

Clapham Village Care Ltd

# Clapham Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 2 October 2017 and was unannounced.

Clapham Lodge is a residential care home offering personal care and accommodation for older people including people who are living with dementia and Parkinson's disease. The service is currently registered to provide accommodation for a maximum of 26 people. At the time of the inspection 23 people were using the service. The provider had carried out extensive building works in keeping with the original building to extend the property. The extension had been built with wide corridors, an additional lift, private dining area, lounge and bedrooms with views of the surrounding fields and the South Downs National Park. A viewing window had also been created. The provider told us how the new build has been named after a person who previously lived at the service. The new build was yet to be completed and therefore there was no one living in that part of the home.

The interior of the home was comfortable and homely, with people being encouraged to bring their own items and belongings to personalise their rooms. People were encouraged to participate with gardening as desired to further personalise their outdoor space.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Records did not always provide sufficient detail in relation to peoples' specific needs and therefore did not always reflect the positive care and support that we observed. This is an area in need of improvement. This related to a person who required a soft diet as well as a person who required their fluid intake to be monitored. When this was raised with the registered manager they responded to this immediately which meant that the risks to these people were reduced.

People were safeguarded from the risk of abuse. Staff knew how to recognise the signs of abuse and how to report concerns. There was a sufficient number of staff deployed to meet people's needs. Staff had received training, supervision and appraisals and staff meetings were held. Recruitment procedures were in place.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had not submitted applications to the Local Authority for people who may be being deprived of their liberty. Staff sought and obtained people's consent before they helped them. Consent forms were seen for people.

Medicines were administered safely despite some gaps in documentation staff were able to demonstrate that people were given their medicines safely. Staff could clearly describe how and when people's medicines should be given and how medicines are stored safely. Staff giving medicines to people had received training

and supervision to support them to do this. Monthly audits of the medicines were completed by the registered manager.

People knew how to raise a complaint and their views were listened to and responded to comprehensively and in a timely manner, with positive outcomes.

Feedback provided by people at residents meetings and surveys was listened to and positive changes to the service were made as a result of listening to people.

The registered manager was very welcoming and evidently caring about people who lived here and they knew people well. People, staff and visitors were seen to have an open and transparent relationship with the registered manager. There was a friendly and welcoming atmosphere at the home and people told us that they were happy using the service and that they felt safe and secure.

People were able to participate in a range of interactive and stimulating activities, with a number of people actively engaging and enjoying the one to one discussions and group games that were offered.

People had a choice of foods provided and wine was offered with the lunch time meal for those who wished to partake. The meal time experience was interactive with many people joining others to dine, with staff available to support people as required. We saw for two people that the documentation regarding their eating and drinking needs was not always in place and staff therefore did not always follow correct procedures regarding the complex nutritional needs of these people. The registered manager addressed and corrected these concerns immediately following the inspection.

The registered manager and provider told us that the ethos of the service was to ensure that people felt that "they don't live in our workplace, we work in their home". This was displayed within the home and observations that we made supported this ethos. Staff were enthusiastic and motivated and openly communicated with people and visitors to the service, while remaining respectful of people's choices, preferences and dignity. People were happy living at Clapham Lodge and would happily recommend the service to others.

The provider was supportive of the registered manager and visited the service regularly and carried out quality checks of the service provided.

## 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.

There was a sufficient number of staff deployed to ensure that people's needs were met to keep them safe. There were safe recruitment procedures.

Medicines were administered safely. There was a system in place for the monitoring and management of accidents and incidents.

Staff knew how to report concerns if they had any worries or any suspicion of abuse taking place.

### Is the service effective?

Requires Improvement ●

The service wasn't always effective.

Some risks regarding people's complex needs with their eating and drinking weren't always managed appropriately

Staff received training about the Mental Capacity Act (MCA) and were able to tell us how they sought consent from people

People were supported to make decisions about their care and treatment.

Staff were trained and were able to meet people's individual needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of food and drink. People had access to healthcare as required.

The premises was being refurbished to a high standard with accessibility considered to meet peoples mobility needs.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated kind and effective communication skills by listening and responding in a caring manner. Staff were attentive

to people's needs and choices.

People were treated with respect and dignity. Staff encouraged and supported people with independence and encouraged people to do as much for themselves as they were able to or chose to do.

People felt listened to and relatives were able to visit when they wished.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People experienced a flexible and responsive service that was tailored to meet people's individual needs and preferences. The care plans contained personalised information about people.

People were encouraged and supported to maintain hobbies and interests.

The registered manager actively sought ways to improve and enhance people's personal experiences, including access to the wider community.

People knew how to make a complaint if they needed to and complaints raised had been responded to respectfully and in a timely manner with positive outcomes.

### **Is the service well-led?**

**Requires Improvement** ●

The service wasn't always well-led.

Records weren't always completed with enough information to describe people's needs clearly. However, staff knew people well and were able to tell us about people's needs.

The culture of the service was very positive with the leadership and management operating in an open and transparent way. People felt valued and listened to.

The registered manager is aware of their responsibilities and acts to take accountability to ensure that the needs and safety of people are met.

# Clapham Lodge Care Home

## Detailed findings

### Background to this 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.

The inspection was carried out on the 2 October 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had specialist knowledge in dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning for this inspection we looked at records we held about the registered provider and contacted the local authority to enquire about any significant events and to gain their feedback. The local authority didn't raise any concerns about the quality and safety of this service.

We spoke with 7 staff members including the registered manager, a care team leader, a senior care assistant, two care assistants, the chef and an activities coordinator. We also spoke with the registered providers, eight people living at the service and five visiting relatives.

We reviewed the records for 5 people's care plans, risk assessments and other associated records. We spoke with 9 people living at the service and 6 relatives. We looked at four records relating to the recruitment of staff, staff training, supervision and appraisal records. Records were reviewed relating to the systems and processes that monitor the quality and safety of the service including audits, satisfaction surveys, complaints records and activities programmes. We also sampled some of the services policies and procedures.

We observed the care delivered in the home and everyone we met was able to tell us about their experiences of living at Clapham Lodge.

# Is the service safe?

## Our findings

People told us that they felt safe living at Clapham Lodge Care Home. One person said "I really don't have a thing to worry about here. It's such a relief". People told us that they felt there were enough staff to care for them safely and that call bells were answered promptly. One person said "Yes you don't usually have to wait long for help. I've got three cords in here. One by my bed, this by my chair and one in my bathroom so I'm well covered." A person's relative told us that the service was "second to none". They also said about the staff "I cannot speak highly enough of them. They think of everything."

We observed medicines being given to people at lunchtime. The staff member responsible for giving people medicines was able to clearly describe what the medicines were and when and how they should be given to people. Staff could also show and tell us how to safely store medicines. Medicines were stored at the correct temperature and procedures were in place to monitor controlled drugs safely. We saw gaps in recording on the Medication Administration Records (MAR) for one person. The member of staff immediately reported this to the registered manager. We discussed this with the registered manager following the inspection. They were able to tell us of the action they had taken which assured us that people had received their medicines safely. The registered manager is aware of their responsibilities and how to ensure that corrective actions are taken to reduce risks to people. An independent medicines audit was completed by an external pharmacist before the inspection. The audit hadn't identified any areas of concern in relation to medicines within the home.

People told us that they received their medication/pain relief regularly and as appropriate to them. One person said "They sort all of that sort of thing out for me and I get them regularly".

Risks to people were identified as part of their care plan documentation. This included falls risk assessments, moving and handling, nutritional and risk of pressure sores assessments. The registered manager showed us the record of accidents and incidents that was completed for people living at the home. The registered manager told us how the accidents were audited every month, with any identified themes being reported to other professionals such as the falls prevention team. We saw evidence that staff responded appropriately when people required access to external healthcare professionals. One person told us of their experience and how staff had responded to an emergency situation promptly by calling for an ambulance and later working in partnership with community nursing colleagues to support the person's recovery. The person and their relative were very positive and complimentary about the service they received.

The premises were safe for people to use. Regular maintenance checks had been completed for the fire alarm and emergency lighting. Water temperatures were checked regularly and the lift and hoists were serviced appropriately. Portable and fixed electrical equipment was tested in line with Health and Safety requirements. We saw a maintenance log book which contained information about areas that required the attention of the provider. We saw that issues noted in the maintenance book were completed. The maintenance staff member carried out regular checks of the premises. The registered manager also told us that an additional maintenance staff member was being appointed to support with the new build areas of

the premises.

A new call bell system had been fitted within the home. This provided the registered manager with reports in relation to call bell response times by staff which ensures that this can be effectively monitored by the registered manager so that people receive prompt responses when they call for staff assistance.

People were protected from the risk of harm and abuse. Staff had a good understanding of safeguarding procedures and they were able to describe the steps they would take to report concerns if they felt they needed to do so. They were aware that they would need to escalate concerns to their manager or other relevant professionals or appropriate agency if required. There was clear information detailed on a poster placed near to the registered manager's office in the home which informed staff of how they could report concerns. There was also a safeguarding policy for staff. Recruitment procedures were in place for staff which ensured that staff were appointed appropriately.

Disclosure and Barring Service (DBS) checks were completed for staff to ensure their suitability to work safely with people living at the home. All staff completed a comprehensive induction programme.

Staffing levels were consistent with what we had been told by the registered manager. No agency staff had been used at the home for six years. The registered manager and other staff covered shifts when needed to ensure staffing levels were consistent. People receive continuity of care with a stable and consistent staff team.

The service was clean, tidy and homely. The registered manager completed monthly infection control audits. Staff ensured that people's bedrooms, bathrooms and the communal areas of the service were cleaned daily. There was a schedule of cleaning and additional deep cleaning would be undertaken when required. An additional member of staff had been appointed following feedback from people and staff to support with the laundry. The registered manager told us that this has improved the systems of working in the home and enabled staff to have more time with people. We saw staff wearing personal protective equipment as needed. The kitchen had received a five star rating from the local authority environmental health department.

## Is the service effective?

### Our findings

People told us that they had confidence and trust in the staff's capabilities and saw them all as being competent. One person said "I trust them completely; they do a good job and know what they're doing". Another person told us, "I'd say they are at the top of the capability league".

We found that for two people, the identified risks with regards to their eating and drinking needs had not been managed or monitored appropriately. One person had been discharged from hospital a few weeks before the inspection. It was recorded in the hospital discharge summary that they required thickened fluids. An entry within their daily notes from the hospital admission avoidance team stated that the person should be offered a fork mashable diet. This information was not clearly recorded within their care plan and risk assessment records. We observed the person being given a lunchtime meal that was not fork mashable and fluids that were not thickened. Staff were able to tell us that this person sometimes had thickened fluids. Another person was at risk of developing infections and their records stated that fluids should be encouraged although no consistent monitoring was completed by staff. It was not documented what the optimum fluid intake should be for this person. We spoke with the registered manager about these records. Immediately following the inspection the registered manager was able to demonstrate that they had taken appropriate actions to reduce risks by contacting appropriate professionals and by making the staff aware of the people's needs in their care plan records. The people and their relatives were also spoken to. Consent was obtained from the person before altering their diet to a fork mashable consistency.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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 given appropriate support to make decisions when needed. When they lack mental capacity to take particular decisions, decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated that they were aware of the need to seek consent from people before providing care and treatment. Staff were able to tell us how they sought consent from people and that they had received training regarding MCA. We also saw staff gaining verbal consent appropriately from people before supporting them with care and support. Staff weren't able to tell us about Deprivation of Liberty Safeguards (DoLS) and they weren't aware if anybody at the service had a DoLS in place. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that no one had a DoLS in place. When informing us of people's needs the registered manager told us about one person who was living with dementia may not be able to speak with us due to their level of understanding. The registered manager explained that they were having conversations with the person's relative about their relative's needs and it was recorded in the person's care plan that a Lasting Power of Attorney (LPA) for health and welfare and property and financial affairs was in place. No copy of this could be found in the person's records. We reviewed the records including the care

plans for this person. It was evident that staff had involved appropriate healthcare professionals to support this person to live well with dementia. The 'Living well with Dementia' team had visited the person and provided positive feedback regarding the way the service had supported them. A relative was involved with this meeting. We observed staff asking verbally for consent from this person when they gave them their medicines which showed that staff understood the principles of seeking consent before any care and treatment is provided.

Staff had clear roles and responsibilities and had received supervisions and appraisals.

To ensure that staff received the appropriate training the registered manager and the deputy manager had undertaken 'Train the trainer' courses so that they can provide staff with training at flexible times around the needs of the service and people. When we asked staff about the training they received, one staff member said about one of the trainers "she does a lot of the training; she's very good and very helpful. She makes training fun, she has got the type of voice that keeps you involved"

Staff received a good range of essential and basic training to support the needs of people who use this service. In addition to this, the registered manager had also implemented an enhanced training plan to include additional development for staff to support them to better understand and meet the individual needs of people living at the service.

The registered manager had devised a new induction for staff to ensure they were made aware of peoples' needs, the ethos of the home and values of the staff team. They had time to read policies, care plans and shadow existing staff. New staff had also completed the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We asked a staff member about their induction. They told us that "It was lovely, best one I've ever had. They showed me what to do; I was able to shadow other staff. I'm doing the care certificate".

The registered manager told us that they receive input and support from an external professional to help staff to better understand the needs of people living with Parkinson's disease. Staff giving people medicines had also received observed supervision sessions from a more senior member of staff to ensure that they were competent to do this. The service were supporting people with Diabetes and Stoma. No formal training in relation to these individual needs but the registered manager told us they were seeking further developmental training for staff to enhance their understanding of these needs. Appropriate external health professionals were involved in supporting the health needs for these people. Staff were able to tell us about some aspects of appropriate support for a person living with diabetes. When we reviewed records for this person it was evident that they ate and drank well and that staff were aware of their dietary needs. The service involved the GP to support them to monitor the person's blood sugar levels.

We observed the lunch time dining experience for people. The dining room was a bright and airy and inviting environment for people, with tables laid with tablecloths, vases of flowers, cutlery condiments and placemats. There was music playing in the background to create a relaxing atmosphere. Staff were cheerful and talked with people throughout the mealtime experience, providing support in a discrete and appropriate way when this was required. Support was offered with care and sensitivity. Staff checked how people were enjoying their meals. Choices were available for people and the menu was visible. One person got up and had a little jig during the serving of the meal. This was greeted with smiles and a hug from staff making it a bit of fun which the person and people around smiled and laughed along with. The dining experience was relaxed and unrushed affording people the opportunity to enjoy their meals in their own time and being offered a hot drink afterwards.

People told us that communication with staff was positive. We were told that the organisation and team that work within the home was good and communication was appropriate and effective. One person said "You can see they are a happy lot that work well together". A person's relative told us "The communication with me is great too. I'm always kept informed and every day when I come in everyone always knows how my mum is on that day". Another relative said " My mum is very deaf and does have a mobile phone but staff are really good at making sure they get my messages and understand them"

## Is the service caring?

### Our findings

People and their relatives told us that they felt that the staff were very caring and kind. People were treated with dignity and their privacy respected. People had positive relationships with the staff that supported them, because the staff knew them well and understood what was important to them. One person said "They're absolutely great, no issues with the staff, they're really kind". "They all care extremely well, very empathetic and quite loving really, it is actually quite endearing". "As soon as I came to look around, I thought this is great, it had a lovely feel to it". Another person said staff "They are so helpful, you never feel like a bother. They know your wants and needs". We observed a member of staff speaking with a person in the lounge. The person said to a member of staff: "It's so nice being with you" and the reply was "That's a nice thing to say and it's nice being with you too".

Relatives all very positive about the staff and management of the service. Relatives were able to visit people when they chose to without any restrictions. Private conversations could take place in people's bedrooms or a small area with a table which had been purposely set up to enable people to share meals with their relatives should they so wish. The registered manager demonstrated genuine warmth and compassion towards people living at the service. People displayed an equal level of affection towards the registered manager indicating that people felt comfortable in their company and that they all knew each other well. The providers of the service also demonstrated a depth of compassion and care for people and staff at Clapham Lodge Care Home. One provider told us "we are really passionate about care".

Information about the service was available to people and their relatives. People were involved in their day to day care and staff asked people their views about matters relating to their care. People's relatives were kept informed and involved when people wanted this to happen. People were involved in decisions about their care as much as possible. The registered manager told us that they would use information gathered from people's families if they needed further guidance to appropriately support people. We saw personalised information provided by a relative in a person's care plan which was used to help the staff to understand the person living with dementia.

Staff listened actively and attentively when people spoke with them. Staff spoke with people in a respectful way and addressed them by their preferred name. People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these to ensure that people were able to communicate clearly with staff and others living at the home. People wore clothes of their choice and were well presented. Staff offered blankets to people should they wish to use them.

We saw that staff were respectful in their interactions with people and we noted that they knocked on doors before entering bedrooms. People's records were held securely in the office to maintain confidentiality.

We saw a "thank you" card in the registered manager's office. We were told that this was given to them as a result of them being able to fulfil a person's wish as part of their "wish list". Staff had arranged a special surprise to take a person to a theme park of their choice to celebrate their 85th birthday. The registered

manager told us how they aim to support people to achieve their wishes. This person thoroughly enjoyed their experience. During the inspection a person at the service was celebrating a special birthday. Staff and people sang "happy birthday" to them with a cake that was provided by the staff. Everyone enjoyed celebrating this occasion together.

## Is the service responsive?

### Our findings

People felt they exercised choice and independence throughout the day. This included where to spend their time, where they ate meals, frequency of baths and showers and when they chose to get up and go to bed. One person said "I absolutely love having a bath. I couldn't have one at home so it's wonderful to be able to have one again. I usually have a couple a week but I could ask for more if I wanted to". A relative told us that "my mum had a lie in this morning. There's no pressure to be up at any certain time but they always make sure if she has a lie in that there's breakfast available"

We observed activities within the home. The activities staff member knew people very well and was able to positively encourage and support people to participate in the activities programme. The activities staff were able to tell us how they developed an activities programme each month based upon what people had told them they enjoyed doing. Written documentation was updated in each person's care plan to show which activities they had enjoyed each day. This information also showed that the activities staff member visited people in their rooms and spent one to one time with people when they weren't able to, or preferred not to join in with group activities.

We asked people and their relatives about their views of the activities. One relative said "It is amazing, it is really good. There is usually something on most days. It is very good, cross words, quizzes. They're always looking for different things or ideas that they can do with the residents. Its first class." There is an activity sheet provided to each person so that they were aware of what was available to them. One person told us "they have people coming in to sing and they play various instruments. That's always very enjoyable". Another person said "I have family that take me out but other people get the offer of an outing if there's no one to take them out".

People were able to share their views and experiences using the complaints process. People felt listened to. The complaints policy was displayed on the notice board as well as 'Review Us' forms on the table in the entrance hall. There had been some complaints about the building work in respect of the new build and some people had raised concerns about the laundry. These had been responded to in a timely way. We were shown how the complaint about the laundry had resulted in a positive outcome with a new laundry assistant being employed who was dedicated to caring for people's laundry. The registered manager showed us an example of another recent complaint they had received following a respite placement. This illustrated how they had responded to the concerns promptly and sensitively which had resolved the matter appropriately with positive outcomes for the complainant. People told us that there had been a positive responsive approach to issues raised. One person said "They altered my room as the bathroom door opened the wrong way for me. They swapped it as soon as I'd mentioned it and it's much easier for me now"

Relatives told us that they took part in meetings. They told us "we're asked what we want, talk about any problems or concerns. Discuss meals and menus."

People's needs had been assessed before they first moved to the service and a care plan written to meet their identified needs. Relatives were encouraged to provide information to the service to support staff to

care for people in their preferred ways. We saw one example of a very personalised document that a relative had provided for a person living with dementia, titled "tips for caring for [person's name]". The registered manager told us how they planned to adopt a similar approach for all people living at Clapham Lodge to ensure that the care plans were personalised. Care plans provided personalised information about people within a "knowing me" booklet seen in care plans. Care plans were being reviewed and updated to reflect changes in need. We saw that one person's care plan had been updated to reflect recent changes to their mobility, with information about the new equipment staff were required to use to appropriately support the person to move safely. For one person living with dementia, we were able to see that there had been improvement with their mental health and they had been discharged from the community team providing dementia specialist support to them and the staff at the home. People and relatives as appropriate, were involved in the care planning process. When we asked relatives if they were involved in care planning one relative said "Yes I've just done that not long ago. The registered manager will go through it with me and change anything".

People felt in control of their personal choices. One person told us "I do feel in control yes, whilst they have to help me physically I still make my own choices like what I wear each day". Another person had their own mug with their name on it for their hot drinks. The registered manager told us how they had supported people to continue to share a room and maintain the relationships they had enjoyed before they moved into the service. .

Staff were able to tell us about people's needs and about their likes and dislikes. Information about people's preferences was also recorded in their care plans. We asked staff about the care plans. One staff member said "They're very helpful, we write down exactly what we do on a daily basis. I was shown care plans when I first started, they tell you about changes in peoples' needs. We also get that information in handover in the mornings, they tell us about what has happened at night. There is communication all the way through". The home didn't use agency staff and the regular staff knew people well. We found that some of the care plans lacked specific details about people and actions the staff were able to tell us they had taken. For example, one person's weight had been fluctuating since they moved into the home recently. There were records that a GP had been contacted and the registered manager could tell us of the appropriate actions taken and of their discussions with the persons GP and that the GP had no significant concerns about this person at this time.

The registered manager sent surveys to people about different aspects of their experiences at Clapham Lodge Care Home. One survey was completed in January 2017 which sought people's views about the activities in the home. The results had been analysed by the registered manager which indicated positive feedback from people. The feedback was shared at a residents meeting. We saw minutes of the residents meetings which showed that people were involved and that their views were recorded and acted upon by the registered manager.

Bedrooms were personalised with memorabilia, photos personalised bedding and furniture. Rooms had beautiful views which people commented on. People spoke of being happy and comfortable in their rooms with all they felt they needed to hand. One person said

"I love my room. The new rooms upstairs have more elevated views but you can only see them if you're standing up as the windows are too high. My bay window here is lower so I can see outside all of the time and of course most of us are sitting a lot of the time. I wouldn't want to swap. Apparently my room is due for redecoration and I will be able to choose the colours"

## Is the service well-led?

### Our findings

There were systems in place to monitor the quality and safety of the service provided. Quality checks were completed which monitored the quality of key aspects of service delivery. Regular quality checks of the service were completed which included the views of people and staff at the home. Previous actions were reviewed and commented on by the provider in these reports. This demonstrates a positive culture where staff are encouraged to learn from practice. The registered manager completed monthly audits to check, first aid boxes, controlled drugs, people's money, people weights, fire safety, accidents and incidents, infection control, medicines, including medicines fridge temperatures. The registered manager was able to tell us that they analysed the results of the audits and referred to external professionals for support when required. This included referrals to the falls team to provide extra support for people who fell at the service. This was also recorded in the PIR completed by the registered manager. The registered manager told us that they have positive links with external professionals who visit the service to provide one to one support and education for staff for those people living with Parkinson's disease.

We saw that these audits had been completed. However, we identified concerns regarding records that were not identified within the quality assurance processes.

Despite the fact that staff and the registered manager knew people's individual needs and preferences well, we saw that people's records weren't always completed with enough information to describe people's daily health needs clearly. We recommend that the registered manager seeks further guidance in respect of recording people's daily health needs.

Statutory Notifications had been submitted by the registered manager following most significant events at the service. We had not received a notification for an injury to a person's leg as the cause of this was not clear. The registered manager reflected during the inspection and recognised that they should have submitted a notification for this incident and that they would do so for all significant events in future, whether the cause was clear or not.

The care records for two people did not clearly reflect their needs and potential risks relating to their eating and drinking needs.

People and their relatives told us that the service was well-led. People described the atmosphere and culture of the home in a positive way. "It's such a warm friendly place, couldn't get any better", said one person. A person's relative said "It's just a homely friendly place which is relaxed and welcoming whenever you come". One person said when asked if they would recommend this home to others "definitely they are excellent positive people who treat people nicely. Can't fault it". Another person said "I've never had any experience of anything like a care home and I was worried as I didn't know what to expect but I couldn't feel happier here and it means a lot that my family don't have to worry about me either" This was (echoed by their present relative). People knew who the manager and owners were and told us that they were approachable and responsive. One person said they are all "very nice thoughtful people".

The registered manager provided clear and strong leadership for the service and was well liked and respected by staff, relatives and people living at Clapham Lodge. The registered manager told us of how they kept their knowledge up to date by researching best practice using the CQC website and other websites.

We asked the registered manager about their understanding of Duty of Candour (DoC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014, requires that services are open and transparent when things go wrong which may result in serious harm, injury or death to people and that the investigations and outcomes of any investigations should be shared with people concerned. An apology should be provided to people when things go wrong. There was a policy for DoC and the registered manager was able to tell us about their understanding, accountability and responsibility under this regulation

Positive relationships had developed between the registered manager, staff and people as well as their relatives. Observations showed the registered manager interacting and taking time to talk with people about their wellbeing and needs. When introducing us to people and showing us around the home, the registered manager said, "It's like a family here, that is our main aim".

We spoke with staff about the leadership within the home. One staff member said "very good, very high standard, the people come first to the manager, everyone is really good with the residents". Another member of staff told us that the registered manager was "very good. Manager is very approachable. Has a brilliant way with the residents and staff, you can speak to her and go to them her about anything, a genuinely lovely manager. She is always helping us to develop further, like doing more training".

We saw staff meeting minutes. A member of staff told us that "We have these at 7pm at night when most residents are in bed. We all talk, we give our opinions etc." The minutes indicated that there was a culture that encourages open communication with staff being involved in decisions about the service and their views listened to by management. People, staff and relatives told us that they felt the registered manager was approachable and that a good service was provided for people living at Clapham Lodge. A Provider Information Return (PIR) was completed by the registered manager before we completed this inspection. This told us that "staff are involved in all aspects of the home and are encouraged to voice their opinions and ideas on ways to develop the service we provide". We saw that this is the case.

The registered manager was very open and honest with us during the inspection. They told us of areas of practice that they would like to develop and improve further which included the care planning records, staff training for people's specific individual needs including diabetes and to improve their networking links with other registered managers and homes in the local area. They felt passionately that they always put people at the centre of everything they did within the home. This was evident from our discussions with staff and from our observations of the positive interactions between the registered manager and people and the enthusiasm demonstrated by them. The registered manager told us that the ethos and values of the service was to ensure that people felt that "they don't live in our workplace, we work in their home". This was displayed in communal areas of the home. We observed that these values were upheld by staff working here. Staff accommodated people's needs, choices and preferences.