

# Mr Diwan Chand & Dr Anjuman Diwan Chand

# Claydon Lodge Care Home

## Inspection report

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## 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

What life is like for people using this service:

The registered manager had completed audits on the home to support quality checks, however for some areas, these had not identified where improvements needed to be made. This was in respect to medicines management, some risks and some areas of the home to maintain hygiene standards.

Medicines were not always managed safely. The stock was not correct to reflect some people's prescribed needs and the storage conditions had not been recognised as being incorrect to keep medicines at the correct temperature. There was sufficient staff to support people, however some people were not always monitored in line with their risk assessments to ensure their safety.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in their care plans. The care plans were being developed to provide more information about people and their care needs.

People enjoyed the atmosphere of the home. The registered manager had a visual presence and staff felt supported by them and the provider. Staff had received training to support their role and received supervision to continue this support.

People had good health care support from professionals. When people were unwell, staff had raised the concern and taken action with health professionals to address their health care needs. Staff followed guidance provided to manage people's nutrition and pressure care.

Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.

There was a range of activities on offer and staff encouraged people to participate in things of interest to the individual. The registered manager was looking how they could develop this area further.

The environment had been considered to support people living with dementia. There was signage to support people to orientate the building and encourage their independence.

The registered manager worked in partnership with health and care professionals and the local community. They had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

More information is in the detailed findings below.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and the environment. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Good (report published July 2016)

About the service: Claydon Lodge is a care home that provides personal care for up to 45 people, some of whom are living with dementia. At the time of the inspection 34 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite to their main carers. The home was established over two floors with a range of communal areas on each floor. These included dining spaces, an activities room and smaller lounge spaces.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found that improvements had been made to the environment and people's health care needs. However, we also identified some areas which required Improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 Safe findings below

**Good** ●

### Is the service caring?

The service was caring

Details are in our Safe findings below

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Safe findings below

**Good** ●

### Is the service well-led?

The service was not always well led

Details are in our Safe findings below

**Requires Improvement** ●

# Claydon Lodge Care Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and an expert by experience.

Service and service type: Claydon Lodge Care Home is a care home. People in care homes receive accommodation and personal care. 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 Care Quality Commission. This means 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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eight people and four relatives to ask about their experience of the care

provided. We spoke with four members of care staff, the senior staff, the deputy manager and the registered manager. During the inspection we spoke with three visiting professionals from health and social care.

We reviewed a range of records. This included five people's care records and medicine records. We also looked at two staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider. Some information in relation to meetings held between the registered manager and the provider were requested following the inspection. We received these in a timely manner.

# Is the service safe?

## Our findings

Some aspects of the service were not always safe.

### Using medicines safely

- The medicines management was not based on current best practice. For example; some records we saw showed that the medicine had been recorded incorrectly which showed the stock to be incorrect, for several days. We raised this with the registered manager and this was addressed during the inspection.
- Medicines were not always stored safely. For example, the fridge temperature was out of the recommended range for several days which could have an impact on the integrity of the medicines stored in the fridge.
- The drugs trolley was left open and unattended, which placed people at risk of being able to access these medicines.
- Creams had not been dated on opening and we saw that one bottle of cream in use had expired.
- Records had been established to record the rotation of medicine patches. However, on two occasions these had not been completed.
- Staff had received training in medicine management, however following the concerns we raised the senior staff were to receive refresher training in medicine administration.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risk assessment were in place to reduce the risks to people and for some areas, guidance was provided. However, some areas of risk had not been assessed following a person having a fall, or when people went outside to smoke.
- Some risk assessments were in place for people which identified they required monitoring, however we saw some people were not always monitored and placed themselves in situations which could cause themselves harm.
- Emergency plans were in place to ensure people were supported in the event of a fire, however some of these had not been updated following the changes in the person's needs.
- The environment and equipment was safe and well maintained.

### Preventing and controlling infection

- Some areas of the home required a better system of monitoring infection standards to avoid them being missed. For example, some chairs in the lounge areas were dirty.
- Overall the home was clean and we saw staff used protective equipment such as gloves and aprons.

## Safeguard systems and processes

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "I notice if someone suddenly becomes withdrawn or their mood has changed."
- People we spoke with told us that if they didn't feel safe they would speak with a member of the care staff or the registered manager and felt sure they would help them solve the problem. One relative said, "We're so relieved that [name] feels safe here."

## Staffing levels

- Overall, there was enough staff to support people's needs; however, the geographical layout and deployment of staff made monitoring and observation difficult. Staff told us, "Sometimes we could do with another member of staff, but we are not overworked." Another said, "I think there are enough staff, but we try to split areas of the home to make sure areas are covered."
- We saw that care staff answered call bells promptly on the day of our visit. People we spoke with told us they did not use their call bells very often, but when they did, care staff came within a reasonable time. We saw staff responded to people's request for support during the day.
- Staff had been recruited safely to ensure they were suitable to work with people.

## Learning lessons when things go wrong

- Lessons had been learnt for example, following an incident with medicine. Staff now wore a red apron with the words, "Do not disturb" to reduce the risk of being distracted during this time.



# Is the service effective?

## Our findings

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

### 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision, these included professionals and people of importance to support this process.
- Staff had received training in MCA and consistently asked people for consent to ensure they were able to make daily choices. One staff commented, "If someone refuses to have their care I respect that, but I would then get another staff member to see if they could help as this can sometimes make the difference."
- We saw care staff explaining to people what they were about to do. For example, when assisting people to mobilise during the day. We saw staff patiently explain to people that it was lunch time and they were going to help them get to the dining area.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with dementia and used learning from best practice.

### Staff skills, knowledge and experience

- Staff received training which was effective and gave them enough information to carry out their duties safely.
- Visiting health and social care professionals commented on the staff, stating they appeared to be knowledgeable and competent to carry out their role. One said, "They are really on the ball with training here."
- All staff we spoke with had received training in how to support people living with dementia and they used

this effectively when communicating with people.

- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food, especially the breakfasts and lunches. They told us they were offered two choices for their lunchtime meal each morning and that if they did not like either choice they could request something else
- People were supported to be independent. For example, one person used a plate guard. People ate at their own pace. Some people chose to eat their meals in their bedrooms and they were served promptly.
- There was a sweet shop and snacks available in the main reception area and we saw people helped themselves to these.

Staff providing consistent, effective, timely care

- Visiting professionals, we spoke with were very positive about staff and told us referrals were appropriate, staff knowledge about people was very good and professional advice provided was followed with precision. "I think there is a good multi-disciplinary approach here and we all work well together." Another person said, "Turn charts are in place which work and staff understand the risks to people so make sure these are completed."
- Staff responded to people's health care needs. One person told us staff had identified their weight loss and requested some medical tests. These resulted in the person having some treatment and they told us they felt much better now.
- Referrals had been made to a range of health care professionals when that area of support was required.

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

- There were signs around the home to support people to locate different rooms, such as the activities room and bathrooms.
- We saw there was a planned approach to developing areas of the home. There had been many areas developed within the home, including a vintage kitchen, 1950s style lounge, coastal lounge, garden lounge and courtyard area with washing line. Smaller seating areas throughout the home were available and we saw people used these. Other small seating areas had been completed and we saw people had accessed these.
- Some rooms had the person's name and photos of themselves on the door, other people had chosen to personalise their room with photographs and televisions.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect.

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "All the carers here are lovely people. So, kind and patient all the time and they'll do anything you ask them to do." A family member added, "There's nothing these carers won't do for you, they're golden."
- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well. We observed warm interactions and comfort was provided when people appeared upset or anxious. One staff member said, "Nothing is too much trouble, we take time to listen to people." Another said, "It's wonderful to see someone smile, it's important to spend time and talk to them about their life. I love working here."

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

- People told us they felt listened to. One person told us staff had made a change to their daily routine at their request. They said, "I don't sleep very well, I asked if I could have my morning cuppa much earlier, at 5.00 am. So now I get my morning cup of tea that time every day."
- A visiting health professional commented, "The staff have a very caring approach and the home is very friendly." They added, "I think the care people get is very good and they always look well presented."
- Where people were unable to communicate their needs and choices staff used their knowledge about the person to understand their way of communicating.
- Some people had special possessions that they were wearing or using during the day, such as blankets and dolls. We saw one staff member gently persuaded a person to sit the doll to one side so the person could eat their lunch. The staff member placed the doll sitting upright on a chair next to the person so that they could see them clearly whilst eating.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and the staff spoken with were committed to provide the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they required support to the bathroom. One staff member said, "I always close the curtains when giving personal care and ask if it's alright before I start doing anything and then explain what I am going to do. I cover people with towels to protect their dignity."
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.

## Is the service responsive?

### Our findings

People's needs were met through good organisation and delivery.

#### Personalised care

- Staff were knowledgeable about people and their needs We saw that the care plans were being developed from the 'older style' care plans which were difficult to navigate to the new format which had a more person-centred feel. The new plans contained more detail and a clearer layout in accessing information.
- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
- Relatives felt the staff were responsive., One relative told us, "Staff listen to you and make any adjustments needed, such as rearranging furniture in the bedroom or encouraging [Name] to eat more.
- We saw people were engaged in activities. Activities had taken place during the morning in the activities room. All the people we spoke with were complimentary about the activities on offer. One person said, "[Name of staff] cheers me up all the time". We saw people engaged in activities such as painting, a quiz and some were enjoying listening and watching other people. There was a very warm and relaxed atmosphere in the activities room.
- In the afternoon we saw some activities, like dominoes and some people played a balloon game for a short period. Other people were independent and enjoyed reading books.
- There was a monthly church service and people told us they enjoyed the spiritual occasion.

#### Improving care quality in response to complaints or concerns

- None of the people we spoke with had ever made a complaint or raised a concern, however they all felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that any complaints had been investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home; however, this was only in a written format. The registered manager told us they would review this and make larger print or other formats available.

#### End of life care and support

- Within the care plans there was some information in relation to people's wishes regarding end of life care. However, the registered manager recognised this was an area they needed to develop and would be included it in the new care plans.

## Is the service well-led?

### Our findings

Service management and leadership systems did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Systems and arrangements were not always used to monitor and improve the quality and safety of the service. For example; the medicine management, the risk assessments and care planning audits.
- We saw there was not always oversight of the falls within the home, to document frequency of falls, the times and areas it occurred within the home. Some incidents had resulted in a review and some actions had been implemented, for example a sensor mat. However, some incidents had no actions recorded.
- Around the home there were 'hydration and nutrition stations' in communal areas, with flasks of juice, packets of crisps and whole oranges on display. However, in one lounge there were no cups near the drinks to promote usage and in other areas people did not access these snacks. We discussed this with the registered manager in relation to the types of snacks on offer and the awareness of the support people may need to access them. For example, to peel an orange or to use the drinks dispenser.
- Information was not always provided in a format to support people's needs. For example, there was a picture menu board in the upstairs dining area, however this was not completed. People with a sensory impairment were not always able to access different information. This is a requirement by the Accessible Information Standard.
- We saw staff had daily handovers. However, the form used only reflected events of significant importance. This meant that not everyone's possible changing needs had been considered. We discussed this with the registered manager and they told us they would review other methods of handover communication to make it more robust and provide a more consistent approach to changing needs.

Engaging and involving people using the service, the public and staff

- There was a notice board in the reception and another within the home. Both had a lot of out of date information on display, For example, the activities programme, the food hygiene rating and the relative's minutes. The registered manager told us they would reorganise the board so that it would be more informative for people and their relatives, with the up to date information.
- The home had a calm atmosphere and was welcoming and friendly. On the day of the inspection some family members visited unannounced, to consider the home for their relative. We heard the registered manager engaging with them in a pleasant and informative manner.
- People and relatives had regular meetings. We saw that items raised had been actioned. For example, the winter menu, more casseroles had been requested and these had been included.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff told us they felt listened to and that the registered manager and provider were approachable.
- Staff spoke positively about the registered manager and felt they were supportive, one staff member said, "I think this is a real home, we really know the people well and the manager is so supportive of everyone."
- Staff told us and we saw records to show they had regular team meetings.
- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home and was observed to assisted people when they moved around the home.
- The provider and registered manager held meetings to review the running of the home.

Working in partnership with others and Continuous learning and improving care

- Health professionals we spoke with felt there was a positive working relationship between the registered manager and themselves. One health professional told us the manager was highly visible and the home was well run and managed effectively. Another said, "The manager here is really on the ball about things."
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the home to provide entertainment.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example the environment of the home.
- The registered manager had been working with the local authority and the infection control team with a view to achieving the Dementia Standards Award. The home had already achieved the Dignity Award.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Peoples care was not always provided in a safe way.