

Mr & Mrs N Kritikos

Clarendon House Residential Dementia Care Home

Inspection report

27 Clarendon Gardens
Wembley
Middlesex
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Tel: 02087951141

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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

What life is like for people using this service:

Everybody we spoke with told us that they were happy with living at Clarendon House. They said that staff were caring, that they received their medicines on time, that the food was tasty, and that staff treated them with respect.

People told us that they were able to make their own decisions and could choose what they want to eat, when they want to get up or what time they wanted to go to bed. Relatives and friends were able to visit people who used the service and people maintained good links with the community.

The service had close links with various health care professionals to ensure that people's health and wellbeing was managed appropriately.

We observed that staff had good relationships with people who used the service and care was delivered in a person-centred way.

If people required equipment, the manager ensured that he liaised with the relevant professionals. The environment was homely and generally well maintained.

Staff had access to a variety of training to ensure they had the right knowledge and skill to meet people's needs.

Staffing levels were appropriate to meet people's needs and everyone told us that there were sufficient staff deployed.

The provider had appropriate systems in place to ensure people who used the service were safe from avoidable harm. Risk assessments provided sufficient detail to ensure that staff knew how to manage risk.

The manager undertook regular checks which ensured that quality of care provided was monitored and any improvements were made if required. People who used the service, relatives and staff spoke very positively about the manager and told us that the team worked very well together, which ensured people who used the service received a good service.

More information is in the detailed findings below.

Rating at last inspection: Requires Improvement (date last report published) 10 January 2018.

About the service: Clarendon House Residential Dementia Care Home is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual

agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Clarendon House Residential Dementia Care Home is a care home that provides personal care and accommodation for up to six older people who live with dementia.

Clarendon House Residential Dementia Care Home is a family business. The service is owned by Mr and Mrs Kritikos. The registered manager is Mrs Kritikos, who does not work at Clarendon House Residential Dementia Care Home. The service is managed by Mr Kritikos. However, the registered manager does not work within the service. The service is managed by Mr Kritikos.

Why we inspected: This was a planned inspection based on the rating at the last inspection. During our last inspection we rated the service requires improvement. During this inspection we found the service had made the required improvements and was no longer in breach with regulations.

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 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?

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 House Residential Dementia 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: One inspector visited the service. An expert by experience supported the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Service and service type Clarendon House Residential Dementia Care Home is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both 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 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 when preparing for and carrying out this inspection:

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 and professionals who work with the service. We assessed the information we require providers to send us at least once a year 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 two people who used the service and three relatives, we asked about their experience of the care provided.

We spoke with four members of staff and the manager.

We reviewed a range of records. These included three peoples care records, medicines administration records [MARs] for three people. We also looked at four staff files in relation to recruitment, supervision and training, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- During our last inspection we found that the service did not store and record controlled drugs according to legal requirements and we found the service was in breach with regulation 12 of the Health and Social Care Act (HSC) 2008 (Regulated Activities) Regulations 2014. The service sent us an action plan in January 2018 telling us that they had taken appropriate actions and obtained a controlled drug register and all controlled drugs were stored safely in a designated controlled drugs cabinet. During this inspection we saw that appropriate systems and storage of controlled drugs was maintained.
- People who used the service told us that they received their medicines on time and as and when required. One relative told us, "[Relative] is safe here, she is getting medicine on time" One person who used the service told us, "They [staff] give me my tablets when I need them and always explain what they are doing."
- Medicines were safely received, stored, administered and disposed of. The manager told us, that they would return medicines to the pharmacist if they no longer in use.
- Staff had received training in the safe management of medicines.
- Medicines administration records (MARs) were completed correctly and appropriate codes had been used if people who used the service did not take or receive their medicines.

Assessing risk, safety monitoring and management

- During our last inspection we found that the service did not service equipment used in accordance with manufacturers guidance and legal requirements. We found that the stair lift used to support people to access the first floor of the property had not been serviced. This was a breach of Regulation 15 of the HSC Act 2008 (Regulated Activities) Regulations 2014. The service told us in the action plan sent to us in January 2018, that the stair lift was serviced in December 2017. During this inspection we saw that the service had a service agreement with the stair lift installer, which ensured regular servicing of the equipment was maintained and people who used the service were assured that it was safe to use the stair lift.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments and risk management plans provided staff with the appropriate guidance to minimise the risk to people who used the service. We observed staff following these risk assessments when supporting people who used the service who were at risk of falls. For example, they removed trip hazards and supported the person to walk ensuring the person was stable.

Safeguarding systems and processes

- People who used the service and their relatives told us that they felt safe and well looked after at Clarendon House. One person told us, "I am safe here, they look after me well." One relative said to us, "They are really kind, soft and gentle with her. Everything is good."
- Staff told us that they would speak with the manager if they had any concerns about people who used the

service and had confidence in the manager that he would sort it out. They told us that they had received safeguarding training and records we viewed confirmed this. One member of staff told us, "I would always speak with the manager if I had any concerns, he is very good and will sort it out."

Staffing levels and recruitment

- ☐ Everybody we spoke with told us that there were enough staff available to meet people's needs. One relative told us, "There are always enough staff around and we visit almost every day, they come immediately if [relative] needs any help." Staff also told us that there was always enough staff around. One member of staff told us, "We have always a minimum of two staff around and at times we have an extra person, this is when someone needs to go to the hospital." Rotas viewed confirmed that there were sufficient staff deployed to meet people's needs.
- ☐ We viewed staff recruitment records and saw that appropriate recruitment checks such as proof of address, proof of identification, a disclosure and barring checks [DBS] and references from previous employers were obtained to ensure safe recruitment practices were followed. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

Preventing and controlling infection

- ☐ We saw that the service managed the control and prevention of infection well. Staff were observed to wear protective clothing and gloves when supporting people to help to prevent the spread of healthcare related infections.
- ☐ The manager had an ongoing programme of refurbishment and we saw that the hallways had been redecorated since our previous inspection visit.

Learning lessons when things go wrong

- ☐ We saw that if something had gone wrong the manager responded to this appropriately and incidents were discussed with staff. One member of staff told us, "We haven't had an incident for a long time, but if something goes wrong we talk about and see if we can change anything we do in the future."

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 care needs were initially assessed prior or on admission. We found the assessments to be comprehensive. Information obtained during the pre-admissions assessments formed part of people's care plans.
- ☐ Care and support for people who used the service had been reviewed regularly or if people's needs had changed. Relatives told us that they were consulted about people's care. One relative told us, "[Managers name] will call us if anything is changing with mum."

Staff skills, knowledge and experience

- ☐ People who used the service and relatives told us that staff were competent, knowledgeable and carried out their work effectively. One relative told us, "The staff are very good, they know what they are doing. We are very happy."
- ☐ Staff had completed induction training, which was comprehensive and was based on the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- ☐ Staff told us that they had received supervision and appraisals and found the manager very supportive. While supervision records had some gaps, we were satisfied that due to the size of the service staff were given sufficient time to raise and discuss any issues with the manager. One staff member told us, "[Managers name] is excellent, you can talk to him about anything, he really listens."

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

- ☐ People had access to a healthy, well-balanced and nutritious diet. The main meal of the day was served at lunchtime, but people who used the service were offered snacks, drinks and biscuits throughout the day.
- ☐ People who used the service were very positive about the choice of meals offered. One person told us, "I like food, I am fully satisfied." One relative said, "Food is good, [relative] eats little and sometimes she drinks Ensure." Ensure is a food supplement.
- ☐ If people did not like what was offered on the menu, they were offered an alternative. For example, on the day of our visit fruit was on the menu for dessert. One person however didn't want the fruit and was offered trifle instead. We saw that people who used the service were offered snacks and drinks throughout the day of our inspection. The menu reflected meals from different cultures. For example, there were Greek dishes on the menu as well as curries and British meals. This showed that people were offered a varied as well culturally appropriate diet.

Healthcare support

- If people required external health care support this was arranged by the manager or staff. For example, we saw in one care folder that a person was referred to the tissue viability nurse (TVN) to help the person to reduce the risk of developing pressure ulcers. The TVN provided the service with guidance in how to ensure that the person's skin was managed appropriately, and risk of developing pressure ulcers was reduced. We noted in the person care folder that the information had been shared with all the staff. This ensured a consistent approach and resulted in the person not having developed a pressure ulcer for a while.
- All people who used the service had their own GP and we saw that the GP was contacted as and when needed. The manager told us, "We have a good relationship with the GP and can contact him if we need any advice."
- We saw that people can see the optician, dentist and chiropodist to ensure that their general health is well maintained.

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

- Clarendon House was a homely decorated and well-maintained home. The service met people's needs and adaptations were in place enabling people to move around the home safely and independently. We saw that people brought their own items to personalise their room. Clarendon House Residential Dementia Care Home is a small home and was suitable for people with Dementia. We saw people move around freely and appeared comfortable in their environment.
- The service had enough facilities such as bathrooms and communal areas which ensured that people were able to be well supported. The building had a homely feel to it and people decorated their rooms with personal items. The service had a cat and people appeared to enjoy the company of this house pet. One person told us, "Look at the cat, isn't she sweet."

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). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff involved people in decisions about their care. For example, we observed staff asking people if they required assistance, prior to providing support.
- Where people had limited capacity to make certain decisions and were deprived of their liberty, their capacity had been assessed and appropriate authorisations were sought from the local authority. We saw that where people lacked capacity in certain areas an appropriate DoLS authorisation was in place. This was documented in people's care plans to ensure staff were aware of these authorisations.
- Staff demonstrated a good understanding of the principles of the MCA 2005 and we saw that they had received training as part of their induction.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People who used the service were treated with kindness and respect. One relative told us, "The staff are fabulous, they are keeping an eye on my relative." Another relative said, "The staff are very friendly and very courteous to everyone." One person who used the service told us, "Care workers are good with me."
- ☐ People's care plans had their history, likes and dislikes recorded. Staff told us that this helped them to understand people better, but also was "A good way to start a conversation."
- ☐ People said that staff knew them well and how they liked to be cared for. One relative said, "They [staff] know mum very well and understand that she sometimes wants to be on her own."
- ☐ Two people who used the service were from the same cultural and linguistic background as the manager. We observed them speaking with each other in their first language. One person told us pointing at the manager, "He knows where I am coming from and understands me."
- ☐ Another person spoke limited English and staff had developed a page with phrases to be used when communicating with this person. This showed the service understood and welcomed people from various cultural and ethnic backgrounds and was trying to find ways to integrate people within the service.

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

- ☐ People who used the service were encouraged and supported to make decisions about their care. Staff knew people well and sought also help from their relatives if they required any further assistance. For example, one relative told us, "The staff always ask us, if they are not sure about our relative and we are happy to help."

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff showed a good understanding of people's rights and people were not discriminated against in any way. One staff member told us, "I treat people the same as I want to be treated. It doesn't matter where people come from or if they are old or young."
- ☐ People's right to privacy and confidentiality was respected. People's records were locked in the office and staff told us, "I close the door and cover people up when I help them to have a wash." We observed staff closing doors when supporting people who used the service in private.
- ☐ Relatives told us that they could visit the service at any time. One relative said, "We come almost every day and it was never a problem. Staff are very friendly offer us tea and biscuits."
- ☐ People who used the service were treated with dignity and respect. One person told us, "The [staff] are very kind and respectful."
- ☐ We observed people who used the service were supported to maintain their independence. For example, one person was assisted to use the bathroom and became anxious when walking. Staff encouraged the person and told the person that they did not have to worry and that they were available if the person

required some help.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care

- ☐ Staff had a good understanding of people's preferences, likes and dislikes. Care plans were well structured, detailed and provided sufficient information on how people liked to be cared for. For example, one person liked to watch sports on the television. We saw that the service provided sport channels they could watch in their room.
- ☐ Care plans were personalised and considered people's preferences, how they wanted to be supported and how staff should support them with their independence. For example, one care plan stated that the person wanted to be left alone in the morning and another care plan stated that the person enjoyed their own personal space.
- ☐ Care plans were regularly reviewed, and staff told us that they found them easy to understand and this meant that they could support people appropriately. One staff member said, "I always read the care plans as they give me information on the person's likes and dislikes. This is helpful when people have dementia and can't necessarily tell me all the time."
- ☐ People were offered some activities during the day, but most people enjoyed their own company. Staff told us we do exercises and dance together with people. One staff member said, "[Persons name] likes dancing." The person looked up and said to us, "I love a dance and do it whenever I like."
- ☐ We found that several people had dementia, however activities provided were not always dementia specific. We spoke with the manager about this and he reassured us that he will be looking for more dementia specific activities. However, he said, "We have offered a lot of different activities, but most of the people do not take part."

Improving care quality in response to complaints or concerns

- ☐ People were encouraged to raise concerns or make suggestions about improving the service. People and relatives were aware of the procedure to follow and found it easy to use. One relative told us, "If I have any concerns, I speak to the manager, he will always sort it out."
- ☐ We viewed the complaints log; however, the service did not receive a complaint since our last inspection.

End of life care and support

- ☐ People and their relatives were given support when making decisions about their preferences for end of life care. Do not attempt resuscitation [DNACPR] records were in place where people requested them, and staff knew how to access them. The manager told us, "We have good links with the local palliative care team and can call them any time for advice. Previously we had one person using the palliative care team, but the person had improved since." Records showed close involvement from palliative care team and the service stored anticipatory palliative medicine for one person in case their condition deteriorates.

Is the service well-led?

Our findings

The service was managed and well-led. Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- ☐ During our last inspection we found the service was in breach of Regulation 17 of the HSC Act 2008 (Regulated Activities) Regulations 2014. We found the service did not operate effective systems and procedures to assess, monitor and improve the quality of care and safety. We found that medicines, in particular, controlled drugs, were not managed appropriately. In addition to this, manual handling equipment was not serviced regularly, and an effective quality assurance monitoring system would have picked up these shortfalls.
- ☐ During this inspection we found that the service was no longer in breach with this regulation and had addressed the shortfalls above.
- ☐ The manager checked care plans, medicines and the environment regularly. The environment was being improved and maintenance work and redecoration was being carried out as and when required.

Leadership and management

- ☐ People who used the service, relatives and staff spoke very positively about the manager. One person said, "I know the manager, he is very kind." A relative told us, "I can approach the manager with any concerns I have. He speaks Greek with my mum."
- ☐ Staff told us that they felt listened to by the manager. One member of staff told us, "[Managers name] is one of the best. He understands staff, asks us if we need help, asks if we are happy and if we are not happy he changes things."
- ☐ The service was overseen by the manager and the deputy manager, who took on the role of managing the service in the absence of the registered manager. We observed the team working well together. One member of staff told us, "We are a very good team and work well together. We are like a small family."
- ☐ The service was well run. Staff on all levels knew their roles and responsibilities. Leaders were visible and approachable.

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

- ☐ People who used the service, relatives and staff told us that they felt involved in the service and that their opinion mattered. One relative told us, "I know [name of manager], he is very nice and helpful. He is easy to talk to and listens if there is anything we raise."
- ☐ The service did not send out formal questionnaires, but the manager was working at the service and told us, "If there is anything, I deal with it immediately. We are a small home and I am around daily and if I am not [deputy name] is."
- ☐ Staff told us that they had regular team meetings, which happened approximately every six weeks. One member of staff told us, "Yes, we have team meetings, where we talk about the residents, but if there is anything [managers name] is always around."

