

Mr Diwan Chand & Dr Anjuman Diwan Chand

Claydon Lodge Care Home

Inspection report

Crich Place
North Wingfield
Chesterfield
Derbyshire
S42 5LY

Tel: 01246852435

Date of inspection visit:
17 November 2022

Date of publication:
29 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Claydon Lodge Care Home is a residential care home that provides personal care and accommodation for up to 45 older people, some of whom may be living with dementia. At the time of our inspection there were 27 people using the service. Accommodation is over two floors with private rooms, communal areas and a large accessible garden.

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

People told us they felt safe. Staff knew how to recognise abuse and knew how to report it. Risks were assessed and staff knew what to do to reduce any risk of avoidable harm. There were enough staff with the right skills and experience to meet people's needs. People received their medicines at the right time and in the right way.

The service was clean and hygienic. Staff followed infection control guidance so that risks of infections were reduced. The registered manager carried out checks and audits to make sure policies were being followed and staff practice was safe and meeting people's needs.

People, relatives and staff felt supported by the registered manager and deputy manager. Staff received 'supervision' and told us managers were approachable and inclusive. Care and support was person centred. People and relatives were very happy with the service.

Staff knew people well and had developed positive relationships with people. Staff morale was high, many staff had worked at the service for several years. They were motivated to achieve good outcomes for people.

The registered manager and staff worked in partnership with other professionals such as GP's, community nurses and the local authority. The service had achieved the Derbyshire County Council Dementia Premium Award and Dignity Award. This meant they had been assessed as meeting the standards required, staff had the right skills, and the environment was adapted to support people living with dementia.

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.

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

Rating at last inspection

The last rating for this service was good (published 24 February 2020)

Why we inspected

We received concerns in relation to the management of medicines and about the management of risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those

key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Claydon Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Claydon Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Claydon Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Claydon 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, 3 care workers, a housekeeper and the chef. We looked at a variety of records including, 4 people's care records, 2 staff files and a number of medication administration records.

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 the same. 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 and avoidable harm. People told us they felt safe. Relatives were confident action would be taken if abuse was suspected. A relative told us, "I know people are safe there. If I had a concern I would speak to the registered manager, they would listen."
- Staff knew how to recognise suspected abuse and how to report it. This included reporting to external professionals such as the local authority or CQC.
- The registered manager had taken prompt action where abuse or risk of abuse was suspected. They had reported all concerns to the local authority safeguarding team so that action could be taken to reduce any risk.

Assessing risk, safety monitoring and management

- People were protected from the risks of avoidable harm. Risk assessments were carried out and evaluated at least monthly. For example, risks of malnutrition, falls and risks of developing pressure sores were assessed.
- Where risks were identified, the person's care plan included action staff should take to reduce the risk. All food and fluids were recorded when people were at risk of not eating or drinking enough and staff took action when this was the case. Assistive technology was used to alert staff when people were at risk of falling. People at risk of developing a pressure sore were referred to the community nursing team. Specialist pressure relieving mattresses had been provided where risk was identified, and staff ensured positional changes were carried out to relieve any pressure
- All accidents and incidents were recorded and analysed for any trends or patterns. Staff knew how to respond in an emergency situation or if people had fallen or hurt themselves. This included seeking medical attention.
- Health and safety checks were carried out on the premises and environment. A fire risk assessment had been carried out and regular checks were undertaken to ensure equipment was in safe working order. The registered manager told us the window restrictors were being changed to ensure they complied with health and safety guidance and were tamper proof. One fire door was found to be catching on the carpet and therefore did not close as it should. Immediate action was taken to rectify and fix the door.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager applied for authorisations appropriately. However, there was some significant delay in the local authority processing applications for DoLS.

Staffing and recruitment

- There were enough staff with the right skills to meet people's needs. People and relatives told us there were enough staff. During our inspection, we saw staff were available and quickly responded to people when required.
- The registered manager used people's dependency needs to calculate the staffing numbers required on each shift. Staff told us they had enough time to meet people's needs and keep them safe.
- Staff were recruited in a safe way. Checks were carried out such as Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in a safe way. People told us staff brought their medicines at the right time. We saw staff administering medicines at lunchtime, they put on a red tabard to signify what they were doing and should not be disturbed. They supported people to take their medicine in an appropriate and safe way.
- Staff had training about the management of medicines and had their competency assessed at least annually. Staff we spoke with were able to describe safe medicine policies and procedures they followed. They told us they were supported and were confident in this area.
- Medicines administration records were up to date and accurate. Staff checked and recorded all medicines received into the home and medicines returned to the pharmacy. This meant an audit trail was maintained and checks could be carried out to make sure people had all their prescribed medicines. Monthly audits were carried out by the registered manager. Action was taken where any shortfalls were identified.
- Medicines were stored in the right way and in line with manufacturers guidelines. Daily checks were carried out to ensure the medicines fridge and room temperatures were within safe limits. The arrangements for receipt, storage, administration and return of medicines were well organised and complied with best practice guidance.
- There was no one managing their own medicines at the time of our inspection. The deputy manager told us this could be facilitated if required and would be risk assessed. Staff knew what to do in the event of a medicine error and this included seeking medical advice. People's prescribed medicines were reviewed by the GP and a pharmacist to check they remained effective or if changes were required.

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.

We have also signposted the provider to resources to develop their approach. The service was clean and hygienic, we identified one piece of equipment had become rusty and so would be difficult to thoroughly clean. The provider took immediate action and removed and replaced this equipment.

Visiting in care homes

- People told us their friends and family were able to visit without restrictions and were made to feel welcome. Relatives also confirmed all visiting restrictions in response to COVID-19 had now been removed.

Learning lessons when things go wrong

- The registered manager learned lessons when things went wrong and took action to drive improvement. For example, an incident occurred where the medication room was found to be unlocked. The registered manager spoke with all staff and reminded them of their responsibilities in keeping medicines secure. Communication records had been introduced to improve communication following a complaint from a relative.

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 this key question was rated requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Since our last inspection, the registered manager had improved their systems and processes for auditing.
- Staff training was ongoing and many staff had achieved or were working towards a nationally recognised qualification in care.
- The registered manager was part of a 'registered managers' forum, where learning was shared. They told us the forum was supportive and advice was shared amongst members so that care and support could be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received person centred care that met their needs and preferences. Care plans contained detailed information about people's preferences such as people's daily routines and what staff should do to provide reassurance and comfort if required.
- People's equality characteristics were considered and met. Detailed information about people's social, cultural and religious needs were recorded so staff knew and understood their needs. There was a loop system available for people with hearing difficulty. Staff used pictorial information to improve communication with people living with dementia. Dementia friendly signage to support orientation around the home was in place.
- People and relatives told us the care and support was good. One person said about the staff, "There is not a bad one amongst them." Staff knew people well. A relative said about the staff, "They seem lovely, they make a fuss of [family member] and make them feel special." Relatives gave us examples of when staff had gone above and beyond in order to meet people's needs. The registered manager, deputy manager and other care staff were praised by people's relatives.
- A person-centred vision, values and culture was shared by managers and staff. Staff and relatives told us managers were open, accessible and inclusive. Residents and staff meeting minutes showed people and staff were consulted and listened to.
- Communication was good, a relative said, "They [staff] keep in touch if [family member] is under the weather or if they needs a doctor. The manager is someone I can talk to. I've had no cause to complain.
- The chef told us how staff kept them informed about people's dietary needs, likes and dislikes. They made ongoing changes to the menu based on people's feedback, so that people's needs, likes and dislikes were catered for. The chef understood how important food and nutrition was for people using the service.
- People, relatives and staff were engaged and involved in developing the service. Quality assurance

questionnaires were sent out and responses were analysed and used to make improvements. Responses were positive. 'Baking' was added to the range of activities on offer in response to a person requesting this.

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

- Systems and processes effectively identified risks and areas for improvement. The registered manager carried out audits to check staff followed policies and procedures and that people were safe. For example, staff training was monitored and reviewed monthly against the training matrix. Any training needs were identified and acted on.
- Staff performance was monitored, and competencies checked. Feedback was provided to staff at 'supervision' meetings.
- The provider/owners visited the service at least weekly. They carried out checks of the environment and spoke with people and staff. Staff told us the provider was approachable and listened to them.
- The registered manager understood their regulatory requirements. They notified CQC about the incidents they were required to. This meant action could be taken when any risks were identified.

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 understood their responsibility to be open and honest when things went wrong.

Working in partnership with others

- Staff worked with other professionals such as healthcare professionals and the local authority. Feedback from local authority staff and from a visiting GP was very positive. The GP told us staff were proactive and quickly recognised when people's health deteriorated, they referred people appropriately. Staff followed the advice and guidance provided by healthcare and other professionals. This meant people received joined up care and support.
- The registered manager told us they used a data security and protection toolkit which enabled them to share information with other professionals in a secure way. Staff had access to a clinical lead, dementia worker and community psychiatric nurse they could contact for any advice and guidance. They could also make direct referrals to healthcare professionals such as occupational therapists, speech and language therapists and dietitians.