

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Clarendon Gardens is a care home providing personal care to up to six people who live with mental health conditions. At the time of our inspection four people were living in the home.

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

We saw positive engagement between staff and people. Systems were in place to ensure people were protected from abuse and treated with respect and dignity. People and care staff were confident that allegations of abuse would be dealt with appropriately.

People told us that they felt safe living in the home. They knew who to speak with if they had a worry or concern about the care and support they received. Personalised risk assessments were in place. Staff were committed to supporting people to be as independent and as safe as possible.

People's care and support were personalised. They were supported to take part in activities of their choice. People's interests and preferences were known to staff.

Staff and people using the service participated in the regular COVID-19 testing and vaccination programme.

People who used the service received their medicines safely.

Care staff received the support and guidance they needed to carry out their role and responsibilities effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People made decisions about their care, and about matters to do with the running of the service.

There were quality assurance systems in place to identify and address any shortfalls and make improvements to the service.

Staff worked with healthcare and social care professionals, to ensure that people received an effective and safe service. People were provided with a range of opportunities to feedback about their experience of the service they received.

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 5 October 2019).

Why we inspected

We received information about concerns in relation to the number of hours the director worked in the home, people's one to one care and support, bland food and the use of closed circuit television (CCTV) in the home. As a result, we undertook a focused inspection to review the key questions of Safe, Effective, and Well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clarendon Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the last inspection report, feedback we had received about the service and 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. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with the four people using the service, the registered manager, and two care staff. We reviewed a range of records which related to people's individual care and the running of the service. These records included people's care files, staff records, policies, medicine administration records and a range of records relating to the management and quality monitoring of the service. We also spent time observing staff engagement with people using the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager provided us with staff training records, audits, minutes of staff and residents' meetings and other documentation to do with the management and running of the care home. Three people's relatives and two social care professionals provided us with feedback about their contact with the care home.

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.

Staffing and recruitment

- Before this inspection we had received information telling us that the director had been working an excessive number of hours each week. We were provided with six weeks of staff rota records that showed that there were some weeks that the director and some other care staff had worked over 70 hours a week. We were informed by the registered manager that staff had opted out of the 48-hour average weekly hours legislation. However, working long hours could be of risk to staff health and well-being. Tiredness could lead to lack of attentiveness which could be of risk to staff and people's safety.
- At this inspection we reviewed recent staff rotas and found that the registered manager had been responsive in reducing the number of hours worked each week by staff and the director. Regular agency staff had been employed to address the issue. The registered manager told us that she continued to monitor closely the number of hours staff worked and that recruitment of more staff was being considered.
- Systems were in place to ensure appropriate checks of new staff were carried out to ensure that only suitable staff were employed in the home.
- Staff told us that there were enough staff to ensure people were safe and their needs were met.
- People told us that there was always a member of staff available to talk with them and assist them. During the inspection staff responded promptly when people asked for their help with tasks.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medicines' administration records showed they received their medicines as prescribed.
- Staff had received medicines training and their competency to administer medicines had been assessed.
- People told us they had their medicines at the right time and received the blood tests they needed for some of their prescribed medicines.
- Two people had each been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. PRN protocols were in place, however they lacked detailed guidance to ensure staff consistency when administering the medicine. For example, one person was prescribed a medicine for a particular type of pain but their PRN protocol lacked personalised information about how symptoms of this pain might be presented by the person. Following the inspection, we were provided with documentation that showed that the PRN protocols had been reviewed and updated and checked by a pharmacist.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. Staff were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay.

- People told us they would speak to their key worker or management staff if they had a concern about the way they were treated.
- Staff had a good understanding of the whistleblowing procedure and knew how to report any concerns they had about the service including people's care.
- Most people managed their own finances. People's care plans detailed any support people needed with budgeting and managing their monies. Records of income and expenditure were maintained for people who needed support with managing their finances. Regular checks of the administration and management of people's finances were carried out.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. People's risk assessments were personalised and regularly reviewed. They included detailed guidance for staff to follow to keep people safe.
- People told us that they felt safe living in the home. One person's relative told us, "[Person] would tell me if something is worrying him. [Person] is safe."
- Regular health and safety service checks were carried out to make sure health and safety legislation was met and people and staff were protected. These included checks of the fire, electrical, gas and water systems.
- Regular fire evacuation drills with people and staff took place. Fire safety had been recently discussed with people during a residents' meeting.
- Maintenance issues were addressed promptly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A visitors' COVID-19 risk assessment was in place and records showed that it had been applied to visitors. However, when we visited staff needed some prompting to implement it. The registered manager reminded staff during the inspection and told us that she would carry out a refresher learning session.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accident and incident records were well recorded and showed that appropriate actions to address concerns had been put in place.
- Incidents were reviewed during the quality checks carried out by senior management.
- Learning was shared with staff through supervision, handovers and staff meetings. Information we received following the inspection showed that incidents during the last year had been reviewed for patterns and trends. This helped staff to better understand incidents and learn from them.

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's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and reviewed to ensure they received personalised care and support. People told us they were fully involved in decisions to do with their care.
- Records showed that when people received commissioned hours for extra one to one support, they had a personalised activities timetable which showed the support that they were provided with during those hours.
- People's care plans and risk assessments were personalised and included detailed guidance for staff to follow to ensure people's individual needs and choices were met.

Staff support: induction, training, skills and experience

- Care staff had received an induction when they started working in the home. They told us that their induction had been useful and informative and included 'shadowing' other care staff to help them learn and understand their role and responsibilities.
- Staff told us they learnt about people's needs by speaking with them, reading their care and support plans and from speaking with the staff team.
- Staff received relevant training for their role and responsibilities. They told us they were provided with ongoing support and regular supervision and felt well supported by the registered manager.
- Care staff had received coaching in a range of matters to do with the service during their one to one supervision meetings. Areas that had been discussed included, health and safety, COVID-19 vaccination, training and teamwork.

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

- All the people using the service told us they could choose what they wanted to eat and were happy with the meals provided. During the inspection, people chose their lunch and told us they could prepare their own drinks and make snacks when they wanted too.
- People participated in the development of the menu and food shopping. They told us their preferences and cultural dietary needs were met by the service. This was demonstrated by the meals people received during the inspection.
- People's nutritional needs and weight were assessed and monitored closely. Staff knew that they needed to report significant changes in people's weight to the registered manager and others involved in their care.

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

- Staff worked with a range of agencies and healthcare and social care professionals to ensure people

received consistent, effective timely care.

- People's care plans contained personalised information and guidance in relation to their healthcare needs and were updated when there were changes.
- One person's relative told us, "They [staff] let me know if person is unwell. They ring me when [person] is going for appointments, doctor, eye test or blood test." A relative told us that their loved one's mobility had improved since living in the care home.
- People told us their health and other needs were met by the service. They spoke of the contact that they had with their GP and of healthcare appointments they had attended. One person told us, "I have blood tests, and I have been to the dentist and the GP surgery." Another person told us that they had used the gym equipment in a nearby park.
- During the pandemic much of the contact that staff had with external professionals was via telephone, video calls and email. However, a GP had recently visited the home to administer COVID-19 vaccines to people and staff.

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

- CCTV had been recently installed in some communal areas inside and outside the care home. A CCTV policy was in place and records showed that people and staff had discussed the implementation of these video surveillance cameras. However, there were no CCTV signs to advise visitors that CCTV cameras were in operation, which is a legal requirement for businesses. Following the inspection, the registered manager promptly addressed this.
- The home was clean, well-lit and warm. People had access to well-maintained communal areas which included a lounge/dining area, kitchen and enclosed garden.
- People told us that the environment suited their needs and they liked the décor. They said they were happy with their bedrooms, which they had personalised with items of their choice.
- The registered manager was aware of the importance of ventilation during the pandemic. Windows were opened frequently to help minimise the spread of infection.

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.

- At the time of the inspection all the people using the service had the capacity to make their own decisions about their care and treatment. No one living in the home had a DoLS in place.
- Staff were aware that a decision could be made in a person's best interest when they lacked the mental capacity make it themselves.
- People told us that they felt listened to and were able to make choices about their lives which were respected and supported by staff.

Is the service well-led?

Our findings

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

At 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they felt that staff were approachable, and they could speak with them at any time about anything they wanted to talk about including matters to do with their care.
- People's care plans were person centred and detailed the support people needed to achieve good outcomes.
- People told us their independence was supported. They spoke of being encouraged by staff to do things for themselves, and of being involved in household tasks including tidying their bedroom and laundering their clothes. One person told us their goal was to move onto a more independent living service. A review of a person's needs took place during the inspection in relation to a possible future move to a supported living service.
- Staff spoke in a positive way about their role in delivering care and support for people, and the importance of people being supported to develop their skills so they could lead the life that they wanted.
- The provider had followed current government guidance to support people's relatives to visit them during the COVID-19 pandemic. People had been supported to keep in touch with their relatives via telephone calls and outside visits. One person received a call from a relative during the inspection. The person told us they had spoken regularly with their relatives, during the pandemic.

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 registered manager understood when she had to notify the CQC, commissioners and other agencies of significant events and/or incidents to do with the service.
- Peoples' relatives told that the registered manager was good in communicating any changes regarding people who used the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and care staff were clear about their roles and responsibilities.
- Various daily and weekly checks of the service were carried out by staff. These included checks of the fridge freezer temperatures, medicines, fire safety, and cleanliness of the service. The nominated individual (person responsible for supervising the management of the service on behalf of the provider) carried out regular comprehensive audits to assess the quality of key areas of service and identify any shortfalls. Records showed improvements were made when needed.

- A range of matters about the service and staff roles were discussed during staff meetings. These included, health and safety, people's needs and progress, staff best practice, teamwork, infection prevention and control and COVID-19 guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities during residents' meetings, one to one engagement with staff and care plan reviews to be involved in decisions about the service and their care. Records showed that people had provided feedback about a range of matters including meals, activities and their care.
- Staff we spoke with had knowledge and understanding of the importance of understanding and respecting people's differences.
- People engaged in activities of their choice. Where these had been affected by the pandemic staff supported people to continue the activity in a different way. For example, one person who had enjoyed going to the cinema had been supported by staff to watch videos of films. When people had religious needs, these were fully supported by the service.
- Prior to the pandemic, one person had been supported by staff to plan and achieve their goal of having a holiday abroad, meeting up with family members and friends they had not seen for some time. The person spoke positively about that holiday.
- People's relatives spoke highly about the care home and support people received. Comments included, "The home. it is clean, spacious and managed well. Staff seem to know what they are doing" and "The manager is great. She rings me when needed."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us that during the pandemic she had been well supported by the host local authority and she and staff had accessed training, learning and COVID-19 guidance from them.
- During the inspection a social care professional obtained an update from the registered manager about the progress of COVID-19 testing and vaccinations at the care home.
- The registered manager told us about how she kept up to date with government guidance and other relevant information to make improvements when needed and to help ensure that people received effective and safe care.
- Social care professionals we spoke with were positive about the communication they had with the registered manager and other staff. One social care professional told us that staff had an awareness of what constituted good practice and understood people's needs.