

Greensleeves Homes Trust

Clarendon Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Clarendon Lodge is a residential care home providing accommodation and personal care to up to 40 people. The home provides support to older people and people living with dementia. At the time of our inspection there were 21 people living at Clarendon Lodge.

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

People felt safe with the care they received, and staff were knowledgeable about when to report concerns to safeguard people. Risk assessments identified people's individual support needs, and professionals were referred where people needed this input. Where things went wrong, this was shared with staff and lessons were learnt and changes implemented.

Medicines were given to people when they needed them, and staff were skilled to administer these medicines.

Infection prevention control measures were in place and staff were wearing appropriate personal protective equipment (PPE).

Staff felt they had the right training and skills to support people and were knowledgeable about their role. Staff had focused training which was linked to specific support needs for people. The provider ensured there was an independent person who tested staff knowledge.

People were supported with their dietary needs. All staff were aware of people's preference and made sure people's health and dietary needs were met.

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 home supported this practice.

People and staff were able to engage in conversations about the care home and how to shape the support people received for the better. The registered manager spoke about their challenges with recruitment, however, were proactively looking at ways to improve this.

The registered manager had implemented a lot of changes since their move into the new location, this had been acknowledged by the staff team as well as partner agencies. Systems were being used in a robust way and there were clear outcomes from the quality assurance systems.

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

Rating at last inspection

This service was registered with us on 21 January 2021 and this is the first inspection.

Why we inspected

This service was registered with us on 15 January 2021 and this is the first inspection. As part of the registration we imposed conditions on Clarendon Lodge registration and we reviewed these conditions as part of our inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Clarendon 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 completed by one Inspector.

Service and service type

Clarendon Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since they registered with us. 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 five people who live at Clarendon Lodge and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior, care workers, maintenance and the chef. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager made sure there was a consistent approach to safeguarding matters, which included completing an investigation and sharing the learning with staff, following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "I would go to the senior on shift and if I see it has not been taken forward, I know the channels of support."

People and relatives told us the home provided care that felt safe, however, there were times where they felt they could be safer. We spoke with three people who said there were instances where another resident had walked into their room at night. One person said, "I feel safe, but there is [person] who walks down your corridor and come into to your room. I was a bit frightened. It is a bit of a worrying." Another person said, "I feel content here, I have a call bell around my neck, and they will come when I press it."

- The registered manager was aware of the incident that occurred where people felt unsettled at night and stated they were looking for solutions to ensure people felt safe with in their home.

Assessing risk, safety monitoring and management

- Risk assessments were in place and highlighted potential risks and how to manage these. When speaking with staff they were able to identify where people needed additional support to ensure they were safe. For example, where people had a choking risk or risk of falls.
- Staff supported people in line with their risk assessment and provided safe care when supporting people with moving and handling. The registered manager stated they had an independent professional visiting the service to check staff competency and observe support practice in relation to manual handling techniques and dysphagia risks.
- Staff supported people to refer to professionals where risk emerged. For example, one person had increased falls. The GP was contacted as well as the occupational therapist to ensure the person had the correct equipment to keep them safe.

Staffing and recruitment

- Staff and records suggested at times staffing levels did not meet the level of support needs and dependency tools did not always look at this. For example, call bell response in the morning at times showed people had to wait to be seen. On the whole when speaking with people they felt staff were responsive to their needs and come at a reasonable time when they pressed the call bells. One staff member said, "Sometimes there is an impact on people as you may have different staff that come in that do not know people as much as permanent staff."
- The registered manager spoke about their challenges with recruitment of staff. However, they were proactive with looking at ways to improve this. The registered manager and provider were working closely together to drive recruitment by reviewing their selection and induction process, making contact with

applicants promptly in the hope they could increase their staffing levels.

- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and Disclosure and Barring Service (DBS) checks. DBS 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

- The management team checked that medicine administration records were documented clearly and accurately.
- Staff received training to administer people's medicines safely. The registered manager checked staff competency once staff had completed their training to ensure safe 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- The providers approach to visiting aligned to the government guidance. People were able to see their relative. On the day of the inspection guidance changed and the provider was actively looking at implementing these changes for visitors. Relatives said they were able to visit when they wanted to, and this was coordinated well.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred and gave some guidance on how to prevent incidents reoccurring.
- Staff were kept informed about incidents and what changes were needed to improve the service. One staff member said, "We have a lesson learnt folder, I have meetings where these are also shared."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments highlighted people's needs and their desired outcomes. These assessments detailed specific support needs such as any dietary needs, preferences with how people spent their time. Where needed, referrals to external agencies were made for support.
- Staff ensured they applied their learning when supporting people in line with best practice. For example, we observed staff supporting people in a safe and respectful way when helping them to transfer from wheelchair to chair. Staff were patient and offered reassurance throughout the transfer.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role. Where staff training had expired the registered manager was in the process of booking staff on refresher courses. Staff received specific training to meet the people's individual needs. This included how to support them with health conditions that impacted the person's daily life.
- Staff said they received support and guidance in how they complete their role through spot checks, competency assessment and observations.

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

- People had genuine choice and access to food and drink throughout the day. The chef spoke passionately about the mealtime experience and how they catered for people individuals' preferences.
- We observed the dining environment to be pleasant with the food well-presented and staff had good interactions throughout. People were given a visual option of each meal before making their choice.
- Staff knew who needed modified food and drink and where people had a choking risk staff had specific training to understand how to support the person in a safe way. In addition, the chef met with the staff team on a regular basis to ensure they had up to date information on people's diet and preferences.
- People were involved in developing the meal planner and the chef had monthly meetings with people to gain feedback.

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

- The management team supported people to access external services and made sure there were appropriate and timely referrals. For example, when people needed access to health services such as GP and other health professionals.
- People's care plans detailed specific health needs and how to support the person to have positive outcomes. For example, where someone had dietary support needs these were documented in detail where

people needed to have specific diets due to health, staff looked at ways for people to still have food and drink they enjoyed.

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

- The environment was decorated and adapted to consider people's support needs. There were different areas for people to use which allowed them to be involved in interactions with other people but also had private space to use if they wished. One person spoke about how they had used a private space to have their friends visit for weekly coffee mornings.
- Staff told us people had the right equipment to support them. One staff member said, "The residents we have got the right the equipment for them and if anyone new comes in and needed anything different we would make sure we got this for them."
- People and relatives told us they liked the environment they lived in. A relative said, "Every time I go in it is spotless. We really liked the building and wanted to go there for that as well at the access to the garden from [family members] bedroom is beautiful."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gave examples of where people had choice and control over their lives and staff made all attempts to support people in the least restrictive way.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives told us the staff were kind and they had a good relationship with them. One person said, "I have been very happy, and the staff are lovely, I am content here." A relative said, "continue to think the staff are kind and hugely caring and admire how they work and there is a lot that is good."
- We observed people being supported in a respectful way from all staff working at Clarendon Lodge.

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

- Staff listened and acted promptly when the people and relatives spoke about changes, they wanted to make to the support.
- Staff encouraged and empowered people to become independent and there was a clear balance in making sure people had control of their lives as much as possible, but also family views were respected.

Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke about having a trusting relationship with staff. People felt they were supported by staff in a way that respected their privacy, however they did feel at times that their privacy was not always respected by other residents. This was something that the registered manager was aware of and was trying to find solutions for this.
- Staff gave examples, how they believed people should be supported which promoted independence and person-centred care. One staff member said, "It is about helping people to make decisions, giving them choice, and caring around what they want."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans detailed what was important to the person, what they wanted to achieve and how they wanted to be supported.
- Staff worked closely with people to ensure they received support in line with what they wanted and what was important to them. For example, the staff supported people to maintain their relationships with organising a trip to the local coffee shop which allowed both people to have private time away for the care home.

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.

- The provider had systems in place for accessible information. For example, documents such as weekly activities, provided information that was important to the person was provided in a pictorial format as well as larger font. Staff supported with reading newspapers if needed, as well as having specially adapted telephones with pre-set push buttons to be enable people to contact people that were important to them.

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 registered manager told us support was provided to follow people's interests and found ways for people to be involved in social events. One person said, "I keep myself busy. I do a lot reading, sewing, have my laptop and phone to keep in touch with people. These are all the things I enjoy and want to do."
- People were in regular contact with their family. This was through the use of technology and face to face visits.

Improving care quality in response to complaints or concerns

- The registered manager kept a complaints log which identified when a complaint was raised and what the outcome was. We observed people feeding back improvements to the management team and the management team being considerate of the person's feels and acknowledged their concerns.
- Relatives said they felt comfortable to raise concerns and would feel listened to. One relative said, "I do not have any problems with them, and they are always willing to speak to me if I need to and I would be able to do so."

End of life care and support

- The registered manager explained how they would seek support from different professionals and work alongside people and their relatives, to ensure they had a dignified death, in line with their preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 management team ensured there was a positive culture within the home where people were supported in a dignified and respectful way. We observed leaders being present around the home and people confirmed they were able to shape their support by giving their views to staff and management.
- The provider and registered manager welcomed feedback from people, relative and partner agencies and could demonstrate they actioned people's suggestions.
- The provider learned lessons from the previous inspection visits and had worked closely with the local authority to improve the support for people.
- Relatives felt the service was good in parts, however in most recent months there had been a lack of communication and some vital information had not been passed on to them about their relative's care.
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager had systems in place to understand their roles and responsibilities and had a detailed improvement plan to drive change in the home.
- Quality assurance systems were in place and identified areas of improvement. There was evidence where improvements had been highlighted, this was actioned and shared with staff.
- There had been a recent change in the management team, staff acknowledged they were getting used to the change in management style but felt the home was being managed well. One staff member told us, " I think [registered manager] is a good manager, if they says they are going to something, they will do it."

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

- People were involved in making decisions about the home through face to face meetings and yearly surveys.
- Staff were able to give feedback and have influence on how they shape their development and support within their role. This was via individual and face to face meetings with the management team as well as the provider involving staff in evaluating how as a provider, they can make it a better place to work.

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professions to achieve good outcomes for people.