

Mr Diwan Chand & Dr Anjuman Diwan Chand Claydon Lodge Care Home

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

Claydon Lodge is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

The facilities are located over two floors with a lift to access the first floor. There is a secure garden to the rear of the property. The home is in a residential area and has access to local facilities and transport.

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

Quality monitoring systems were carried out in the home, although these were not always effective to ensure they identified where improvements within the environment were needed and to review how care was delivered.

People were safe and protected from harm and abuse. Staff knew how to recognise potential abuse and how to report this. Risks to people were assessed, managed and reviewed to minimise potential harm. People's medicines were managed safely by staff who were trained to do this. There were sufficient staff working in the service, who had been safely recruited to work with people.

Staff were provided with opportunities to gain the skills and knowledge they needed to support people effectively. People enjoyed the food that was prepared and were helped to maintain a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were not able to make decision about their care, their capacity was assessed to ensure a best interest decision was made. Where restrictions were identified, applications were made to ensure these restrictions were lawful.

People were supported by staff who were respectful and kind towards them. Staff knew people well and cared for people in a dignified manner. People's privacy was respected, and their independence was promoted. Family and friends continued to play an important role in people's lives and were made to feel welcome.

People were involved in the assessment and planning of their care. The staff responded to people's changing needs to ensure they continued to receive support that was individual to them. There were opportunities for people to participate in activities they enjoyed. People knew how to raise any concerns or issues and the provider acted on this. There was a positive culture within the home and staff felt supported by the management team.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (Published January 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Claydon Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this 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.

Service and service type

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

The service had a manager 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care

provided. We spoke with four members of staff and the registered manager. We observed how people were supported and reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two health care professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed and stored. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People felt they received their medicines when expected and knew what they were for. We saw people were given time to take their medicines and staff explained why these were needed. One person told us, "The staff look after medicines and give them to me at the right time. They look after them because my memory is not good enough for me to do it myself."
- Medicines were now stored safely, and medicine trolleys were locked with medicines stored securely. Staff received training in the safe handling and administration of medicines and their competency was assessed.
- When new medicines were opened, the date was clearly recorded to ensure staff knew when these medicines were safe to use.
- New systems had been implemented to monitor how medicines were stored and when they were administered, to ensure there was accurate recording of the amount of medicines stored in the home. The registered manager acknowledged further improvements could be made where people received variable doses to ensure recording was clearer.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's safety was managed and improvements were needed. Enough improvement had been made at this inspection.

- Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. Potential risks for people had been identified and steps taken to minimise them. For example, we saw where people used equipment to help them to move, information was available about the support they needed to remain safe.
- There was an analysis of any falls which included identifying any patterns which could indicate risk. Where people did fall, the incident was reviewed, and measures put in place to protect them from future falls.
- There were personal emergency evacuation plans in people's care plans. The staff were knowledgeable about people's individual needs and told us what support would be provided in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were supported by staff to keep well. Staff received training about how to safeguard people from harm and understood how to identify signs of potential abuse and knew how to report this to

help to protect people from future harm.

- Where potential harm had occurred, we saw these incidents had been reported to the local safeguarding team and investigations had been completed in a timely manner.
- One community care professional told us they found the staff were aware of safeguarding, discussed any concerns and would report these in a timely manner to safeguard people.

Staffing and recruitment

- People received the care and support they needed in a timely way. People told us there was always a member of staff available if they needed support. We saw staff were readily available to support people when they needed or requested it.
- To ensure consistency, the staff told us that the team worked together to ensure that vacancies or unplanned absences were generally covered in the team.
- People were supported by staff who were fit and safe to support them. Before staff were employed, necessary checks were carried out to determine if staff were of good character and suitable to work with people.

Preventing and controlling infection

- The home was clean, and staff understood how to maintain suitable infection control standards which reduced the risk of infection. We saw there was a range of personal protective equipment around the home, which was seen to be used and disposed of safely after use.
- The home had a good rating from the food standards agency which demonstrated that systems were in place to manage food safety and hygiene.

Learning lessons when things go wrong

- The registered manager had ensured that lessons were learned and reflected on where improvements were needed. Where incidents occurred, these were reviewed, and care updated to ensure people's safety.
- When safeguarding referrals had been made, staff told us they understood what had happened and what had been put in place to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved with the development of their care plan and told us this was discussed with them to ensure it met their preferences and support needs.
- Care plans included assessments and guidance to support staff to provide people's individual care. The plans included information on best practice guidance to assist staff to understand people's needs and provide care safely.

Staff support: induction, training, skills and experience

- People felt staff had the necessary skills and knowledge to support them safely. New staff received an induction to the service to provide them with the skills they needed. One person told us, "I feel very safe with the staff, they know what they are doing."
- Further training was available following the induction, and competency assessments were carried out to ensure staff understood the training and provided effective care.
- Staff felt supported and told us they had regular individual supervision to review their work, discuss their personal development and any concerns.

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

- People enjoyed the meals served and told us they were happy with the choices and how these were prepared. There was a menu board which displayed the choices being served and people told us alternatives were always available.
- Staff knew what people liked to eat and drink and people had a nutritional care plan which included information about how meals needed to be prepared to meet their specific dietary needs.
- People's weight was monitored where concerns were identified, and people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties.

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

- The home was designed in a way so that people could move around easily and there were handrails along corridors. There were different communal rooms on each floor and these were large with enough room for people to move around and chairs for them to sit. Small private seated areas had been designed for people who wanted to spend time by themselves or with a friend.
- The home had dementia friendly signage on the bedrooms and bathrooms to help people to navigate around their home. There was a range of tactile objects for people to handle and pictures and photographs from different eras for people to look at.
- People's individual bedrooms included personal items and they had been able to design them to help

create a homely feel.

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

- The registered manager had developed close links with the GP service who visited people each week to help keep people well. The GP told us the staff were responsive when people were ill and needed support. The staff treated people with a high level of respect and staff had a comprehensive knowledge of people's health needs and relevant history.
- Where people were unwell, staff sought prompt medical assistance and a health professional told us they felt staff were responsive to changes in people's medical needs and requested necessary support where appropriate.
- Information was recorded about people's medical history and current treatment. A health professional explained that these were made available when visiting people and for paramedics to assist with any assessment and to ensure continuity of care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were able to make decisions about their care, how they wanted to be supported and what they wanted to do.
- Where staff identified that people may no longer have capacity, assessments were completed which recorded how capacity had been assessed against specific decisions. Where people needed help, best interest decisions had been discussed with people who were important to them and knew them well.
- Where restrictions were identified, applications to lawfully deprive people of their liberty had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Positive caring relationships had been developed with people. We saw the staff were kind and polite to people and spoke in a respectful, unrushed manner. When supporting people, we observed staff explain to people what was happening. One person told us, "The staff speak to you like human beings, they are always so kind to us." Another person told us, "The staff are lovely, they do lots of bits and bobs and they are really helpful. It seems they know us and the things we want to do."
- We looked at thank you cards that had been received from relatives of people who used the service, and these confirmed that people had been supported with kindness and compassion.
- One health care professional told us they found the management and staff professional but relaxed with people so that they felt Claydon Lodge was a home for them.

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

- People made decisions about their day to day care and we saw people were asked about how they wanted to be supported. People told us the staff knew their preferences and supported them to do what they wanted to do and helped them to carry on their daily routines.
- Some people who were living with dementia, found it difficult to make decisions. We observed staff speaking with people in a way they could understand, which enabled them to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified manner. We saw staff discreetly wiping people's hands and face after they had eaten to ensure they maintained their dignity. This was carried out in a way that was respectful to them and didn't draw attention to them needing this support. One health professional told us they witnessed mutual respect between the registered manager and the staff; who had a calm approach and people were treated with dignity and respect.
- People were supported to maintain the relationships which were important to them. Relatives told us they could visit anytime and there was a variety of communal areas where people could spend their time. The staff supported people to speak and see relatives using the internet. People told us this was particularly useful when relatives lived overseas.
- People's care records were stored securely so that information remained confidential to them, but were accessible to staff, so they were able to refer to the care plans when needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were encouraged to contribute to the assessment and planning of care. People told us they were asked what was important to them and knew they had a care plan which recorded how they wanted to receive care.
- People's care was reviewed with them to ensure it continued to meet their expectations. One person told us how their bedroom and belongings were changed around so they could share this with their partner. They told us they had made their bedroom comfortable and homely and were happy that the staff listened to what they wanted.
- People's care was reviewed, and records were amended to reflect any changes in their needs. One community professional told us they worked alongside staff to ensure that the care was reviewed so it continued to meet people's preferences and needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People felt they had information in a format that was understood and accessible. People knew they had a care plan and told us they could read this.
- The registered manager had developed a guide to inform people about the care and support they could provide. The registered manager advised that they could have this guide made available in alternative formats and languages should the need arise.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to pursue activities and interests, to socialise together or, if they preferred, spend time alone doing what they enjoyed. We heard people laughing and talking with each other and staff. One person told us, "I enjoy having a dance with some of the staff. They are lovely."
- Some people told us they enjoyed going out to places of interest or being involved in the daily activities in the home such as, laundry and maintenance. Where people wanted to continue to practice their faith, they could visit local places of worship and a service was held in the home
- There was an activity room with a variety of art and craft equipment and photographs displayed showed people involved with events and baking. Some people felt they would like different activities that did not

focus on arts, and the registered manager agreed to explore this further.

- Staff knew about people and their family and we heard staff speaking about current family events with people and their relatives.

Improving care quality in response to complaints or concerns

- People could raise concerns or make a complaint if something was not right. People told us that they would be confident in speaking with the registered manager or a member of staff if they had any concerns. One person told us, "I'm highly satisfied with everything. If I was upset about anything, I could speak with any of the staff."
- We saw any complaint was addressed promptly and a record maintained of any investigation and the outcome.

End of life care and support

- People were encouraged to share their views about care they wanted towards the end of their life. Where information was obtained, this was recorded, including any wishes for funeral services. The registered manager agreed that this could be further developed to consider social aspects of people's care and they would review this information.
- The staff worked in partnership with health care professionals to explore people's future care. One health professional told us they worked closely with the staff to ensure people could decide whether to receive certain life-saving medical treatment. They reported that they had a 'proactive approach to End of Life care using Respect forms and Health and Social Care Summaries'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we identified improvements were needed with the systems to monitor the quality and safety of the service. At this inspection we found improvements had been made, although, further improvements were still needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Quality audits had been completed however, these audits hadn't identified all the areas where improvements could be made. For example, the audits had not identified tears in equipment which could present an infection control hazard or how equipment was stored along fire routes. The audits also needed improvements to ensure people's personal fridges and equipment were included in the monitoring, and some areas of the home, such as radiators covers needed replacing but had not been identified on the improvement plan.
- Any accident or incident was recorded and reviewed to reduce the risk of reoccurrence. For example, following a fall, a sensor mat could be provided, a floor mat or a referral to a health professional.
- The registered manager notified us, and where appropriate, the local authority of certain events that occurred. This meant we could ensure appropriate and effective actions had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. A copy of our last report and rating was displayed in the entrance hall to inform people of the quality of the service.
- People spoke positively about the registered manager and the staff team and felt they listened to what they said and delivered individual care and support.
- Staff felt motivated by the registered manager and showed pride in the care they gave to people. Visiting professionals all felt the registered manager was visible and was committed to developing the service and providing individual care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager assessed and monitored the learning and development needs of staff through

regular meetings and appraisals. Following training, the registered manager observed staff practices to ensure the staff were competent in that area.

- Staff had a good understanding of the provider's whistle blowing policy and staff were confident that they would be supported to raise any concerns about poor practice in the service. This supports staff to raise any concerns they may have, anonymously if they preferred.
- The registered manager was supported by the provider. They told us they visited the location regularly and spent time talking with staff and people to understand how they felt about the care and support they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt supported in their roles and enjoyed their work. The registered manager held regular team meetings and staff reported they were able to raise concerns and reflect on working practices. Staff felt there was an open culture within the home and they were encouraged to share their views.
- Satisfaction surveys were provided for people, their friends and relatives. Once the completed surveys were received the registered manager collated the information and produced a report of the findings which was shared. Meetings were held with people to discuss care provision and the service provided. People told us they felt they were able to discuss issues at any time and knew who the registered manager was.

Working in partnership with others

- Partnerships had been developed with health and social care professionals, along with community links to enable people to review their care and ensure it continued to reflect their needs.
- One community care worker told us they held regular meetings with the staff team to discuss people's care and carried out any nursing or mental capacity assessment together. They also told us they discussed any incidents which had taken place and how these had been managed to prevent reoccurrence in the future to safeguard people.