Day to day checks of a range of areas of the service were carried out. The nominated individual carried out regular comprehensive audits of the service. Action had been taken to address shortfalls and make improvements when found to be needed.
- Staff and people's relatives spoke highly about the management and running of the home. Staff told us management staff were available at any time for advice and support.
- The registered manager was responsive to our feedback from the inspection. After the inspection, she took action to make improvements that included organising refresher medicines training for staff.
- The registered manager spoke of the learning that they and the staff team had gained from working with a person and healthcare and social care professionals, which had resulted in the person moving to a more independent living setting.

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

- People's individual needs and abilities were respected and understood by staff. People spoke positively about the staff and management. A person told us that they were "very nice".
- People were supported to make their own decisions about their own lives and how they wished to live them. They were encouraged to feedback about their experience of the service. The registered manager spoke of the importance of people being supported to have a voice and empowering people. Where possible people's views were acted on. For example, during a residents meeting people had suggested having a barbeque, and this was being arranged.
- Staff meetings provided staff with the opportunity to give their views about the service and to discuss people's care needs and best practice.
- People were being supported by a staff team who enjoyed their work and worked well together supporting each other. A care worker told us that they were encouraged to speak up and the management were "excellent."
- People had opportunities to maintain and develop positive links with their community. People accessed local facilities and amenities.

- Relatives told us they were kept well informed about people's needs and felt assured that they could raise any issues about the service with the registered manager. They were confident they would be listened to and the matters addressed appropriately.

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 policies in place to make sure staff acted appropriately should something go wrong. The registered manager and other staff knew when they needed to report significant events to us and other agencies involved in people's care.
- The registered manager knew the importance of being open, honest and transparent with relevant persons including people's relatives, in relation to people's care. They knew they needed to take responsibility when things go wrong. Learning was shared with staff, to prevent reoccurrence.

Working in partnership with others

- The service worked in partnership with healthcare and social care professionals to improve outcomes for people by making sure people received the care, support and encouragement they needed to achieve their goals.
- Healthcare and social care professionals told us that management staff communicated well with them, and people received the care they needed. They confirmed the registered manager and other senior staff had worked with them to support a person to move into a more independent living service.
- The registered manager told us people would be supported to access an advocate if they wished. Information about advocacy was available to people and staff.