

Sanders Senior Living Limited

Claridge Place

Inspection report

111 Warwick Road
Solihull
West Midlands
B92 7HP

Tel: 01212710270
Website: www.sandersseniorliving.co.uk/






Date of inspection visit:
11 May 2021

Date of publication:
17 June 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Claridge Place is a purpose-built residential care home providing personal care to up to 77 people. At the time of our inspection 23 lived at the home and two of those people were in hospital. Accommodation is available over three floors. Communal areas included dining rooms a spa, hairdressing salon and a bistro.

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

People told us they received their medicines when they needed them. However, medicines were not always managed safely and in line with the providers procedure. Following our visit, we were informed of the actions that had been taken to improve medicines management.

During our visit immediate action was taken by the manager to improve safety. This included ensuring fire doors fully closed as required and the information the fire service needed to evacuate the building safely in the event of a fire was correct.

People felt safe. Safeguarding procedures protected people from harm and the manager understood their responsibilities to keep people safe. Accidents and incidents, including falls had been analysed to identify patterns and trends to prevent recurrence.

Risks to people's health and wellbeing had been identified and staff knew how to manage risks. However, guidance was not in place to inform staff what they needed to do to manage one person's health condition. Action was taken to address this shortfall.

Staff were recruited safely, and enough staff were on duty to meet people's needs and provide safe care. Staff completed an induction when they started work and completed ongoing training to help them provide effective care to people. Staff had opportunities to meet with their managers to discuss and reflect on their practice.

The environment was clean, and the provider's infection prevention and control measures were effective.

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 had been involved in an assessment to make sure their needs and expectations could be met before they moved in. People were involved in the planning and ongoing review of their care.

People had access to healthcare professionals when needed. Managers and staff worked in partnership with healthcare professionals to support people's health and maintain their wellbeing.

People provided positive feedback about the food and the mealtime experience during our visit was positive. Staff knew what people liked to eat and drink and people who were at risk of losing weight were offered foods fortified with high calorie ingredients such as butter and cream in an attempt to maintain their health.

People and their relatives provided positive feedback about the environment and the facilities available within the building. Plans were in place to further develop the environment on the first floor of the home to meet the needs of people living with dementia.

People were happy with the care and support they received and relatives were complimentary about the caring nature of staff. Staff enjoyed their jobs and shared a commitment to providing good care. People's dignity was upheld, their right to privacy was respected and their independence was promoted.

The providers complaints procedure was on display within the home. People knew how to complain, and complaints had been investigated and responded to in line with the provider's policy.

The provider and management level oversight of the service required improvement to ensure checks and audits took place and were consistently effective to support the delivery of high quality, safe care.

The management team understood their responsibility to be open and honest when things had gone wrong. Information we received from the manager following our visit confirmed action had been taken and further action was planned to drive forward improvement.

People spoke positively about the leadership of the service. Staff understood what the manager and provider expected of them. People, relatives and staff were encouraged to provide feedback about the service through regular meetings and quality surveys.

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

Rating at last inspection

This service was registered with us on 1 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in this newly registered service. 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 reinspection 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement 

Claridge Place

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 undertaken by three inspectors.

Service and service type

Claridge Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to register with the Care Quality Commission. 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

We reviewed information we had received about the service since registering with us in November 2019. We used all of this information to plan our inspection. 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.

During the inspection

We spoke with six people who used the service and five people's relatives about their experiences of the care provided. We spoke with eleven members of staff including care staff, the home manager, concierge, deputy home manager, head housekeeper and the operations director.

After the inspection

We received staff training data from the manager and information which demonstrated the actions taken in response to our inspection visit findings.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely because the dates medicines had been opened were not always recorded. That meant the provider was unable to demonstrate those medicines were being used within recommended timescales. A staff member said, "That shouldn't happen. Everyone knows we have to record the date of opening, so it doesn't go out of date."
- A non-prescribed cream held in stock as a 'homely remedy' was not listed as a recognised item within the providers medicine administration procedure. This demonstrated staff were not working inline with the providers expectations.
- Following our visit, the manager sent us information which informed us of the actions they had taken to improve the management of medicines. This action included the providers medication policy being reviewed and updated.
- People felt they received their medicines when they needed them and the processes for the ordering, storage and disposal of medicines was safe.
- Staff administering medicines had received training in safe medicines management and their competency to do so had been assessed by their managers.
- Some people were prescribed medicines 'as and when required.' Protocols were in place to inform staff how and when those medicines should be given. Covert medicines (giving medicines to a person without their knowledge) were administered in line with legal requirements and best practice guidance.

Assessing risk, safety monitoring and management

- One set of fire doors did not fully close as required during our visit. When we brought this to the attention of the manager immediate remedial action was taken to address this risk.
- The information the fire service would need to evacuate the building safely in the event of a fire was not accurate. This placed one person at risk in the event of a fire. Immediate responsive action was taken by the manager to correct the information.
- Risk management required improvement. A risk assessment was not in place to inform staff what they needed to do to manage one person's diabetes. Action was taken to address this shortfall.
- One person described how staff 'gently' reminded them to use their Zimmer frame to reduce the risk of them falling and to press their call bell if they needed assistance during the night-time.
- Staff confidently described how they managed individual risks. One staff member said, "(Person) is at risk of choking on their drinks. We add thickener and encourage small sips."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and one person said, "It's all very safe, during lockdown the rules around visiting have been followed." A relative commented, "(Person) tells me he feels safe as the staff are always popping in to check he is okay."
- Safeguarding procedures protected people from harm. Staff confirmed they understood the different types of abuse people might experience and their responsibilities to keep people safe. One said, "If I saw poor practice, I would report it straight away."
- The manager understood their responsibilities to keep people safe. They knew when to share information with the local authority and CQC as required.

Staffing and recruitment

- Staff were recruited safely. as the provider completed checks to ensure staff were suitable.
- People confirmed enough staff were on duty meet their needs and provided safe care.
- Staffing levels were based around people's assessed health and care needs. The manager told us staffing levels would increase to ensure people's needs were met as occupancy at the home increased.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Lessons learnt when things go wrong:

- Staff knew how to report and record accidents and incidents. Accidents and incidents, including falls had been analysed to identify patterns and trends. Where needed action had been taken to prevent reoccurrence. For example, referrals had been made to the falls team.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had been given information about Claridge Place to help them decide whether they wanted to move in. A relative commented, "[Person] went for a period of respite and decided to stay, it was their choice."
- Prior to their admission people and their families had been involved in an assessment to make sure their needs and expectations could be met. Information gathered during the assessments was used to develop care plans which helped staff to get to know people and understand their needs.
- Protected Characteristics under the Equality Act 2010 were considered as part of care planning. For example, cultural needs and lifestyle preferences.

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.

- People had choice and control of their lives and one person told us, "I am free as a bird, I do what I want, when I want."
- Staff understood the principles of the MCA and provide care and support in the least restrictive way.
- Records reflected people's choices, any legal representatives and capacity assessment were in place where needed, for example, the covert administration of medicine.
- DoLS applications had been submitted when people needed restrictions placed on their care to keep them safe.

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

- Claridge Place is a purpose-built care home. A passenger lift enabled people with limited mobility to access different floors of the building. Hallways provided enough room for people to move around safely using their mobility aids.
- People had their own suites with private bathroom facilities. Communal facilities available included a cinema room, bistro, hairdressing salon, spa and a courtyard garden. One person told us, "The décor is beautiful, I love my room and the surroundings are plush."
- Plans were in place to develop the first-floor environment to better meet the needs of people living with dementia. This included signage to help people move around the home.

Staff support: induction, training, skills and experience

- People had confidence in the ability of staff to support their needs.
- Staff developed and refreshed their knowledge through an induction, followed by a programme of on-going training when they started work. Staff told us shadowing more experienced staff during their induction had helped them to get to know people.
- Further training including diabetes awareness was planned to increase staff knowledge and understanding of people's specific health conditions.
- Staff had opportunities to meet with their managers to discuss and reflect on their practice.

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

- People had access to healthcare professionals. One person told us their GP had visited them when they had felt unwell and they had also had their COVID-19 vaccinations. A chiropodist had also visited the home to maintain people's foot health.
- Managers and staff worked with other healthcare professionals, such as district nurses, to support people's health and maintain their wellbeing.

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

- People's mealtime experience was positive, with staff being attentive and offered people the support they needed to enjoy their meals. One person said, "Can't fault the food, its restaurant quality. Extremely good." People were shown plated meal options which supported decision making.
- Specific dietary needs including modified textures were catered for. A range of food and drinks were available to people 24 hours a day and staff knew what people liked to eat and drink.
- People who were at risk of losing weight were referred to healthcare professionals when dietary guidance was needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People provided positive feedback about the staff and were happy with the care and support they received. One person said, "They (staff) are brilliant, they bring me a cup of tea in bed every morning."
- Relatives were complimentary about the caring nature of staff. One told us, "The staff are lovely, I have had a lot to do with (concierge) and she is delightful. Really helpful and very friendly."
- Staff spoke about people with compassion and people's emotional well-being was promoted. Staff spent time chatting with people about things that were of interest to them. People clearly benefited from this meaningful positive engagement. One person told us, "Nothing is too much trouble, they (staff) are very kind and polite."
- Staff enjoyed their jobs and confirmed they would be happy for someone they loved to live at the service.
- The manager told us they planned to implement 'one-page profiles' for the staff who worked at the home. The aim of this was to help people get to know the staff who cared for them better.
- Dementia awareness training was available to people's relatives to increase their understanding of the condition.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. One person explained staff knew they enjoyed spending time alone in their bedroom reading and they were not interrupted. A relative told us their loved one liked to have a lie in during the morning time and they were not disturbed until they were ready to get up.
- People's independence was promoted. One person told us, "I can do a lot for myself. Staff don't take over; they help me to wash my hair. Apart from that they leave me to it."
- People's dignity was upheld. Staff were discreet when they offered people support with their personal care. For example, one staff member whispered into a person's ear, so their conversation was not overheard by others.
- People's personal information was managed securely in line with data protection law.

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

- People made daily decisions during our visit such as, where they spent their time and what they wanted to eat and drink.
- People were involved in the planning and review of their care. A relative commented, "[Person] makes all of their own decisions and they are looked after their way."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care and support was personalised to people's needs. One person said, "Everything is good. I am happy."
- Care records contained information to help staff provide responsive care including people's preferred daily routines and things that were important to them.
- Oral health needs had been assessed. The individual support people needed to maintain their oral health was documented in line with best practice.
- Staff knew people well. They knew one person used to be a ballroom dance teacher and another person loved to sing and dance. A staff member said, "By knowing all of the little things we can start to build up good relationships."
- Special occasions were celebrated. It was one person's birthday during our visit. A party was held in their honour, and a birthday cake had been made for them.
- Staff had time to read people's care plans and any changes to people's needs were shared with them during a handover meeting when they arrived at work.

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

- A variety of social activities were available to people. During our visit some people chose to spend their time quietly reading, chatting and having a cup of coffee together. Others chose to join a planned art and craft session. One person said, "I like the bingo and I am going to see the hairdresser today to be made gorgeous." The person later told us, "What a lovely way to spend a morning. I thoroughly enjoyed that." A relative commented, "The activities staff are tremendous they make a real effort to keep people busy."
- People's cultural needs had been considered. One person explained how staff helped them to practice their religion in line with their wishes, this included ensuring religious television programmes were shown on the large television.
- During the COVID-19 pandemic, people had been supported to keep in contact with their families and friends via telephone calls, video calls and window and pod visits.
- Different initiatives were in place to reduce social isolation and build relationships. The providers 'Forget Me Not' initiative encouraged staff to engage with people who spent time in their bedrooms on a one-to-one basis. The 'Tools Down' initiative happened daily at 11am and during that time staff from every department within the home stopped work to interact with people for 30 minutes.
- The wellbeing and activity lead told us plans were in place to begin supporting people to access their community safely following the national lockdown easing, including trips to local parks on the minibus. People told us they were looking forward to 'getting back to normal.'

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.

- Staff communicated well with people. We saw staff including non-care staff smiled and maintained eye contact when they spoke with people who lived with dementia. This was in line with the providers dementia strategy.
- Care plans detailed people's communication preferences and needs. For example, one person used a voice-controlled device that connected to the internet to keep in touch with their family.
- Some information was available in a variety of format including text and pictorial.

End of life care and support

- People's end of life wishes, for example, their chosen funeral director, were recorded if they had chosen to share the information.
- DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision documentation was in place for some people. This important documentation provides the emergency services with information about whether attempts at resuscitation should be undertaken for the person.

Improving care quality in response to complaints or concerns

- People knew how to complain. One person said, "I would go straight to the managers door if I had a complaint, there is a complaints procedure. I would speak my mind and they would listen."
- The provider's complaint procedure was on display within the home. When complaints had been received, they had been investigated and responded to in line with the provider's policy. Outcomes of complaints and any lessons learnt were shared with the staff team to improve outcomes for people.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and management level oversight of the service required improvement to ensure checks and audits were consistently effective to support the delivery of high quality, safe care. For example, medicine audits did not include checks of homely remedies and the medicine management procedure did not reference the electronic medicine management systems used in the home.
- Audits had not always taken place in line with the providers expectations. For example, checks to ensure bedrooms were clean and people's fire escape routes were clear had not always taken place daily. One person's bedroom had not been checked between 29 April and 5 May 2021.
- The operations director had identified areas requiring improvement on 13 April 2021. For example, the immediate need to implement and follow a quality audit schedule and complete care plans related to people's specific health conditions by 30 April 2021. However, at the time of our visit these actions had not been completed. Therefore, opportunities to drive forward improvement had been missed.
- When we shared our inspection findings with the management team, they gave immediate assurance corrective actions would be taken. Following our visit, we received information from the manager to confirm action had been taken and further action was planned to drive forward improvement. For example, audits and checks had been reviewed, amended and improved.
- We acknowledge improvements had been made, however further time is needed to demonstrate these changes are embedded and sustained as the occupancy at the home increases.
- The manager understood the requirements and responsibilities of their role. Staff understood what the manager and provider expected of them and demonstrated a shared commitment to providing good care.

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 spoke positively about the leadership of the service and the provider had received a range of compliments about the service provided.
- The new manager had started to hold meetings with people's relatives to introduce themselves. However, some relatives felt the change of manager had not been communicated very well. One relative said, "We didn't know the new manager had left, so that wasn't very good." Another told us, "I only found out by chance that the manager had left which was a bit disappointing."
- People, relatives and staff were encouraged to provide feedback about the service through regular meetings and quality surveys. Feedback was used to drive improvements. In response to feedback gathered

at a residents meeting, a weekly activity planner was displayed outside the dining room.

- Staff enjoyed their jobs and told us morale was high. Meetings were held to gain staff feedback and keep staff up to date with any changes including the latest government COVID-19 guidance for working safely in care homes.
- Plans were in place to empower people further, including the introduction of, a 'resident ambassador' programme to ensure the active voice of people was heard in the running of the home and the recruitment of staff.
- Intergenerational care, the practice of bringing young and older people together with the aim of improving wellbeing, happened at the service. 'Pod visits' from local nursery school children had recently restarted following the ease of national lockdown restrictions. One person told us they enjoyed seeing the children through the glass and enjoyed singing songs with them.

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; Working in partnership with others

- Links had been established with the local NHS 'care at home support team' to benefit people. The team support and up skill care home staff to improve care through education. Training in catheter care and diabetes was planned to take place shortly after our visit.
- The management team understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection feedback and took immediate responsive action when we shared the shortfalls, we found.