

Care with Hope Ltd

# Clarendon Gardens

## Inspection report

77 Clarendon Gardens  
Wembley  
Middlesex  
HA9 7LD

Tel: 02089045574

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Clarendon Gardens is a residential care home for six people who have mental health needs. There were six people including one person receiving respite care using the service at the time of the inspection. Public transport and a range of shops are within walking distance of the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good

People told us that they felt safe living in the home. There were procedures for safeguarding people. Staff understood how to respond to complaints and possible abuse. They knew how to raise any concerns about people's safety so people were protected.

Arrangements were in place to make sure people received the service they required from sufficient numbers of appropriately recruited and suitably trained staff. Staff received the support they needed to carry out their roles and responsibilities in providing people with the care and support that they needed.

Staff demonstrated a caring attitude towards people who used the service and ensured their dignity and privacy was maintained. People were involved in planning their care, which was responsive and met their individual needs and preferences.

People's medicines were managed safely. People's dietary needs and preferences were supported, and they were encouraged to choose what they wanted to eat and drink.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. People 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.

Checks were carried out to monitor and improve the quality and safety of the service.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Clarendon Gardens

## **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.

This comprehensive inspection took place on 16 May 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. The PIR 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. The PIR was discussed with the registered manager during the inspection.

During the inspection we spoke with the six people using the service, one person due to their needs was not able to tell us in detail about their experience of the service but was able to communicate with us by using some words and gestures.

During the inspection we also spoke with the registered manager, the provider and three care workers.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of four people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living in the home and could speak with staff if they had a worry or concern.

Staff we spoke with had a good understanding of different types of abuse. All staff had achieved a qualification in 'understanding dignity and safeguarding in adult health and social care. Staff we spoke with understood their responsibilities to report any concerns to the registered manager or to external agencies such as local authority safeguarding team, CQC, and police when needed. The lead local authority safeguarding team's contact details were displayed so were accessible to people and staff. A member of staff told us that they and other staff had informed people about the meaning of abuse and had informed people that if they had any concerns to let them know.

The service did not manage people's monies. People managed their own finances or received support from appointees or Lasting Power of Attorneys.

People's care plans showed risks to people were assessed and reviewed regularly so they were effective in meeting people's changing needs. People's risk assessments were personalised and included risk management plans to minimise the risk of people being harmed. People's risk assessments covered a range of areas including; unsociable behaviour due to mental health needs, smoking, getting lost, finances and non-compliance with taking their prescribed medicines. Each person's bedroom had an alarm system in place for use in the event of an emergency.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people. Staff told us they felt there were enough staff on duty to meet people's needs. The registered manager told us that staffing levels were adjusted when people were unwell and to make sure people received the support they needed to take part in a range of activities and to attend appointments.

Records showed that staff administering medicines had received medicines training. The registered manager told us that staff also received an 'in-house' medicines competency assessment before they were permitted to administer medicines to people. However, these competency assessments were not recorded. The registered manager told us that they would ensure they were recorded in future to show they had been carried out. Also, a person had recently been prescribed a medicine that was to be given 'when required' [PRN]. However, there was no guidance about when it was appropriate to administer this medicine. The registered manager told us that the protocol was for staff to contact her before administering any PRN medicines and would make sure that this was documented. We saw staff administer medicines to people in a safe and appropriate manner.

Fire safety and other checks of systems including gas and electrical service checks were regularly carried out. Emergency contact telephone numbers were displayed. The registered manager told us that all contracted staff were currently completing a diploma qualification in health and safety. Fire safety guidance was displayed. The registered manager told us she would ensure that each person had a personal

emergency evacuation plan [PEEP] in place.

People were protected from the risk of infection. The home was very clean. Staff had access to personal protective equipment such as disposable gloves and soap and paper towels were available within the bathroom and toilet facilities.

# Is the service effective?

## Our findings

People told us that they felt they received the care and support that they needed from competent staff. Comments from people included; "They [staff] are nice. They are good."

Staff told us that when they started working in the home they had received an induction, which included learning about the organisation, and people's individual needs. They also told us they spent time shadowing more experienced members of staff before they began to work independently with people.

Staff received the training they needed to carry out their roles and responsibilities in providing people with the care and support they required. Training records showed staff had completed training in a range of areas including; first aid, safeguarding people, fire safety, infection control, food and hygiene, health and safety and medicines. Staff had also received diabetes and mental capacity training and were in the process of completing a qualification in mental health awareness, which demonstrated the service understood the importance of staff receiving training that was relevant to people's specific needs. Staff were encouraged by the registered manager to achieve relevant qualifications. Staff told us and records showed that staff had completed vocational qualifications in health and social care which were applicable to their roles. A member of staff told us that the registered manager "Tries to push you to go higher and motivates us."

Staff told us they were provided with the support that they needed. Records of regular one-to-one supervision meetings provided staff with the support they needed to carry out their role and identified training and other development needs. A member of staff told us "I feel valued."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood and applied the principles of the MCA when supporting people. The registered manager informed us that one person had an authorised DoLS in place.

People told us that staff always asked for their consent before assisting them in any way with their care, treatment and in other areas of their lives. Staff knew that people's capacity to make decisions could change when they were mentally unwell and then health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People told us and records showed they received health checks and had access to a range of health professionals including; GPs, chiropodists, and opticians to make sure they received effective healthcare and treatment.

People's dietary needs and preferences were met by the service. People spoke very positively about the meals. They told us they chose what they wanted to eat and their cultural dietary needs were respected and accommodated. Healthy eating was encouraged and a range of a variety of fresh fruits were accessible to

people. Staff we spoke with had a good understanding of people's varied dietary needs. During the inspection we saw people received meals of their choice. A person cooked their own breakfast with some support from staff. A range of foods were available for the preparation of snacks. A person told us "We can have snacks at any time."

The premises were suitable for people's needs. A person with mobility needs had a bedroom located on the ground floor. People told us they were happy with their bedrooms, which had ensuite facilities. The décor and furnishings were in good order. Maintenance issues were addressed promptly.



# Is the service caring?

## Our findings

People told us that the staff were kind and listened to them and consulted them about their needs and preferences. We saw people approached staff including the registered manager and provider without hesitation, and that staff interacted with people in a friendly and respectful manner.

People received support from staff who understood their needs and had developed positive relationships with them. Staff demonstrated from their engagement with people that they knew people well and had a good rapport with them. From speaking with staff and looking at people's records we found that each person received care and support based upon their individual needs.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People told us about the contact they had with family and friends. A person told us about having developed friendships with people by regular attendance at a club. People told us they got on well with the other people using the service and often went out and about within the community with them and staff. A person had recently been supported by staff to attend a relative's funeral service.

People told us their privacy was respected. We saw staff knocked on people's bedroom doors and waited until the person responded and came to the door to talk with them. People told us they had their own bedroom door key so they could lock their door whenever they wished to do so. Staff showed consideration to people who chose to spend time by themselves in their bedrooms but also checked that people were all right and encouraged them to take part in other activities. People's records and other documentation were kept secure to maintain confidentiality and meet legislation. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

People's 'daily' progress records were written in respectful language and staff were considerate when they talked with other staff about people's needs.

People's independence was respected and promoted. A person told us that they had been supported by staff to do a part time job. People were supported and encouraged to develop their everyday living skills such as cleaning their bedrooms, laundering their clothes and cooking, and to access community facilities and amenities independently or with some staff support. A person told us they had a travel pass that enabled them to travel for free on public transport which supported their independence and promoted community participation. People told us they went to bed at whatever time they wanted to.

Staff and people using the service confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home, and told us that staff understood their cultural needs. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs, differences and needs. A member of staff told us "I value each individual. Everyone is different, different culture and background." People's care records included information about their background, and protected characteristics [defined in Equality Act 2010] including their sexual orientation.

## Is the service responsive?

### Our findings

Since our last inspection, people continued to receive personalised care that met their needs. People's needs were identified before they started to use the service to ensure their needs could be met. People told us they had been fully involved in the initial assessment of their needs and in the reviews of their plan of care and support. During the initial assessment information was gathered about people's health, background, likes, interests, needs and goals, which formed the basis of people's plan of care and support.

Staff were responsive as they regularly carried out reviews of people's needs and monitored them closely. Information on people's health and support needs was shared appropriately, which enabled staff to provide them with the support they required. People had a key worker, who was a member of staff allocated to the person to offer them support, advice and promote a good quality of life. A person spoke highly of their key worker and of the support they provided them.

Staff spoke of keeping up to date with people's current needs by having comprehensive 'handovers' at the beginning and end of each shift as well as during one-to-one supervision and key worker and staff meetings. Staff knew about the importance of reporting any changes in people's needs to the registered manager. People told us that staff were responsive to their needs. A person told us they had been supported by staff to see a GP when they had been unwell.

Staff worked closely with the mental health services and kept them informed of any changes and/or deterioration in people's mental health condition. A member of staff provided us with an example of when a person showed significant symptoms of being unwell, staff had promptly seen a doctor and had various medical tests carried out. The registered manager told us a GP was providing assistance with the development of a person's diabetes care plan and another person's epilepsy care plan.

The registered manager worked closely with other healthcare professionals and agencies to ensure a straightforward transition when people moved between services. A person told us and records showed that they had visited the service several times prior to moving in, so they were able to meet staff and people using the service.

People were supported to take part in activities of their choosing. Staff supported people to pursue their interests, but told us that it was at times difficult to motivate people to take part in activities. The provider told us they encouraged people to go out and participate within the community to promote their well-being as well as their independence. People told us about the activities that they took part in. These included going for walks, the cinema, shopping, eating out and watching television. A person attended a local gym during the inspection and spoke in a positive manner about the exercises they had completed. Another person regularly attended a day service. Everyone using the service took part in more than one activity during the inspection.

People had access to an up to date complaints procedure and knew how to make a complaint if they were unhappy about any aspect of the service. They were confident their concerns would be listened to and

resolved. A person told us "I have no complaints." Staff knew they needed to take all complaints seriously and report them to the registered manager. The registered manager told us people were encouraged to speak about any issues they had about the service during resident meetings and meetings with their key worker. There were no records of complaints received within the last twelve months.

# Is the service well-led?

## Our findings

People and staff were positive about how the service was managed. People who used the service told us they felt the service was well run. They informed us that they knew the registered manager and the provider well and told us they spent a significant amount of time in the home and were available to speak with at any time.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered manager understood their responsibilities in the managing and the running of the service and practiced a culture of openness in line with the requirements of the duty of candour. The registered manager ensured that she developed her knowledge and skills. She told us that she had recently commenced a level 5 qualification leadership course.

The registered manager was visible within the home and ensured their office door was kept open so staff and people using the service could approach them at any time to seek advice and support as well as report any issue of concern. People using the service came to the manager's office on several occasions and spoke openly with the registered manager about a range of issues to do with their care. The provider spent time with people during the inspection and accompanied them on a number of community activities.

The registered manager ensured notifications about incidents and other events were submitted to CQC when necessary.

The registered manager made sure that staff received the support and training they needed to carry out their responsibilities. She had sought out a wide range of training that staff were in the process of completing or had completed to do with understanding and meeting people's specific needs. Staff told us they were confident they would be supported if they raised any concerns about the service. A member of staff told us that during team meetings "We can discuss anything." Staff told us they had a very good working relationship with the registered manager and the provider.

The registered manager and provider promoted an enabling environment for people and made sure that staff understood and shared that vision for the service. They told us that "The service is a democracy all suggestions are listened to, staff work as a team." The registered manager told us that they monitored staff's practice to ensure they provided people with the service they needed in a respectful and positive manner.

The service worked closely with health and social care professionals and other agencies to make sure people received the service they wanted and needed.

People were asked their views about the service and their feedback was acted on to improve care provided.

This was done through keyworker meetings, resident's meetings and by providing people with the opportunity to complete feedback questionnaires. The registered manager told us that she planned to provide staff and those important to people with feedback questionnaires.

There were suitable arrangements to monitor and evaluate the quality of the service and to make improvements when needed. Audits and a range of checks were carried out of the service. These included; health and safety checks, daily maintenance checks and medicines management and administration checks. The registered manager told us that following a review of people's care plan documentation she was in the process of changing the format of people's care plans as she had found much of the current care plan documentation was not easily accessible to staff. During the inspection we saw two people's care plans had been changed to the new improved format.

The provider told us that he carried out regular checks of the environment and other aspects of the service but currently was not completing records of these checks. He told us in future he would ensure those checks and any action taken by him to make improvements to the service was documented.