

Clandon Care Limited

Hope Lodge

Inspection report

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Ilford
Essex
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Hope Lodge is a small care home providing care and support to up to 3 people with mental health conditions. At the time of our inspection, there were 3 people using the service accommodated in individual en suite rooms.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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.

People and their relatives told us Hope Lodge was safe. We found risks to people's health and wellbeing were identified and effective measures were in place to mitigate these.

People's medicines were managed safely. People were protected from the risk of infections as the home was clean and hygienic.

The provider recruited staff safely and there were enough staff on duty to keep people safe and respond to people's needs. People received support from staff who had the knowledge and skills to meet their needs. Staff worked well with other health and social care professionals to ensure people's physical and mental healthcare was supported.

The provider had recently renovated the décor and layout of the premises including the garden to promote people's comfort.

People were treated with kindness and received person-centred care from well trained staff that knew them well. People were engaged in a range of activities and the provider ensured they had opportunities for social stimulation and community engagement.

We received positive feedback from people receiving care, relatives, staff and professionals about the management and culture of the service. One person receiving care said, "I am very happy here. The format [of this service] should be taken to other homes for them to emulate". A member of staff told us, "I am proud of working with this client group because I am learning to be open to every situation".

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

Rating at last inspection

The last rating for this service was Good (published 02 March 2018). At this inspection we found the provider maintained the good rating.

Why we inspected

This inspection was prompted partly due to concerns received regarding risk management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform us when we next inspect.

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 well-led findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our well-led findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our well-led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hope Lodge

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 Health and Social Care Act 2008.

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

This inspection was carried out by 1 inspector and 1 specialist advisor.

Service and service type

Hope Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hope Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

To plan this inspection we reviewed historical information and information we had received about the service since our last inspection. The provider had not been asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with the 3 people using the service, 2 relatives, the registered manager, the acting manager, 2 support workers and 2 external professionals involved in the service. The conversations took place in person and over the phone. We reviewed a range of records. This included 3 peoples support plans, 3 staff files, training records, daily records, and quality assurance processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse
- Staff were knowledgeable about signs of abuse and the correct steps to take to safeguard people. A staff member told us, "I had a safeguarding concern about one of the people who live here. I raised it with the manager and it was investigated. I would also report any other type of abuse".
- People told us they felt safe in the service. One person told us, "I feel very safe and happy here. I find the place very enjoyable."
- The registered manager demonstrated their knowledge of safeguarding. Where required, safeguarding incidents had been identified and appropriate referrals had been made to the local authority.

Assessing risk, safety monitoring and management

- People were kept safe from avoidable harm. The provider assessed and managed risks to keep people safe. Regularly reviewed risk assessments were in place which helped to identify new risks.
- Regular environmental checks were taking place such as cleaning audits and water temperature checks. Equipment used by people was also checked regularly.
- The service worked with an external contractor to assess risks related to fire safety. However, we found due to the recent renovation of the premises fire drills had paused for a short period of time. We also found that Personal Emergency Evacuation plans were not in place. We raised these issues with the provider and were assured that they were rectified immediately.

Staffing and recruitment

- The service ensured that there were enough staff on duty to ensure people's needs were met. We received positive feedback from people and their relatives about staffing. Comments included: "I appreciate what staff do for me, they help me when required" and "There have never been issues with staffing numbers and they have enough time for [our relative]. A staff member told us, "I cannot remember of a time we were short staffed, the managers step in if needed".
- The service followed safe recruitment processes for staff before they started to work for the service. This process helped ensure staff were recruited safely and staff had the right skills and experience to meet people's needs. The checks consisted of a thorough application form, proof of identification, CV, employment references, right to work in the UK and DBS checks.

Disclosure and Barring Service (DBS) checks provide information about convictions and cautions held on the Police National Computer which helps employers make safer recruitment decisions.

Using medicines safely

- The administration and handling of medication was done safely. Staff were medication trained and their competence was assessed regularly. Audits were in place that had identified some counting errors. These were accounted for by staff.
- We reviewed people's medicine administration records (MAR). They were completed correctly by staff to evidence medicines had been administered as prescribed. Medicines had opening dates recorded on them ensuring they were not administered beyond their expiry date.
- The provider had an up-to-date medicines policy and regular medicines audits were completed.
- PRN (when required) medication administration was justified and recorded with clarity according to the policy in place.
- We found medication that needed to be disposed was not always stored and packaged appropriately. We raised this with the registered manager and we were assured that appropriate action was taken to improve this practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager ensured that all accidents and incidents were reviewed and learning outcomes were shared and used to ensure people were kept safe. Staff were clear of their responsibilities to record all accidents and incidents and to inform their line manager.
- Staff confirmed they received regular updates and meetings by the registered manager on any changes as part of lessons being learnt. We saw records of supervision meetings that included feedback given to staff and discussion about staff concerns.
- The management team was contactable out of hours and staff were able to call for advice and report any emergencies.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff completed comprehensive assessments of each person's physical and mental health before they were admitted to the service. Pre-assessments were carried out with people and their families where appropriate. Care plans were informed by information obtained in these initial assessments and were updated regularly or according to changes.
- Care plans reflected a good understanding of people's needs, preferences, wishes and any associated risks.

Staff support: induction, training, skills and experience

- Staff received support and training for their role. New staff completed an induction into the service including shadowing experienced staff.
- An ongoing programme of training for all staff in topics relevant to their role and people's needs was in place. The registered manager was in the process of organising additional training for staff to enhance their knowledge and skills.
- Staff received regular support through one to one and group supervision meetings. We saw training records on needs specific to the people using the service such as learning disabilities and autism and diabetes. Two members of staff told us about their positive view of the training and the available support to perform their role.

Supporting people to eat and drink enough to maintain a balanced diet. Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough to maintain a balanced diet. Care plans outlined eating and drinking guidance for staff to follow where needs in this area were identified.
- A variety of healthy meals was available at the service.
- Staff were knowledgeable about people's individual dietary needs and preferences. An external professional working with the service told us, "The service has actively improved [person who uses the service] health offering them 3 cooked meals a day and promoting regular exercise."
- Multi-disciplinary team professionals were involved in support plans to improve people's care. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- A professional involved in a person's care told us: "The staff are very supportive in all [person using the service] appointments, and they support them holistically, with their physical and mental health needs in mind".

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA Staff were knowledgeable about people's rights and ensured people's consent was sought when care was offered. A staff member told us: "If someone is not able to make a decision about their care, decisions need to be made in their best interests. I ask people before I offer their medication, I inform them why they need it and I wait for them to answer whether they want it or not".
- The provider ensured DoLS applications were sent where appropriate.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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. Respecting and promoting people's privacy, dignity and independence

- People were well treated and felt respected. A person using the service told us, "I am satisfied [with the service]. I am well informed of what is happening and I appreciate what staff do for me."
- Equality and diversity was respected. Staff received training in this area and were knowledgeable about protected characteristics. For example, staff discussed with a person their faith and their family tradition and offered them the option to practice.
- We observed interactions between staff and people using the service. They were positive and engaging making sure they maintained eye contact with people throughout conversations.
- People's privacy, dignity and independence were protected. People using the service had their own private bedrooms and were making use of them whenever they wished to do so. One staff member told us, "We are careful to maintain confidentiality and not to discuss people's care in public."
- Family members spoke positively about how people were treated by staff. Comments included, "They [staff] are all so helpful, no complaints at all", "We cannot fault the service" and "This is the best placement our relative ever had."

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

- People were supported to express their views and make decisions about the care provided. For example, a person decided to get a mobility scooter which they used to go to the park, do their shopping and during their holiday. One person using the service told us: "I am listened to by staff, and I am able to communicate with other professionals involved in my care".
- People and relevant others such as family members were invited to attend regular care reviews, and meetings as an opportunity to discuss and comment on the care provided and make any suggestions. Relatives told us: "We are kept updated following appointments and we get invited to care reviews."
- Staff supported people to maintain links with those important to them. Staff made sure people remained in contact with family and friends through visits to the service, visits home and through phone-calls.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which intended to maximise their choice and control. People's needs and preferences were reflected in person-centred care plans reviewed regularly or as and when people's needs changed. Care plans included information about people's health conditions, what was important to them such as family members, activities and their aims and how to achieve them.
- People told us they are consulted regarding their care and they are aware of their care plans. One person said, "I am very happy with staff. Everyone is on the same page." Another said, "Staff are very helpful. They are always willing to help. I have support every time I go out and I understand why."
- Staff were informed about any changes in people's needs through daily handover meetings and could read information about people in detailed daily notes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communications needs were met. Care plans contained information about people's communication needs so staff knew how to meet them. People and relatives told us communication is effective and they feel listened to.
- The registered manager told us: "People who use the service are able to communicate verbally. We know them well and we are able to tell when something is wrong. For example, when a person is in pain they let us know and they are able to request a GP appointment."

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

- The service was supporting people to maintain relationships. A professional told us, "The service do everything they can to maintain contact with their [person who uses the service] family even though this can be very difficult due to challenges."
- The provider supported and encouraged people to participate in meaningful and interesting to them activities. For example, a person volunteered for a charity organisation and someone else did gardening. The service organised daily walks to the park and trips to the cinema as well as alternatives in the service for a rainy day.

- The people using the service were engaging in joined activities with another service overseen by the provider. The registered manager told us people had friends in the other service, they visited, had meals, and celebrated together.

Improving care quality in response to complaints or concerns

- The provider took concerns and complaints on board and used them to improve quality of care. A relative told us: "Things were improved since I raised a complaint."
- There was a system in place to record, address and learn from complaints. This was used to improve the care provided to people.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A positive, person-centred and empowering culture was embedded. People were familiar with the management team and able to speak freely with them. A person told us, "I am safe here. I can talk to staff and management if there is anything I am not happy with."
- Management and staff were a close-knit team supporting each other. Staff were positive about their leadership. A staff member said, "If I have any issues, I approach the managers and I always get to see them. I feel supported in my role, there is personal development and I get praise when I perform well."
- People's quality of life and levels of independence had increased since they joined the service. This was due to well-coordinated support by the care staff team. A professional told us, "Since [person using the service] moved in, some physical and mental health challenges he was facing have been discontinued."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. People's personal choices were known to staff and were respected.
- The staff team comprised of members of different ethnic backgrounds and genders promoting inclusivity and diversity. This was done taking into account keeping people safe and had a positive impact on the atmosphere of the service.
- People confirmed staff encouraged them to be involved in the development of the service. For example, a person told us they are consulted about their care and their family are involved.

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 registered manager had a good understanding of the duty of candour. For example, they openly discussed with us a time when there was oversight of a person's health issue and the action they took to rectify this.

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

- The management team was clear about what was required of them. The registered manager was skilled, knowledgeable, and experienced in their role with a clear understanding of people's needs and of the services they managed.

- Systems were in place to monitor the service and address any shortfalls. There was a range of audits in place to check the quality of care and address any areas of improvement that were identified.
- Staff were able to explain their role in detail and use examples of their practice. This demonstrated that they were knowledgeable about the needs and personalities of the people they supported.

Continuous learning and improving care. Working in partnership with others

- The provider gave great focus on team meetings. A staff member told us, "[Staff meetings] take place the last week of the month, unless an urgent meeting is needed. I find them very useful; we get all the information and we learn a lot from them. They are like training sessions." Meeting records confirmed this feedback as they included any complaints and compliments, feedback and training sessions.
- The register manager told us about their plans to transfer to electronic care planning. We were also told the provider was in discussion with the GP regarding applying a system that notifies the practice directly of a person's vital signs if they get ill. Vital signs show the condition of someone's health, such as body temperature, rate of breathing, and heartbeat.
- The provider was open to feedback and demonstrated a learning approach. The registered manager told us, "We try to continuously learn. We encourage staff to present cases during meetings and to speak about challenges they face in their role. We spend a lot of time in the service for the staff team to always have support."
- We saw evidence of the service working in partnership with others in people's care records. An external professional told us: "I cannot fault them. Management is always present in meetings that concern [person who uses the service]. They genuinely care about [person who uses the service] and they take care of [their] physical and mental needs."