

# Care with Hope Ltd

## Clarendon Gardens

### Inspection report

77 Clarendon Gardens  
Wembley  
HA9 7LD  
Tel: 0208 9045574

Date of inspection visit: 21 and 22 April 2015  
Date of publication: 18/05/2015

#### 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 

#### Overall summary

This unannounced inspection of Clarendon Gardens took place on the 21 and 22 April 2015. Clarendon Gardens is a care home registered to provide personal care and accommodation for five people who have mental health needs. On the day of our visit there were four people living in the home. Public transport and a range of shops are located within a short walking distance of the service.

The service was registered with us in November 2013. In April 2014 the first person was admitted into the home. This was the first inspection of the service.

There was a registered manager in place. 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.

Throughout our visit staff interacted with people in a friendly and courteous manner. People told us they were content living in the home. A person using the service said they felt the service was better than where they had previously been living.

Staff received a range of relevant training and most staff had qualifications related to their work. Staff understood

# Summary of findings

people's needs and worked as a team to provide people with the support and care they sought and needed. Staff were enthusiastic about working in the home, were knowledgeable about each person's needs and were keen to promote people's well-being.

The staffing of the service was organised to make sure people received the care and support they required. People using the service spoke highly about the staff and said they were approachable, kind and listened to them.

People were involved in a range of decisions about their care and support, and their independence was promoted and respected. People told us staff respected their privacy and they received the support they needed to maintain good health. People's health was monitored and they received the advice and treatment they required from a range of health professionals. People told us they also felt well supported by care co-ordinators who visited them regularly.

People were encouraged to participate in a range of activities of their choice, and to take part in the local and wider community. People's individual leisure interests and preferences were respected and supported. When people wanted to maintain contact with family, friends and others important to them this was encouraged and supported by staff.

People told us they generally enjoyed the meals, and could have an alternative if they wished. Meals and other refreshments met their preferences and dietary needs. Referrals were made to a dietitian when needed.

People told us they felt safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were assessed and identified as part of their plan of care and support. People's support plans were personalised and contained the information and guidance staff needed to provide each person with the care they needed and wanted.

Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had an understanding of the systems in place to protect people who were unable to make particular decisions about their care, treatment and other aspects of their lives. Staff knew a restriction on people's freedom needed to be lawfully authorised.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and risk assessments protected people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed.

Good



### Is the service effective?

The service was effective. Staff received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home. Staff knew that any restrictions to people's liberty needed to be authorised.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

People were provided with meals and refreshments that met their preferences and dietary needs. Staff monitored people's nutritional needs and took appropriate action to address any concerns including seeking advice from a dietitian.

Good



### Is the service caring?

The service was caring. People told us staff were kind and provided them with the care and support they needed. Staff knew people well, respected people's views and encouraged them to be involved in decisions about their care, treatment and support. People's independence was supported and promoted.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good



### Is the service responsive?

The service was responsive. Each person had a personalised plan of care and support that detailed their specific needs. Arrangements were in place to monitor and review those needs with involvement from people using the service.

People were supported and encouraged to take part in a range of activities that met their needs and preferences. People's individuality was promoted and they were supported to make choices about their lives.

Good



# Summary of findings

People were aware of how to raise a complaint or concern about the service and were confident these would be addressed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints.

## Is the service well-led?

The service was well led. People told us the home was well run. They informed us the registered manager and other staff were accessible, approachable and listened to them.

People had the opportunity to provide feedback about their care and other areas of the service informally, via questionnaires, and during meetings with staff. Improvements were made when issues were identified. Staff also had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were systems in place to monitor and improve the quality of the service.

**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 was planned to check 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 inspection took place on 21 and 22 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we had received 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. We talked with the four people using the service, two care staff, a student care worker and the registered manager. We also obtained feedback about the service from a commissioning health care manager and a person's care co-ordinator.

We spent time observing how staff interacted with and supported people who used the service. We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; the care files of the four people using the service, three staff records, audits, and policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe. A person said “The staff are kind. I think it is safe here. It is better than the last place.”

There were up to date policies and procedures in place, which informed staff of the action they needed to take to keep people safe and if they suspected abuse. Staff were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the registered manager. They were confident that any safeguarding concerns would be addressed appropriately including informing the local authority safeguarding team and the Care Quality Commission. A care worker said they would report safeguarding concerns to the local authority if the manager was unavailable to do so. Staff informed us they had received training about safeguarding people and training records confirmed this. Care co-ordinators told us they had no concerns about people’s safety.

Through our observations, talking with staff and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff told us there were generally two care staff on duty during the day and at night. The registered manager worked week days and was on call to provide advice and support. There were some days when there were three care staff on duty. For example, one day a week a person [who needed two staff to support them when out of the home] had a community activity so three staff were on duty to ensure the person and other people using the service received the care and support they needed. Records confirmed this. The registered manager also provided us with examples of when extra staff had been on duty to enable people to attend appointments, participate in activities and in response to behaviour from people who challenged the service. Care staff confirmed staffing levels were adjusted to meet changes in people’s needs.

Staff spoke of the importance of consistency of staff, which made sure staff on duty understood each person’s needs so they could provide people with the care they needed and to keep them safe. People told us the staff were familiar to them and provided them with the support they needed. A person spoke in a positive manner about their key worker.

They told us they would speak to them if they had concerns about their personal safety and/or welfare. We found staff had time to talk with people and to encourage them to be involved in decisions about their care and support needs.

Care plan records showed risks to people were assessed, with their involvement. Guidance for staff to follow minimised the risk of people being harmed and supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including people’s behaviour, mental health needs, smoking and finances. During the transition process prior to a person’s admission to the home, risks had been identified and managed during the person’s overnight stay. Risk assessments were regularly reviewed and staff were aware of their content. A care worker spoke about the guidance to be followed when a person demonstrated behaviour that was of risk to their safety. We saw this guidance was accessible to staff.

Medicines were stored, managed appropriately and administered to people safely. An up to date medicines policy which included procedures for the safe handling of medicines was available to staff who had signed they had read it. There was a designated member of staff who carried out monthly checks of the medicines. Staff administering medicines had received medicines training from a pharmacist. The registered manager spoke about staff not being allowed to administer medicines until they had received an assessment of their competency to do so safely. She told us about the system in place for assessing staff were safe to administer medicines. This included shadowing staff for a significant period before they were allowed to administer medicines. A care worker confirmed an assessment had taken place before they started to administer medicines. However, there was no written ‘in house’ staff medicines assessments that demonstrated this process. The registered manager showed us a template of a medicine assessment and told us she would ensure this document would be completed for all staff prior to them administering medicines. Safe medicines administration was also discussed during staff supervision meetings. We saw the registered manager administer medicines to people safely.

Within each person’s care plan there was detailed information and guidance about each person’s medicines, including specific guidance about medicines administered

## Is the service safe?

on an occasional basis such as those that relieved symptoms related to anxiety. Information about each person's medicines including side effects was accessible to staff. Medicine administration records showed that people had received the medicines they were prescribed. People were knowledgeable about their medicines and told us staff always administered them at the correct time. A person told us "I get the medicines I need."

Staff took appropriate action to address accidents and incidents and to minimise the risk of them occurring again. The police and the Care Quality Commission had been informed when required.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. The home had a fire risk assessment, which included details of the action taken by staff to minimise the risk of fire. Regular fire drills involving staff and people using the service were carried out so they knew how to respond safely in the event of a fire. Fire action guidance was displayed within the home. The registered manager informed us the service had recently had a problem with mice. The likely source being

an unkempt property nearby. Appropriate action including contacting a pest control service [which had visited the home] had been taken by the registered manager to address and monitor the issue.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included obtaining references and carrying out checks to find out if prospective employees had a criminal record or had been barred from working with people who needed care and support. Care workers told us they had been interviewed before starting their job during which they had been asked about their experience and skills.

People had a range of arrangements in place for supporting their individual financial needs, which included a person managing their own monies to others receiving support from staff and local authorities. People discussed their finances with the registered manager and we saw they received money they had requested. Receipts of people's expenditure were available and appropriate records were maintained of people's income and spending. People had signed records of their financial transactions. Regular checks of the management of people's monies were carried out by the registered manager to reduce the risk of financial abuse.

# Is the service effective?

## Our findings

Staff told us about the induction they had received when they started their job. They told us during their induction they had gained an understanding of their role, responsibilities, the working environment and the organisation. Staff said they had 'shadowed' more experienced staff and had spent time talking with people using the service and other staff to get to know and understand people's individual needs. Records showed us some staff had completed an induction programme, and others were in the process of completing it. The registered manager was aware of the Care Certificate which sets standards for the induction of care and support staff, she told us she would be implementing it for new staff.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. Some staff worked as an agency member of staff before being employed by the service and had received appropriate training from their previous employer. A range of training had been provided by the organisation which included infection control, medicines, basic life support, challenging behaviour, moving and handling, record keeping, respecting people, whistleblowing and safeguarding training. The registered manager told us she was in the process of developing further training for staff. Records showed staff had also achieved qualifications relevant to their roles or were in the process of completing them. These included relevant vocational qualifications in health and social care. A care co-ordinator told us "The staff are enthusiastic about the care they deliver. I have no concerns they are brilliant at what they do."

Staff said they felt well supported by the registered manager who was always available for advice and support. Records showed staff received regular supervision with the registered manager. This supervision included one-to-one and group supervision meetings to monitor their performance, discuss best practice and identify training needs. We saw from looking at staff supervision records that a number of areas had been discussed. These included dignity and respect, person centred care, communication, mental health, the new fundamental standards (below which the provision of care people receive must never fall) and the complaints procedure. A

care worker told us they had recently completed part of their appraisal of their performance and personal development needs and would be meeting with the registered manager to finish it. The registered manager informed us all staff appraisals would be completed soon.

Staff told us there was very good communication among the staff team about each person's needs, so staff were up to date with people's progress and knew how to provide people with the care and support they needed. Staff 'handover' meetings took place during each shift. Care staff and the registered manager spoke about the importance of the handover meetings and on-going communication between staff in monitoring people's progress.

People's health care needs were met and monitored. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, occupational therapist, dietitians, and chiropodists to make sure they received effective healthcare and treatment. People spoke of attending health appointments. Records showed that a person received the regular blood tests they needed. A person had recently received a health check in response to symptoms of an illness.

People told us they were happy with their bedrooms and the layout of the home. A person showed us their bedroom, which was individually personalised. We saw people freely accessed all communal areas of the home and garden.

The registered manager and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. The service had Mental Capacity Act and restraint policies. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. No one was subject to a DoLS authorisation at the time of our visit. However, an application for a DoLS authorisation had recently been made. Records showed that the MCA had been discussed during recent group staff supervision.

People told us and their care plans showed they were involved in decisions about their care and treatment. Staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care



## Is the service effective?

professionals, staff and on occasions family members would be involved in making a decision in the person's best interests. Records showed consent and best interest decisions had been discussed with staff.

People were generally complimentary about the meals. The menu included a range of meals, which catered for people's varied preferences, dietary and cultural needs. Records showed a person's food preferences had been discussed with them during a one-to-one meeting with a member of staff. A person told us they could make themselves an alternative snack or meal when they disliked a meal. This was demonstrated during our visit. We saw there was a range of ingredients and food items available for people to make snacks. People made themselves drinks

and snacks during our visit. Some people stored their own personal food items in the kitchen. A member of staff spoke about having a good understanding of the food preferences of their key person as they shared ethnicity and culture. A person told us "I am happy with the food."

People's nutritional needs were assessed and monitored. Healthy eating was promoted. A care worker told us about the support being provided to a person who wanted to lose weight, which included informing the person about healthy food options and encouraging them to choose them. The care worker told us the person had lost weight and their mobility had improved as a result of changes made to their lifestyle. Records showed a person had received advice and support from a dietitian.

# Is the service caring?

## Our findings

The atmosphere of the home was relaxed. We saw staff interacted with people in a respectful way. People told us staff were kind, treated them well and provided them with support and assistance when they needed it. During our visit we saw staff spent time with each person talking with them in a friendly and considerate manner. Comments from people about the staff and the service included “They are nice,” “I can talk to them [staff],” and “It is good here.” A care worker told us “We work together like a family. We all eat together. It’s good. People take the lead and we follow them.”

People told us they were satisfied with the care and support they received. They told us they were fully involved in decisions about their care. During the inspection we found staff listened to people and encouraged them to make a range of decisions, which included deciding what they wanted to eat and do. A person made some choices about future college courses during our visit. A person using the service told us they were aware of their care plan and regularly attended review meetings about their care and support needs. Another person confirmed they had frequent one-to-one meetings with their key worker during which they discussed their needs and a range of issues to do with their lives. These included; family issues, menu, medicines and participation in activities. A care co-ordinator told us “They [staff] are really good at engaging with [person]. It is not dictatorial it is a relationship.”

Staff had a good knowledge and understanding of people’s individual needs. They told us they got to know people by speaking with them about their lives, interests and needs. They spoke of the importance of reading people’s care plans and sharing information about people’s care and support needs with the staff team.

Care plans included information about; people’s life history, health, cultural and spiritual needs and showed people had been consulted about their care and had participated in the review of their needs. A person told us they chose not to visit a place of worship. The registered manager told us equality and diversity had been discussed in staff supervision and the staff had similar cultural backgrounds to the people using the service so had a good understanding of those needs.

All the people we spoke with told us their privacy was respected. Staff knocked on people’s bedroom doors and waited until they had permission to enter. A care worker told us “I always knock on people’s doors and never talk about people outside the home.” People chose where they wanted to spend time during the day including periods of time in their bedroom and the garden. A person told us they received their personal post and had a key to their bedroom. They told us they had asked the registered manager for a key to the front door. The manager told us this request was in the process of being assessed.

A care worker spoke about the importance of promoting people’s independence. People’s care plans included guidance about encouraging people to be as independent as possible and providing them with support to maintain and develop their skills. For example people were encouraged to participate in the laundering and ironing of their clothes, sweeping the patio, cooking and cleaning their bedrooms. A person was seen taking their clean laundry to their bedroom. Another person washed some dishes. People made drinks, snacks and went out into the local community. A person told us they regularly swept the patio to remove the cigarette ends they had dropped. A care co-ordinator was complimentary about staff engagement with people.

People had travel passes which enabled them to travel without cost on public transport as frequently as they wanted, which promoted their independence. A person told us about taking public transport when visiting friends and family. The registered manager told us she had recently completed the relevant form from the council to record people on the electoral register so they had the opportunity to vote in elections.

Staff had a good understanding of the importance of confidentiality. The service had a confidentiality policy. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. People’s records were stored securely.

People were supported to maintain the relationship that they wanted to have with friends, family and others important to them. A person told us about regularly seeing a family member. The registered manager informed us that at present people did not have an advocate but when this was needed such as when a person lacked the capacity to

## Is the service caring?

make a significant decision about their care and treatment she would make sure they had the opportunity to have an Independent Mental Capacity Advocate (IMCA) to represent them.

# Is the service responsive?

## Our findings

Before moving into the home people's individual care and support needs were assessed by the registered manager who prior to carrying out the assessment received information about the person's needs and preferences from health and social care professionals. The registered manager spoke about the importance of completing a comprehensive assessment to determine if the service was able to meet the person's needs and to make sure they were compatible with people using the service. Records showed that a person had visited the home several times including staying overnight before their admission. The registered manager told us a transition programme that met the individual needs of the new person using the service was essential in the process of moving into the home. A person told us they had been fully involved in the decision about living in the home. A care co-ordinator told us "The service is very flexible and accommodating."

Care plans showed us an assessment of people's needs with their involvement formed the basis of their care plan and identified where people needed support and guidance from staff. Staff told us people's needs were assessed and monitored on a day to day basis, discussed with the person and with the staff team. Records showed changes in people's needs were communicated to staff. A care manager told us "The service user is the driving force. It is very person centred."

People told us they knew about their care plan and were involved in its review. Records showed people's care plans were reviewed regularly and updated when people's needs changed, for example when their behaviour challenged the service. People had the opportunity to sign their care plans. Records showed comprehensive formal reviews of people's needs also took place regularly with the involvement of health and social care professionals including the person's care co-ordinator. Records showed people were regularly visited by their care co-ordinator who monitored their progress. A care co-ordinator spoke about visiting the service and told us a review meeting had been planned for a person using the service. They told us staff managed the person's behaviour well and kept them well informed of the person's progress.

We found from records and speaking with staff that some of the one-to-one meetings between staff and people using the service were flexible and had taken place in response to

a concern and/or change in a person's needs. The particular concern or need was discussed with the person during those meetings and action to address the issue agreed and put in place.

Observation and talking with staff and people using the service showed us that staff knew people well and were responsive to their needs. A member of staff told us about the guidance followed to support a person who had a specific medical need. This included ensuring two people accompanied the person when they went out. Staff told us they were kept up to date with details of people's progress by the registered manager and the staff team. Notes were written by staff about each person's progress during each shift. The registered manager spoke of the importance of a consistent approach when supporting and caring for people. Care managers told us they were kept informed of changes in people's needs.

During our visit people took part in activities of their choice. People told us about the activities they enjoyed which included listening to music, watching television, going for walks, visiting friends and shopping. During our visit three people accessed the local community including a local sports centre. A person spoke of the clothes they planned to buy. Another person spent time with their key worker discussing their preferred activities. Some people participated in household tasks including the laundering of their clothes and sweeping the patio. People also spent time in their bedrooms. A person told us about the local amenities including the range of shops and said "I like to go out shopping." Another person spoke about going swimming. People had access to a computer. A person had been supported by staff to spend some time working in a local charity shop.

Staff knew they needed to report all complaints to the registered manager. The complaints procedure was accessible to people in written and picture format. People told us they would feel comfortable raising any issues and concerns which they were confident would be addressed appropriately. Records showed there had been no complaints recorded. The registered manager told us no formal complaints had been received but any issues including concerns raised by people using the service were addressed with the person usually in one to one meetings, which were recorded. She told us she would make sure all raised concerns and details of how they were managed were written in the complaints book.

## Is the service responsive?

People told us staff listened to them and they had the opportunity to feedback about the service during one-to-one meetings and care plan reviews. Two people had completed feedback questionnaires which showed they were satisfied with the service.

# Is the service well-led?

## Our findings

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from senior care workers and when not working in the home was available for guidance and support. The registered manager was in the process of completing level 5 Leadership of Health and Social Care management qualification to develop her managerial skills. People told us the registered manager was approachable and listened to them. The registered manager spoke with all the people using the service in a respectful manner and frequently asked how they were, and provided people with advice and support when they asked for it. We saw the registered manager being frequently approached by people using the service who spoke to her about a range of matters to do with their needs. She listened to them and addressed issues promptly. She told us she had an 'open door' policy, which was demonstrated during our visit.

The service had a statement of purpose which included information about the vision and values of the service which included supporting people to access 'services within the community, networking and developing social skills.' Staff told us about how they supported people to maintain their links with the local community. People told us about their visits to family and friends and about accessing a range of local facilities and amenities.

Staff told us the registered manager listened to them and provided them with the support they needed as well as keeping them informed about any changes to the service. The registered manager spoke of observing staff interaction with people as part of monitoring the service. Staff told us they felt confident to raise any concerns about the service

and were certain they would be addressed promptly. The registered manager spoke of the importance of gaining feedback from staff and listening to their views of the service. We saw staff had been encouraged to discuss the service during a staff meeting. Regular staff meetings were held. Records showed a range of topics to do with a number of areas of the service and best practice had been discussed with staff. These included; teamwork, best interest decisions, dignity and respect. A recent meeting had taken place with senior staff when the transition programme of a prospective person using the service had been discussed.

There were effective quality assurance systems to monitor care and plans for on-going improvements. Audits included checks of the environment and the management of medicines. An external company carried out health and safety checks of the service. Records showed where shortfalls in the service had been identified and action had been taken to improve practice. Policies and procedures were up to date and related to all areas of the service. Confirmation of up to date insurance cover for employers, public, product and business interruption was displayed.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. The visitor's record book showed there was a range of health and social care professionals who had visited people using the service. Care co-ordinators told us "We place people there [in the service] as the standard of care is very good." "They are very professional. [The registered manager] is very knowledgeable and keeps us informed about people's progress," and "There is good communication with the manager."