

Mr & Mrs N Kritikos

Clarendon House Residential Dementia Care Home

Inspection report

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Date of inspection visit:
29 July 2020

Date of publication:
21 September 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

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.

The last comprehensive inspection found risks related to the staffing levels and the safety and maintenance of the premises. A warning notice was issued for a breach of Regulation 12 (Safe care and treatment). The service did not have adequate numbers of staff deployed to meet the needs of people. A warning notice was issued for the breach of Regulation 18 (Staffing). The service did not have effective quality assurance systems for monitoring and improving the quality of the service provided. A warning notice was issued for the breach of Regulation 17 (Good governance). The service did not ensure that people received person-centred care which met their care needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care). The service was given the overall rating of inadequate.

People's experience of using this service:

We carried out this inspection to check on compliance with the three warning notices issued and a requirement made following the last inspection in October 2019. We also received information raising concerns about how people using the service were being kept safe.

We found the provider had made improvements in complying with the three warning notices issued and the requirement made. However, further improvements were needed in the staffing arrangements and the quality assurance systems.

The premises were clean and tidy. There were weekly fire alarm checks, fire drills and an updated fire risk assessment were in place. There was a current safety inspection certificate for the electrical wiring. The side gate to the house was kept locked.

The home had a procedure to ensure that people received their prescribed medicines. Staff were aware that medicines to be given as required (PRN) such as painkillers should only be given when needed. Written protocol and guidance had been provided for staff. We however, noted that the guidance was not sufficiently detailed for two people.

We received information that three people had sustained falls within the past four months. We noted that there were arrangements in place to prevent and manage falls when they occurred. Risk assessments had been carried out with guidance on falls prevention. The home had a strategy for falls prevention and staff were aware of action to take to prevent falls and if people had a fall.

Improvements had also been made to the staffing arrangements. However, not all the requirements of the warning notice had been met. Risks remained around the night staffing arrangements and management duty arrangements. We were not confident that the night staffing arrangements were sufficiently satisfactory

for the service to continue providing safe care for people.

There were at least two staff on duty during the day to attend to people. We however, noted that the two staff on night duty had worked continuously over a seven-day period for the past two months prior to this inspection. This may place people at risk as staff may become overly tired. It may have impacted on the management of the home as the rota did not indicate that time had been set aside for their management roles. In view of the unsatisfactory arrangements, there is still a breach of regulation which we will look at further at our next inspection.

We further noted that the rota was not always accurate as staff who were on duty were not always recorded on the rota.

Appropriate arrangements were in place to ensure person-centred care. People's likes, and dislikes had been recorded. There was evidence that consultation had taken place with people or their representatives and end of life care arrangements had been documented. The communication needs of people had been assessed and guidance provided for staff on how to communicate effectively with people.

There were improvements in the quality monitoring systems. However not all the requirements of the warning notice had been met. Checks and audits had been carried out since the last inspection. These included checks and audits of care plans, medicines, health and safety checks and checks on the maintenance of the home. The audits were not sufficiently detailed as they did not always include details of items checked and any deficiencies which may have been noted. We further noted that the rotas were not always accurate, and the PRN protocol was not sufficiently detailed. There is still a breach of regulation which we will look at further at our next inspection.

The manager informed us that the registered manager no longer wished to be in day to day control of the service. The manager also informed us that he had submitted an application to become the registered manager. His application had been received by us.

Rating at last inspection:

The last rating for this service was inadequate (published 7 February 2020 and there were four breaches of regulations. At that inspection we identified breaches in relation to the health and safety of people's care, lack of suitably qualified staff, lack of person-centred care, and inadequate quality assurance.

Why we inspected:

We undertook this targeted inspection to check on compliance with the three warning notices issued and a requirement made following the last inspection in October 2019. We also received information raising concerns about how people using the service were being kept safe. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up:

The service remains in special measures and remaining breaches will be followed up at the next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

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. This was a targeted inspection to check on specific concerns in relation to the health and safety of people's care, lack of suitably qualified staff, lack of person-centred care, and inadequate quality assurance. We also checked compliance with the three warning notices and one requirement made following the last inspection on 29 and 30 October 2019.

Inspection team

This inspection was carried out by two inspectors.

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 single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was a targeted inspection, which took place on 29 July 2020. We gave the service 24 hours' notice of the inspection visit to make sure sufficient arrangements in relation COVID-19 were in place. We also wanted to ensure arrangements were in place for the inspection team with the manager and other staff.

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 requested information and documented evidence from the provider regarding progress made.

During the inspection:

We spoke with five members of staff including the manager, administrator, consultant and two care workers. We reviewed a range of records. This included three people's care and medicines records and other records relating to the management of the service, fire safety records, staff records and audits carried out.

After the inspection:

We continued to seek clarification from the provider to validate our findings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check improvements were being made in specific areas.

We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

- The home had a procedure to ensure that people received their prescribed medicines. Staff had received medicines administration training. They were aware that medicines to be given as required (PRN) such as painkillers should only be given when needed and that they should not be administered excessively. Written protocol and guidance had been provided for staff. We however, noted that the guidance was not sufficiently detailed. The PRN protocol for one person for their painkiller and another for a laxative did not refer to the route of administration and the desired or intended outcome. This information is needed to ensure staff are fully informed. The manager stated that this would be reviewed and amended. This was done after the inspection and documented evidence was provided. The manager further explained that one of the PRN medication was no longer in use as the person who used the service no longer needed it.

Staffing and recruitment

- Improvements had been made to the staffing arrangements. There were at least two staff on duty during the day to attend to people. On some occasions there were three staff. We however, noted that the two staff on night duty had been on night duty continuously over a seven-day period for the past two months. This is not satisfactory as it may place people at risk since staff may become overly tired. As the two staff comprised the registered manager and the manager, this may have impacted on the management of the home since we noted some deficiencies associated with the running of the home.

We noted that the rota was not always accurate as staff who were on duty were not always recorded on the rota. One staff told us that they had worked on the morning of our visit and during the previous day. The hours they had worked were not recorded on the rota. The manager told us he had been on duty each night and he also carried out management duties during the day. The hours he had worked during the day were not recorded on the rota. His name was also not on the rota for the night shift beginning 20 July 2020. It is important that the rota is accurate to inform on the hours staff had worked.

A revised rota was sent to us after the inspection. This included the hours set aside for the manager's management duties.

Further improvements were needed in the staffing arrangements and in the deployment of staff. We have therefore repeated the requirement of the warning notice. The service is still in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- During the last inspection we noted that people using the service did not have personal emergency and evacuation plans (PEEP) in place in case of fire or an emergency. The service now had PEEPs in place.
- The fire risk assessment had been updated to include the risks posed by excess furniture in the garage which housed the fridge, freezer, washing machine and tumble dryer. There was also a current safety inspection certificate for the electrical wiring.
- There was evidence that the fire alarm was checked weekly and two fire drills had been carried out since the last inspection.
- The side passage with a side gate had been bolted from the inside when not in use.
- No health and safety risks were noted and a window on the ground floor which did not have a window restrictor now had one fitted

Preventing and controlling infection

- Staff had completed infection control training. The manager informed us that they had sufficient personal protective equipment (PPEs) This was confirmed by staff we spoke with who were wearing PPEs.
- The areas visited by us had been kept clean. There were no unpleasant odours in the home.
- Handtowels had been provided in toilets and bathrooms.
- The manager informed us that none of the people who used the service had been diagnosed as having the corona virus infection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check improvements were being made in the specific areas.

We will assess all of the key question at the next comprehensive inspection of the service.

End of life care and support

- The records of people contained evidence that either they or their representatives had been consulted regarding end of life care.
- Arrangements for end of life care had been documented. This ensured that staff were informed of the wishes of people and their representatives.

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

- We looked at three people's care records. They contained information relating to the person's history and family. Assessments had been carried out to obtain information regarding people's needs. Following this, care plans had been prepared. Care 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 provided information on meeting people's needs.
- One person had exhibited behaviour which challenged the service. The manager and staff were aware of how to care for this person and minimise risks to them and other people. However, we previously did not see sufficiently detailed guidance for staff on how to manage this person's behaviour. This person now had an appropriate behavioural care plan.
- Two people had sustained falls during the last three months. We looked at action being taken to reduce falls in home. Moving and handling and falls risk assessments had been carried out. Equipment such as sensory mats and grab rails were in place. People at risk of falls had been subject to monitoring by staff. Staff we spoke with knew how to prevent falls and knew of action to take if a person had sustained a fall.
- 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 games, gardening, exercises and flower arranging.

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 on staff on how to communicate with people, such as speaking clearly and slowly, maintaining eye contact and the use of visual aids. Information had been translated into a language that could be understood by a person who spoke a different language.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about. The purpose of this inspection was to check improvements were being made in the specific areas.

Continuous learning and improving care

- Following the last inspection, action had been taken to improve the management of the home and the care provided. More checks and audits had been carried out by the manager and the home's consultant. These included checks of the cleanliness of the home, maintenance of the premises, medicines, incidents, risk assessments and care plans. However, with the exception of the medicines audit, the audits lacked detail. The care plan audits were not sufficiently informative. The audits only recorded the dates they were audited. They did not provide details of which care plans or risk assessments were audited and if there were any recommendations for improvement. For example, audits were carried out on fire safety and the condition of the garden. However, there were no comments regarding whether fire doors were satisfactory or whether there were any health and safety risks such as trip hazards. The staff rota was not always accurate and did not always record staff on duty. These details were required to inform on any improvements needed following the audits.

Further improvements are needed to ensure that service has effective quality assurance systems in place. We have therefore repeated the requirement of the warning notice. The service is still in breach of regulation 17 (2)(a)(b) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service lacked clarity regarding the role of the manager and registered manager. There was a registered manager and a manager in post. However, the registered manager had not taken an active role in the management of the home.
- We noted that the registered manager and manager of the home worked continuously to provide cover for the night shifts. The rota did not indicate that time had been set aside for their management roles although the manager stated that he was in charge of the home and constantly available in the home to carry out management duties. This lack of specifically allocated management time is not a satisfactory arrangement as we noted several deficiencies during this inspection and two of the warning notices were only partially met. The manager sent us a revised rota after the inspection to indicate that time had been allocated during the day for his management duties.
- The manager informed us that the registered manager no longer wished to be in day to day control of the service. The manager also informed us that he had submitted an application to become the registered manager. His application had been received by us.

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

- There was evidence in the care records that the manager had consulted with people and where needed, also liaised with people's representatives and relatives. A formal satisfaction survey had been carried out and the comments indicated that people were satisfied with the care provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective quality assurance systems for monitoring and improving the quality of the service provided. This may affect the safety and quality of care provided for people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have adequate numbers of staff deployed to effectively manage the home and to ensure that people can be safely cared for.</p>