

Mr & Mrs N Kritikos

# Clarendon House Residential Dementia 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Clarendon House Residential Dementia Care Home is registered to provide accommodation and personal care for a maximum of six adults who have dementia care needs. At the time of this inspection, there were three people using the service.

### People's experience of using this service:

At the inspection of 29 & 30 October 2019, we found four breaches of regulations. At our inspection of 29 July 2020, we found that improvements had been made and the provider had complied with three of the regulations. At this inspection we identified that further improvements had been made to the benefit of people using the service. Since our last inspection of 2020 the service had worked hard to make improvements in areas such as improving the premises, staffing arrangements, care documentation and in improving quality monitoring.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with falling, choking, suicide and risk associated with the pandemic. One person had been prescribed blood thinning medicine. We asked the provider to ensure that potential risks are identified and staff are informed of these risks, which they did, as this medicine is considered to be a high risk medicine.

The service followed safe recruitment practices and records contained the required documentation. The staffing levels were adequate to ensure that people's care needs were attended to. Our previous inspection identified that there was inadequate deployment of staff. This was a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). During this inspection we found that the service had made improvements in respect of this and staff were adequately deployed.

There were arrangements for safeguarding people. Care workers had been provided with training on safeguarding people and knew what action to take if they were aware that people were being abused.

There were suitable arrangements for the administration of medicines. Medicine administration record charts (MAR) had been properly completed. Medicine audits had been carried out.

The premises were well maintained and there was a record of essential maintenance and inspections by specialist contractors. Window restrictors were in place.

Suitable fire safety arrangements including personal emergency and evacuation plans (PEEP) and weekly fire alarm checks and fire drills were in place.

The premises were clean and tidy. Infection prevention and control measures and practices were in place to keep people safe and prevent the spread of the corona virus and other infections. Staff had received infection control training. They had access to sufficient stocks of personal protective equipment (PPE).

Staff were supported to care for people. They had received training and had the knowledge and skills to support people. Supervision had been carried out. However, no appraisal of performance had been organised for one staff who had worked over a year.

Staff understood their obligations regarding 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.

Care needs of people had been attended to. There were suitable arrangements for caring for people requiring care for specific physical and psychological conditions. Care plans were in place. The service had a policy on ensuring equality and valuing diversity. Effort had been taken to respond to the diverse needs of people who used the service.

At our last inspection the service did not have effective quality assurance systems for monitoring and improving the quality of the service provided for people. This was a breach of Regulation 17, Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). During this inspection we found that the service had made improvements and was no longer in breach. Checks and audits of the service had been carried out and action had been taken to rectify deficiencies noted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was inadequate (published 16 July 2020) and there were breaches of regulation in relation to safe care and treatment, staffing, good governance and person-centred care. 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:

We undertook this focused inspection as we had concerns regarding the service, and we wanted to check that people were well cared for. The inspection was prompted in part due to concerns received about staffing and the safety of people who used the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led. The overall rating for the service has improved to Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon House Residential Dementia Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

## 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Clarendon House Residential Dementia Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection visit was carried out by one inspector.

#### Service and service type

Clarendon House Residential Dementia Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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.

The registered manager was not present during the inspection as she was not on duty. She had already submitted an application to cancel her registration. A new manager has been appointed to replace the

registered manager and the new manager had applied to be the registered manager of the home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report and information we had received about improvements made. We also reviewed information received from the local authority.

#### During the inspection

We visited the communal areas and some bedrooms. We spoke with three people using the service, the new manager, two care staff and one of the partnership members of the service. We reviewed a range of care records and records related to the running of the service. These records included three people's care files, medicine administration records and five staff records. We also looked at policies and procedures, checks and audits carried out.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We communicated with three social care professionals and a relative.

# 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 of 29 & 30 October 2019, this key question was rated as inadequate. At the inspection of 29 July 2020 improvements had been made. However, this key question was unrated as we only examined areas related to requirements made in the previous warning notice. At this inspection this key question has improved to good. This meant that people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service ensured that people were protected from abuse. There were policies and procedures for safeguarding people. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "The staff are respectful. They take good care of me." A relative said, "I am more than happy with the home. They are kind to my relative."
- A small number of safeguarding concerns were reported to us and the local authority safeguarding team. The home had co-operated with investigations carried out by the local authority and where needed, action had been taken to safeguard people.

Assessing risk, safety monitoring and management

- There were systems in place to keep people safe from harm. Risks to people's safety were assessed and recorded. Risk assessments included risks associated with behaviour which challenged the service, use of alcohol, smoking and certain medical conditions people had. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had an updated fire risk assessment. Action had been taken to rectify deficiencies noted in the fire risk assessment. Weekly fire alarm tests had been carried out. A minimum of four fire drills had been carried out within the last 12 months.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the portable electrical appliances, hoists, fire alarm, emergency lighting and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.
- The home had improved security by installing a video intercom. This enabled staff to see who was at the door and to speak with them, if needed, before opening the door remotely.

Preventing and controlling infection

- The service had arrangements in place for the control and management of COVID-19. This was to ensure that people, staff and visitors were protected. Staff met visitors at the door and checked their temperatures and carried out COVID-19 infection control tests before they came into the premises. Staff and people who used the service had been tested for the corona virus. At the time of this inspection no person who used the

service or their staff had been tested positive for the infection. Personal protective equipment, for example face masks and gloves were available for people to put on before they came in.

- Staff had received training in infection prevention and control. They had access to sufficient stocks of PPE such as gloves, shoe covers and masks and were seen using them. One person told us, "The staff wear masks and gloves when they provide me with personal care."
- On the day of inspection we found the premises were clean and tidy. A cleaning schedule was in place. The garden was accessible for people. A door was kept ajar to provide ventilation.
- There was a Covid-19 control and prevention policy providing guidance for people and staff. Guidance for the prevention of infection was also on display at the entrance to the premises.

#### Staffing and recruitment

- At our inspection on 29 & 30 October 2019 we identified that there was inadequate deployment of staff. This was a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). We issued a warning notice in respect of this breach. During our inspection of 29 July 2020, we noted that insufficient improvements had been made and the service was still in breach. At this inspection we found that the service had made improvements in respect of this and staff were adequately deployed.
- The service had adequate staffing levels to attend to the needs of people. The staff rota indicated that there was always a minimum of two staff on duty at all times. Staff were attentive towards people. They told us that they were able to complete their allocated tasks.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

#### Using medicines safely

- Medicines were managed safely. The service had procedures for the administration of medicines to provide guidance for staff on how to safely administer medicines. Allergies were recorded. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There were no unexplained gaps.
- Medicines were stored securely at the home. Staff checked and recorded the temperatures of the room where medicines were stored. This ensured that the temperatures were suitable for maintaining the quality of medicines stored.
- Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.
- One person had been prescribed blood thinning medicine. We asked the provider to ensure that potential risks are identified and staff are informed of these risks, which they did, as this medicine is considered to be a high risk medicine.

#### Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.



# 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 inspection on 29 & 30 October 2019 this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Staff support: induction, training, skills and experience

- Staff had received support and the required training to enable them to carry out their duties. Training provided included safeguarding, health and safety, moving and handling, infection control, dignity and respect and equality and diversity. Documented evidence was provided.
- At the inspection in October 2019, we found there was insufficiently detailed records. At this inspection there were sufficient details in the supervision records. Staff had received supervision and this was confirmed by them. We identified that an appraisal had not been carried out for a care staff who was due to have it. The manager informed us soon after the inspection that it had been done.
- At the inspection in October 2019, induction records did not provide full details of what was covered. At this inspection, the records were detailed and indicated that staff had been provided with an appropriate induction when they started working for the service. This indicated that staff had received sufficient knowledge and guidance to enable them to perform their duties.

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

- People's needs, and choices were assessed at the start of the care package. They and their representatives had been consulted with during the assessment process. This was confirmed by people we spoke with.
- Information gathered during the assessment was used to prepare appropriate care plans for people.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example, people's marriage and civil partnership, religion and ethnicity were recorded.
- Daily logs were completed for each person which recorded the care and support provided for people. A care professional told us that staff were able to deliver the care people needed. This professional said, "I have found staff really supportive. This has often been over and above that of normal caring responsibilities as my client has been supported emotionally too."

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

- Meals were freshly prepared for people. The menu appeared balanced and diverse and reflected the preferences of people. People told us they were satisfied with the meals provided. One person said, "The food is very good. They do ask me what I like to eat, and I get what I like."
- People's weight had been monitored monthly. The manager was aware that if there were significant variations in people's weight, she should notify the doctor concerned so that appropriate action can be taken. Where needed, people had been referred to a dietitian.
- People's had nutrition care plans regarding their dietary needs. These plans also contained guidance for staff to remind people of meal times. present meals attractively, monitor their eating patterns and report

any issues to the manager.

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

- The manager stated that they monitored people's healthcare needs and ensured that they were met. The care records of people contained evidence of appointments with healthcare professionals such as their GP and hospital consultants.
- Two care professionals told us they worked well with staff. They expressed no concerns regarding the healthcare of people.

Staff working with other agencies to provide consistent, effective, timely care

- Staff engaged with social and healthcare professionals to ensure that the needs of people could be met. Records of appointments people had with their GP and hospital consultants were recorded.
- During the corona virus pandemic, the manager had worked with the local authority to access guidance and PPEs needed for the home.
- Three care professionals told us that the service worked well with them to ensure the welfare of people.

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

- The premises met the needs of people. The home was comfortable and felt homely. There were interesting ornaments and pictures. The manager told us they were aimed at providing mental stimulation for people.
- Effort had been made to keep the premises tidy and uncluttered. A large TV was mounted on the wall so that people could view it properly.
- Some areas had been redecorated and repainted. There was a new storage cabin in the garden.
- A care professional who had visited the home said, "There is always a smell of home cooked food which adds to the overall homely feeling and coupled with the care ensures a person centred care service and a large rear garden, an aspect so important during these times."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives. Their care files contained information regarding their health and general wellbeing. Guidance was available to assist staff care for people with healthcare issues such as continence management, pressure area care and oral care.
- Staff arranged appointments with healthcare professionals such as their GP, psychiatrist, occupational therapist and psychologist when needed. One person said, "I have been assessed by a healthcare professional and am due to have a new wheelchair."
- A relative confirmed that their relative had their healthcare needs attended to. This person said, "My relative's healthcare needs have been met and my relative have been given their medicines."

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).

- Suitable arrangements were in place to meet the requirements of the MCA. Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have. Staff had received MCA and DoLS training.
- A DoLS authorisations was in place for a person who needed it. This related to the provision of personal care and continuous supervision. The care records indicated that this had been complied with.

# Is the service responsive?

## Our findings

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

At our inspection of 29 July 2019 this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our inspection in October 2019, we identified that the service was not providing person-centred care which met the needs of people in respect of end of life care and ensuring that people received appropriate social and therapeutic activities. This was a breach of Regulation 9 (1) (3) (Person Centred Care) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection of 29 July 2020, we found that enough improvement had been made and the service was no longer in breach.
- We previously noted that there were insufficient activities organised for some people. There was now recorded evidence that suitable activities had been organised for people. These included indoor games, painting, colouring, gardening, exercises and flower arranging.
- During the pandemic in 2020, restrictions were in place and people who used the service could not go out as freely as they used to. However, the service was still able to organise occasional walks in the local area.
- A care professional said, "I have found staff to be helpful in facilitating video calls with my client and have no concerns in relation to the care he receives there."
- We looked at three people's care records. They contained photos of people and comprehensive assessments. These related to people's care needs, life histories and people important to them. Following this, care plans had been prepared. The plans contained specific information relating to people's care such as their likes and dislikes, physical health, mental health, personal care, nutrition and mobility. This ensured that staff were fully informed on meeting people's needs.
- Reviews of care with people and/or their representatives had not been recorded separately. The manager stated that these had been done but they had written them as updates. Full details of care reviews are needed to ensure that any changes in care are reflected in the care records and care staff are aware of them. The manager told us that this would be done in the future.
- People at risk of pressure sores received appropriate care. Their care record contained a pressure area risk assessment and care plan. Change of position charts had been completed when this person was moved from one position to another. Another person at risk of self-neglect also received care they needed. Appropriate risk assessments and care plans were in place.
- A person had sustained a fall and was admitted to hospital. The home had a strategy for preventing falls. Moving and handling and falls risk assessments had been carried out. Equipment such as sensory mats, non-slip flooring in some bedrooms and grab rails were in place.
- The home had supported a person who did not yet have access to finances while the social services department processed her application. They did this by purchasing snacks and drinks the person wanted from the home's own funds.

Improving care quality in response to complaints or concerns

- Complaints made by people were taken seriously and acted upon. The service had a formal complaints

procedure. The service recorded complaints appropriately and recorded action taken.

- People told us they knew how to make a complaint and if they had concerns, they would speak with the manager or to the care staff. One person said, "I have no complaints. I am treated with respect. They are like family to me."

#### 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.

The service had a policy to provide guidance for staff on meeting this standard. Care plans contained guidance on the communication needs of people and guidance for staff on how to communicate with people, such as speaking clearly and slowly, maintaining eye contact and the use of visual aids. Information regarding the home and its services had been translated for one person whose first language was not English.

#### End of life care and support

- The service had a system in place for providing end of life care although no person was receiving end of life care at the time of this inspection. There was an end of life policy to provide guidance for staff. Staff had also received end of life training.
- The service had explored the end of life choices and preferences with people and their representatives. These were documented in people's care records.

# 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 inspection of October 2019, this key question was rated as requires improvement. At the inspection of 29 July 2020 improvements had been made and the service had complied with the warning notice issues. However, this key question was unrated as we only examined areas related to requirements made in the warning notice. At this inspection this key question has improved to Good. This meant the service was well-led.

### Continuous learning and improving care

- At our inspection of 29 July 2020 the provider did not have a sufficiently effective quality assurance systems for monitoring and improving the quality of the service provided for people. This was a breach of Regulation 17, Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17.
- The manager carried out weekly checks on accidents, incidents and areas related to the health and safety of the home. Monthly audits of the service were also carried out in areas such as care documentation, medicines and supervision. These audits were carried out by the manager and another staff member.

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

- Care staff had consulted with people and their representatives regarding how they could meet the needs of people. Minutes of monthly meetings indicated that staff had consulted with people and obtained their views regarding the care provided. The feedback from people was positive and indicated that they were happy with the improvements made.
- A relative expressed confidence in the management of the home and said, "Management there is "switched on" and they are understanding and responsive."

### 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

- The manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us and to the local authority.
- Care documentation and records had now been computerised so that they could be easily accessed and promptly updated when needed.

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

- People had opportunities to feedback about the care provided. This was done via one to one sessions with people. People were mostly satisfied with the services provided. One person said, "I can discuss things

with the manager. There are one to one session and they talk with me. They do ask me about my preferences."

- People's diverse and individual needs had been met. People had been enabled to continue with their religious and cultural observances and have meals of their choice. One person was able to listen to the radio station of their choice and have meals in line with their preferences and ethnicity. A relative told us that care staff understood their relative's cultural needs and some could speak the same language. As a result of this, their relative had made significant improvements.
- The manager told us that they had a diverse staff team who share the meal preparation and were able to prepare Caribbean, African, Muslim and Greek meals. Their menu reflected the standard British meals with the option of alternative choices for people. The home had celebrated religious events and people's birthdays.

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

- The manager was supported by the partners of the partnership and a team leader.
- Staff felt well supported. They told us the manager was approachable and listened to them. One staff member said, "The home has improved, the manager is approachable."
- Staff meetings and supervision sessions were used to obtain the views of staff and share information about people and the service. Staff told us that morale among them was good.
- We saw that staff went about their duties in a calm and orderly manner. They were knowledgeable regarding their responsibilities towards people.

Working in partnership with others

- Staff worked in partnership with others to ensure people received good quality care and support. The registered manager had attended meetings with staff from the local authority monitoring department and had obtained guidance regarding the pandemic and infection control issues. Feedback from three social care professional indicated that staff communicated and worked well with them to meet people's needs.
- The service maintained close liaison with people's representatives. A relative said, "We have been consulted from the beginning. They understand my relative's needs."