

# Key inspection report

## Care homes for older people

<b>Name:</b>	Clarendon House
<b>Address:</b>	27 Clarendon Gardens Wembley Middx HA9 7QW

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Judith Brindle	1 4 1 2 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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## Information about the care home

Name of care home:	Clarendon House
Address:	27 Clarendon Gardens Wembley Middx HA9 7QW
Telephone number:	02088645216
Fax number:	02088645216
Email address:	ndmca.kritikos@virgin.net
Provider web address:	

Name of registered provider(s):	Mrs Dympna Kritikos
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	6
mental disorder, excluding learning disability or dementia	0	0
old age, not falling within any other category	0	6
Additional conditions:		
The maximum number of service users who can be accommodated is: 6		
The registered person may provide the following category of service only: Care Home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP Dementia - Code DE Dementia - Code DE(E) of the following age range: 65 years and over		
Date of last inspection		

## Brief description of the care home

Clarendon House is a new service that was registered by us in July 2009. The care home provides care and accommodation for six older people who might have dementia care needs.

The care home is located in Wembley, within a few minutes walk or drive from a variety of shops, banks, restaurants, a park and other amenities including bus and train public transport facilities.

The provider owns another registered care home that is located in Harrow, and also presently manages Clarendon House. The home is located in a residential road and is in keeping with other houses within the area. All the bedrooms are single and have en-suite shower and toilet facilities. The home has an enclosed, accessible, and well-maintained garden. Information/documentation about the service and the range of fees is accessible from the owner.

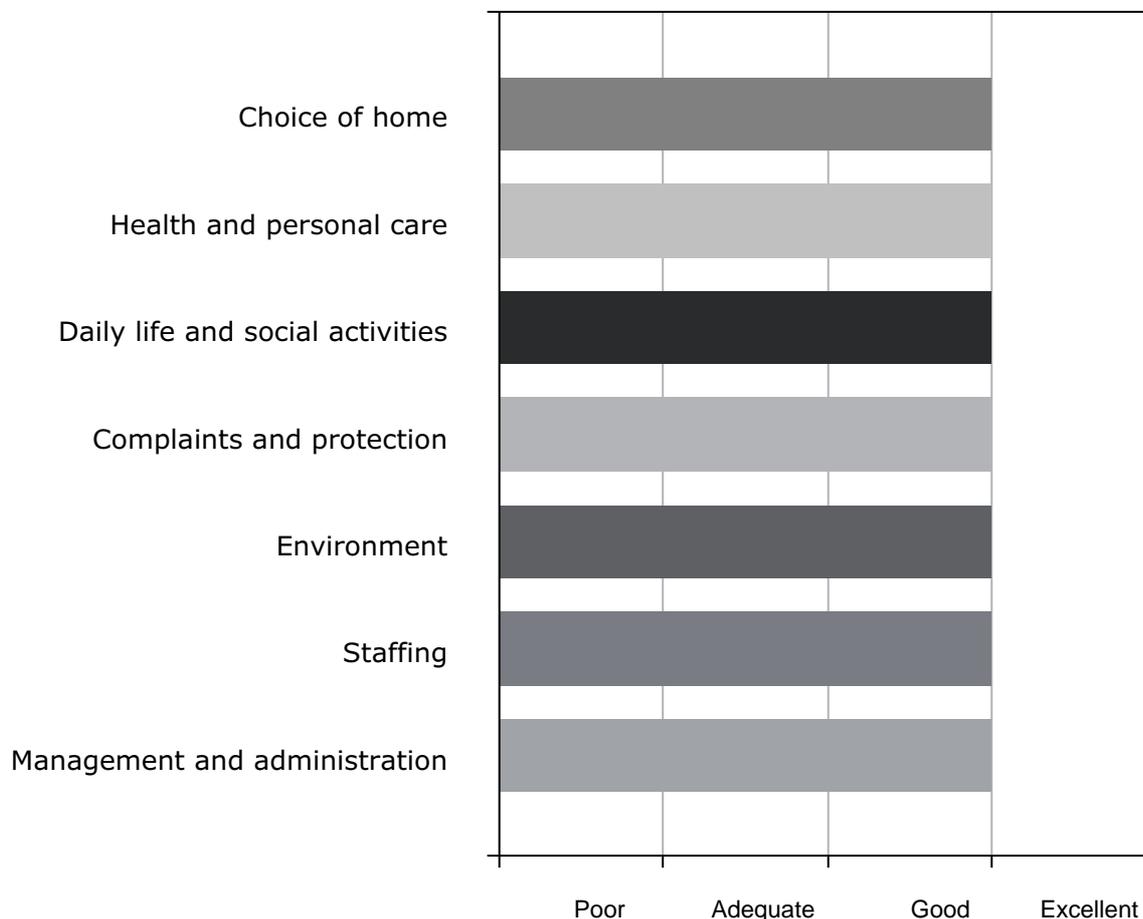
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The unannounced key inspection of Clarendon House took place within one day in December 2009. This was the first inspection of this new service, which was registered on the 08/07/09. Prior to this unannounced key inspection the Commission received a completed Annual Quality Assurance Assessment (AQAA) document from the manager of the care home. The AQAA is pre-inspection paperwork, which is a self-assessment of the service provided by the care home that is carried out by the owner and/or manager. It focuses on the quality of the service, and how well outcomes for people using the service are being met by the care home. It also includes information about plans for improvement, and it gives us some numerical information about the service. This AQAA was completed by the owner, (who also manages the home) and though it could have included more detail about the service that Clarendon House provides to people, it told us what we needed to know about the care home. During the inspection we talked with people using the service, and staff (including the manager/ owner). We also looked at other information received by us since Clarendon House was registered

with The Care Quality Commission. This included any information that we have received with regard to incidents that the service has told us about that have happened in the home. These are called notifications, and are a legal requirement. Other documentation we looked at included; care plans of people using the service, risk assessments, staff training, staff personnel records, and some policies and procedures. We also spoke with the people using the service, the manager and other staff on duty. Observation was a significant tool used during this inspection, particularly with regard to interaction between staff and residents. The inspection also included a tour of the premises. There were no vacancies at the time of this inspection. 24 National Minimum Standards for Older Persons, including Key Standards, were inspected.

We thank the people living in the care home, staff, the owner/manager, and all those who spoke with us during the inspection, for all their assistance in the key inspection of Clarendon House.

### **What the care home does well:**

The home is welcoming. The environment is homely, warm and clean. The house is very well maintained.

The bedrooms of people using the service are individually personalised, and have en-suite facilities. Residents told us that they liked their bedrooms.

Meals provided to people using the service are varied and wholesome. Comments included 'the meals are nice', and 'I can choose what I want'.

People using the service told us that they are satisfied with the service provided by the staff at Clarendon House. Comments from people using the service include; 'the care is good', and the 'staff are helpful and kind', and 'staff are approachable'.

The manager is experienced and competent and it is evident that she cares about providing a quality service to residents, and is keen to continue to develop and improve the service provided by Clarendon House to people using the service.

### **What has improved since the last inspection?**

This is not applicable as this is the first key inspection of Clarendon House.

### **What they could do better:**

The format of documents that are of particular interest (such as the menu, complaints procedure, and service user guide) to people using the service could be in a format that is more accessible to those residents that have difficulty reading, English as a second language, or have visual sensory needs.

Some aspects of recording in resident's care plans could be better. This includes development of the range of recorded individual needs (including equality and diversity needs), changing needs, and guidance for staff to meet these needs of each person using the service to ensure that they have all their needs and wishes fully met by staff. The care plans could show more evidence that they are 'person centred', led by the resident, and indicate that they are as fully involved as possible in their care plan, in its development, and its review.

Risk assessments could be further developed and improved and individual general assessments (e.g. nutritional assessment, prevention of pressure sores), always be in place for each person using the service.

The manager should ensure that all staff have an individual training and development plan and receive regular one to one formal supervision.

The 'in house' safeguarding policy/procedure could be improved to ensure that it is evident that it is clearly linked with the lead Local Authority's safeguarding guidance.

Some maintenance issues i.e. garden ramp and downstairs bathroom lock need to be attended to.

Activities and community leisure pursuits could further developed to ensure that all the

people using the service have the opportunity to live a fulfilled life and take part in a number of varied activities of their choice.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who may use the service and their representatives have the information needed to decide whether the home will meet their needs. The format of this information could be developed to improve its accessibility to people who have visual needs and/or difficulty reading.

People using the service have their needs assessed prior to moving into the care home, which makes certain that the home knows about the person, and the support that they need. This individual initial assessment could be developed to ensure that all the equality and diversity needs of prospective residents are known and understood by the home.

Evidence:

We were told by the manager and AQAA (Annual Quality Assurance Assessment/pre inspection information) that Clarendon House has documentation and information about the service that it provides to residents. We looked at these records. The statement of purpose and the service user guide were up to date, and included

## Evidence:

required information about the home. The AQAA told us that these documents are supplied to each person using the service. The information in the service user guide should be in a more accessible format for people using the service who have difficulty reading, visual sensory needs, and/or who have English as a second language.

Clarendon House was opened in July 2009 so all the residents are newly admitted to the care home. We were informed by the AQAA and by speaking to the manager that that the home ensures that an initial comprehensive assessment 'for every new service user' is carried out by the manager before they are admitted into the home. We looked at a copy of this assessment. This was seen to include a significant amount of information about the person's needs. It was noted that within this assessment (and the care plans) that there could be more evidence of the home looking at, and understanding the person's cultural needs and other strands of equality and diversity (age, gender, sexuality, disability, race, religion and belief) needs of the prospective resident. This was discussed with the manager. A resident confirmed that she had been asked some questions about her needs prior to and following moving into Clarendon House. The AQAA told us that 'when we are assessing a new resident we will make sure the individual has the opportunity to state exactly how they wish their needs to be met' and that the manager is aware 'that some residents will be able to give her this 'information, personally while others will need help and support of their family or an advocate'. It was also evident from looking at care plan information that the funding Local Authority also carries out an assessment of each person's needs.

The manager told us that people using the service are encouraged and supported to visit the home before moving in. Two people we spoke to told us that they had been admitted to the home from hospital.

## Health and personal care

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Each person using the service has a plan of care, in which generally residents' health, personal, and social needs are set out. It could be more evident that people using the service participate fully in their plan of care and have all their needs included.

People using the service are respected, their right to privacy upheld, and are protected by the home's policies and procedures for managing and administering medication. There could be some development of aspects of staff medication training to ensure that it is always evident that all staff who administer medication to residents have received an assessment of their competency to do so.

Evidence:

Each person using the service has a plan of care. The four care plans looked at, were based upon the assessed needs of each individual person. These needs included; personal care, health, nutritional, emotional, and some assessment of cultural and religious needs of each person using the service. Some wording within a care plan with regard to resident's behaviour needs could be more positive and constructive, and could include guidance to minimise the risk of a resident getting annoyed or

## Evidence:

behaving anti-socially. The manager should ensure that the 'wording' in all the care plans is reviewed. The care plans could be more 'person centred' (where the resident's care plan is central to them, and led by them), and be more of a 'working tool', as well as show more evidence of the person using the service being involved in the development and review of their plan of care. For example it could have been more evident in a care plan of how a resident manages their particular health need. This was discussed with the manager, who spoke of reviewing the format of resident's care plans, and plans to put systems in place to make sure people using the service are more fully involved in their care plan.

Following the inspection the manager supplied us with two profiles of a people using the service. These included clear information about each person's present health, personal care, social contacts and other needs. These profiles could have included information obtained from the person using the service (if able) or from family member/friend about the person's life including the employment that they might have had, cultural needs, and other details that might have been of importance and of particular interest to the person. So that staff would have better knowledge and understanding of each person using the service, their life, and previous experiences. Following the inspection the manager told us that a staff member was developing with people using the service a "History of My Life" which would include information and photos of each resident's special memories of their life. This is positive.

The AQAA told us that the home has an equality and diversity policy which 'is an important statement of our organisations attitude toward the rights and equality in the services we offer', and that it 'states clearly our (Clarendon House) commitment to respect for all persons'. During the inspection, staff provided assistance, and support to residents in a sensitive and respectful manner. Staff were seen to be approachable and interact with residents in a positive way. People using the service were observed to approach staff to ask them for assistance etc, without any hesitation.

It was noted that a significant amount of information (i.e. health appointments, and behaviour) was recorded about people using the service was recorded in the staff communication book rather than in the person's care plan. The issue of confidentiality and ensuring that up to date information is recorded in people's care plans was discussed with the manager.

Residents told us that they were supported to make choices. A resident told us that she could make decisions about when to get up and when to go to bed. Other choices we were told about include; deciding what to eat, what activity to do, choice of clothes etc. People were observed to be dressed appropriate to their culture and age. A

## Evidence:

person using the service spoke of choosing what to wear each day. The AQAA told us that 'resident's enjoy a very high standard of living at Clarendon House, they are supported to make their choices in all aspects of their daily lives' which includes 'their choice in clothing, the food they wish to eat, and can choose from the variety of activities offered'. The AQAA also told us that Clarendon House 'never forgets' that residents 'were once able bodied and were valued in their own right'. We spoke to people using the service who told us that they are treated with respect. A record of each person's possessions, including clothes were seen in the care plan. People using the service told us that they had chosen to bring a number of their personal items to the home, which they had displayed in their bedrooms. This is positive.

The AQAA told us that 'risk assessments are recorded and reviewed regularly'. Care plans that we looked at included some evidence of risk assessment, which included risk of stairs, kitchen, and mobility needs. These incorporated some clear staff guidance to minimise these risks, but other areas of identified risk had not been completed. There needs to be further development of risk assessment/assessment with guidance that includes bathing, road safety, care travel, risk of falls, use of stair lift, prevention of pressure sores, nutritional assessment etc, to ensure that people using the service have all their needs assessed, lead as independent life as possible, and are as safe. This was discussed with the manager.

Records, staff, and residents, told us that people using the service have access to care, and treatment from a variety of health and social care professionals, and other health care specialists. These include: optician, dentist and chiropodist. A resident told us that he/she had 'seen the doctor' and that someone had recently come and cut her toenails.

The home has a medication policy/procedure. We found that Clarendon House has an appropriate medication storage cupboard, the administration of medicines was being recorded correctly, and that these records were up to date. Dates of opening liquid medications is recorded, to enable appropriate and safe administration of it to take place. We were told by staff and records that staff receive medication training, prior to administering medication to people using the service. Staff told us that they observed the deputy manager whilst he administered medication to people using the service, and that they 'went through' the medication part of their induction.

The recording of this 'in house' assessment could be looked at, to show that there is recorded evidence that staff who administer medication to people using the service, have basic knowledge of how medicines are used and how to recognise and deal with problems in use; and understand the principles behind all aspects of the home's policy

Evidence:

on medicines handling and records. The AQAA told us that 'medication is kept in a locked secure cabinet and only trained staff' administered medication to residents, which is 'daily recorded'.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have the opportunity to take part in some preferred activities. The variety and number of activities provided to residents could be further developed.

The visiting arrangements are flexible and meet the needs of visitors and residents, so as to ensure that people using the service have the opportunity to develop and maintain important relationships.

Meals provided are varied, and wholesome, and meet the varied needs of people using the service.

Evidence:

People have the opportunity to take part in some activities. Information with regard to resident's preferred activities is recorded in the care plans that we looked at. Records indicated that activities that people using the service participated in tended to be watching television, 'chatting' to other residents and staff, some community based leisure pursuits such as drives out in the car, walks to the park, and shopping. On some days there were no activities recorded for some residents. A resident told us that he had been out to the shops to buy clothes, another resident told us that she had been for several trips to her previous home to collect possessions that she wanted to have with her at Clarendon House. We saw a resident helping with folding some napkins, but most residents tended to watch a bit of television or frequently doze in

## Evidence:

the sitting room during the inspection. The manager told us that other residents regularly participate in other household tasks such as laying the table. There could be development in the variety and number of preferred activities and leisure pursuits accessible to people using the service. We discussed developing 'in house' activities where people using the service could develop and maintain certain skills such as; cooking, being supported to make their own drinks, dusting etc. A resident told us that he would like to cook if he had the opportunity to. Another person using the service told us that 'we don't do a lot'. The AQAA told us that the home has 'introduced "Talking Stories" from the library, for these incapable of being able to read'.

The manager told us that several residents would be attending various day resource centres for several days a week in the New year, and that there would be development with regard to people using the service having more opportunity to go out and about in the community. A resident (and staff) told us that there were plans for him to go out to lunch with the manager. It was evident from talking with the manager that she had plans to improve and develop the number and variety of activities/leisure pursuits for people using the service. The manager told us that residents a hairdresser regularly visits the home to 'do' residents hair. A resident told us that she had recently had her hair 'done'. The home could look at the possibility of residents (if they wish) having the opportunity to access local hair dressing facilities.

The visitor's record book indicated that a number of people regularly visited the home. Residents spoke of the visitors that they had had, and of family/friends contact, and a person using the service told us about family members regularly visiting her. During the inspection there were clear signs of 'well being' among residents, who were seen laughing, and talking to staff and others.

The home has a menu, which included a record of a choice of varied wholesome meals. This is exhibited in small print on the wall of the dining/sitting room. A resident told us that she didn't know what was for lunch. The format of the menu information should be as accessible as possible to people using the service, so that those who have difficulty in reading, or retaining information, should be able know each day, details about the meals provided in the home. We spoke with the manager about ways of improving the accessibility of this menu information, to people using the service. She spoke of plans to develop a pictorial format menu.

The AQAA told us that people using the service are given a choice in relation to meals and mealtimes. A resident confirmed that she had a choice of meals. During the inspection we saw staff offering residents a choice of what they wanted to eat, and staff were seen to respond promptly, when people using the service asked for

Evidence:

anything, such as another drink. Staff spoke of the particular food preferences and dietary needs of people using the service, and of how these are met by the home. Some residents were assisted with meals. This was carried out sensitively and in an unhurried manner by staff. Residents told us that they had enjoyed their lunch. Drinks were regularly provided to residents during their meals throughout the inspection. The AQAA told us that 'the resident's culture and dietary needs are met by making choices of what they would like to eat, and special needs diets i.e. diabetic diet' and that the home has a 'nutritionally balanced 4 weekly menu available' and residents are 'are able to make their own individual choices'. Food eaten by people using the service is recorded.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service and others are confident that their complaints will be listened to, looked into and action be taken to put things right. There could be development in the recording of 'comments/concerns' from people using the service.

Residents are protected from abuse, neglect and self-harm by safeguarding policies, but their needs to be review and development of the home's safeguarding procedure.

Evidence:

The home has a complaints procedure. A summary of this is included in the service user guide. The complaints procedure includes timescales with regard to responding to a complaint. The home should look at ways of improving and developing the format of the complaints procedure to improve its accessibility to people using the service who have difficulty in reading. The complaints recording book was not seen during the inspection. The manager told us that there was a complaints book, but that there had been no complaints received since the home was registered. The AQAA told us that 'residents are informed of the complaints procedure and would be fully supported by staff in making their own complaint' and that the 'home adopts the opinion that each Resident has the capacity to make their own decisions'. The manager/owner spoke of the ways that she and the staff team respond to 'concerns' from people using the service, and others. She confirmed that she was continuing to improve the systems and practices of recording any 'concerns' communicated to them by people using the service. A resident spoke of talking to the manager or deputy manager if she/he was unhappy about something. She/he confirmed that they and other staff were

## Evidence:

approachable and acted quickly to resolve any concerns that she/he might have had. We saw a number of 'thank you' cards and recorded compliments from relatives, and others, which indicated they were happy with the care provided by the home, of their friend or family member.

The home has a safeguarding adult's policy, and a whistle blowing policy, and also has the lead Local Authority safeguarding procedure. The care home's safeguarding policy needs to be reviewed to ensure that it links with the lead local authority's guidance. It needs to be clear that the Local Authority is always (even when the person is not in 'immediate danger', or 'admitted to hospital') contacted prior to any investigation taking place. This was discussed with the manager.

Records that we looked at confirmed that staff had received training in abuse awareness (some carried out in previous employment). A staff member told us that she had had safeguarding adult's training and was aware of the procedure to follow if an allegation of abuse or suspicion of abuse is made. The manager informed us that she had received safeguarding adult's training and that she had awareness and understanding of the Mental Capacity Act 2005 (this Act governs decision-making on behalf of adults who may not be able to make their own decisions). The AQAA told us that the home had plans to 'continue and uphold Standards, attend relative Courses about changing legislation and Legal requirements regarding the MCA (Mental capacity Act), POVA (protection of vulnerable adults), DOLS (deprivation of liberty safeguards)' and that these 'have positive influence on the way (Clarendon House) we care for our vulnerable residents'. It is recommended that all staff receive training with regard to the Mental Capacity Act/Deprivation of Liberty Safeguards to ensure that they know about their role with regard to the Act, and what it means to people using the service.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The environment of the home is safe, warm, clean and comfortable. The premises are suitable for the care home's stated purpose. Some maintenance issues could be carried out. Resident's bedrooms are individually personalised and meet their individual needs.

Evidence:

The care home is located a few minutes walk from Wembley, where there are a variety of amenities including shops, restaurants, banks, and cafes. The home is situated close to public bus and rail services. The front of the property is tidy and attractive. There is parking for a couple of cars on the forecourt of the home. There is an enclosed garden at the rear of the property, which is accessible to people using the service. We were told by staff that residents make use of the garden facility during nice weather. There is a ramp leading from the front room to the garden. This should be a permanent structure and should include handrails, and be 'non-slip'. The manager told us that this was planned. The home should ensure that there is a risk assessment with regard to ensuring that residents are supported by staff whilst using the present ramp to minimise the risk of injury.

It was noted that the door bell was not heard by staff when we arrived at the home. After several attempts at ringing the bell we telephoned the home and were then welcomed into the home. The deputy manager told us that the door bell is at times

## Evidence:

temperamental. It should be looked at and repaired if required. The door bell was heard to work later on during the inspection. The home is very well maintained and is well decorated and has quality furnishings. The AQAA told us that the home intends 'to improve to run a continuous programme of refurbishment and decoration as and when required'. We discussed with the manager ways of developing aspects of the environment to promote and improve residents orientation needs. Such as distinguishing their bedroom door and knowing which doors lead to bathroom facilities. following the inspection the manager told us that a staff member had 'began work on the 'Picture in Youth' idea on each residents door'.

The AQAA told us that 'there are plans in place to create a decking area, and sun-cover outside the dining area leading into the garden for the comfort of our residents and staff, also there is a plan to build a bar-be-que area in the garden'. The home was seen to be very clean. It felt very warm in the communal sitting room. A resident told us that it felt 'too hot'. Other residents were seen to doze for lengthy periods in the lounge, which might have been partly due to the warmth of the room. The manager should ensure that the temperature of rooms in the home is monitored, so that it is always comfortable for each person using the service.

A resident kindly showed us her bedroom. She spoke positively of her room, and showed us a number of personal items that she had brought from her previous home. Comments from people using the service included 'I'm happy with my room', and 'I like the view from my window'. The bedrooms are single and include en suite bathroom facilities. We were told that the home has 'a specially adapted 'Wet Room' for wheel-chair users and a disabled toilet'. We were not able to lock in the downstairs communal toilet/bathroom. There needs to be a lock in place that meets the privacy and safety needs of people using the service and others.

Laundry facilities are located away from food storage, and food preparation areas. Hand washing facilities are located throughout the home. Staff were observed to wear protective clothing including disposable gloves, as and when needed. Records confirmed that staff had received infection control training. The AQAA told us that four staff had received training with regard to infection control, 'to ensure cleanliness, infection control, and hygiene routines are carried out regularly'.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff in the home are trained, skilled and competent to support people who use the service, and to ensure the smooth running of the service. People using the service are supported and protected by the care home's recruitment policy and procedure.

Evidence:

The staff rota was available for inspection. It told us that there were two staff on duty with the manager and/or deputy manager during the day and one wake night staff on duty at night. There were two care staff and the deputy manager on duty at the time of the inspection. We were told by the manager that the number of staff on duty in the care home meets the dependency levels of the people using the service, and that this was kept under review. The manager spoke of ensuring that there is flexibility to increase (or decrease) staffing levels in accordance to the needs and changing needs of people using the service. Staff spoke positively of working in the home, and of enjoying their jobs.

Staff were observed to be very approachable, and interacted with residents in a sensitive manner during the inspection. Staff spent time talking with people using the service, sitting with them, and ensuring that they assist residents promptly with their personal care needs. A staff member told us that she had received an induction when she started the job.

## Evidence:

The AQAA told us that 'residents needs are met by competent staff, well-trained which is fundamental to achieving good quality care' and that 'staff have had induction and foundation training, they have continuous supervision and training both in the Home and have attended external training POVA and Dementia Training to keep a breast with changing laws and regulations'. Copies of certificates of staff training were accessible. These records told us that staff had received training (during their previous and present employment) that included, health and safety, moving and handling, 1st Aid, medication, food and hygiene, dementia awareness and diabetes training. The AQAA informed us that all staff had received induction training expected by the National Minimum Standards, described and recommended by Skills for Care, and that two staff had received training in malnutrition care, and assistance with eating. We were also told that there were plans to ensure that all staff received; 'Food Hygiene, Manual Handling, DOLS, POVA, First Aid, Mental Capacity Act, training and any other training Courses that become available' which Clarendon House feels would be 'of benefit' to staff. There should be a training plan, and each staff member should have an individual training and development plan. The AQAA told us that four staff had achieved NVQ (National vocational Qualification) level 2 or above in health and social care. The three staff records looked at told us that two staff had gained a NVQ level 3 one an NVQ 2 qualification in health and social care. The AQAA told us that the home has plans to train 'staff to gain a better understanding' of the needs of people using the service who have dementia care needs.

The care home has a recruitment and selection procedure. Three staff personnel files were inspected. These contained confirmation that staff have received an enhanced Criminal Record Bureau check to gain information as to whether potential staff have a criminal record. The manager told us that all staff receive a staff code of conduct, job description, and staff handbook when they are employed by the home.

## Management and administration

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management and administration of the home is based on openness and respect, and has effective quality assurance systems to monitor and improve the quality of the service provided to people using the service.

So far as reasonably practicable the health, safety and welfare of people using the service is promoted and protected, and their financial interests are safeguarded.

Evidence:

The registered manager has managed the home since it was registered with us in July 2009. She also owns the home. She is an experienced manager having owned and managed another care home for a significant number of years. She told us that she ensures that she regularly updates her knowledge and skills. It is evident that the manager has worked hard to develop a quality service for people using the service, and has systems in place to continue to develop and improve the service. The manager and deputy manager have a very much 'hands on' role in the home, one or both are generally present in the home. A staff member told us that the manager is approachable, and any issues concerning the care of residents could be discussed with

Evidence:

her or the deputy manager at any time.

The AQAA told us that 'there is continual self monitoring and quality assurance system in place' and that the home's 'safe working practices will cover annual maintenance checks on Gas, Electrical appliance, Fire and Security Appliances'. The manager told us that the care home has a number of systems in place to ensure that the quality of the service is monitored closely, and that action is taken to continue to develop and improve the service provided to people using the service. We were told that feedback questionnaires are supplied to people using the service (and to others) to gain their views of the service provided by the home, and that this feedback is acted upon by the manager. The AQAA told us that 'resident's are giving daily quality time on a one-to-one basis with the Manager and her staff' and that 'this special time is never hurried so the resident feels relaxed to talk about any issues or concerns that they may have', and that 'residents opinions and choices play a big part in how well we run our business, and are taken into account and are valued'. A resident told us that she was 'happy' living in the home and that staff 'look after us'. Another person using the service said that staff were 'kind'.

The AQAA told us that there were policies in place regarding the management of resident's monies, and that residents were supported to manage their own money if they wished to do so. We were told that people using the service generally have their finances managed by relatives/significant others and/or Social Services. The manager told us that most residents have in their possession some small amounts of cash that they can use as wish, and that for other purchases the manager supplies the person managing the resident's money, with an invoice for payment. There were no concerns with the management of resident's finances at that time of the key unannounced inspection.

The home has a staff supervision policy. At the time of the inspection it was not evident that staff had received 'formal' one to one staff supervision. Staff should receive formal supervision at least six times a year to ensure that it is evident that staff are appropriately supervised with regard to carrying out their roles and responsibilities in providing residents with quality care and support that meets their individual needs. Following the inspection the manager supplied us with a copy of a completed record of a 'formal' one to one supervision that had been carried out. This told us that the staff member had been observed when providing assistance with regard to meeting a resident's personal care needs. The manager should ensure that it is evident that staff supervision covers all aspects of care practice, philosophy of care in the home and staff career development needs. It is recommended that the manager look into attending training with regard to carrying out formal one to one staff

Evidence:

supervision. Records told us that staff appraisals were planned.

The home has health and safety policies and procedures, and guidance to ensure staff and residents are protected and safe. Records told us that monthly health and safety checks are carried out. Required fire safety checks and fire drills are carried out, and the home has a fire risk assessment. The AQAA told us that equipment within the home had been serviced or tested as recommended by the manufacturer or other regulatory body, and that an 'electronic fire alarm system has been installed with the approval of the Fire Department'. Following the inspection the manager told us that she has 'carried out' a 'Fire Development Plan'.

The home has an accident policy/procedure. Incidents and accidents are recorded as required. The AQAA told us that 'all taps and showers are thermostatically controlled', and that 'all radiators are covered and protected'. Fridge/freezer temperatures are monitored. The home has door closure safety mechanisms on doors in the home. The home's emergency plan, should include guidance with regard to minimising the risk of and responding to 'swine' flu.

The home has an up to date employer's liability insurance certificate displayed in the care home.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	8	13	It needs to be evident that there is further development of risk assessment and/or assessment with guidance that includes bathing, road safety, care travel, risk of falls, use of stair lift, prevention of pressure sores, nutritional assessment etc. To ensure that people using the service have all their needs assessed, lead as independent life as they are able to be, and are as safe as possible.	04/03/2010
2	18	13	The care home's safeguarding policy needs to be reviewed to ensure that it links with the lead Local Authority's guidance. It needs to be clear that the Local Authority is always (even when the person is not in 'immediate danger', or 'admitted to hospital')	04/03/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>contacted prior to any investigation by the home taking place.</p> <p>To ensure that it is evident that staff are aware that the host Local Authority is made aware of any suspicion or allegation of abuse, and takes a lead in managing all safeguarding investigations.</p>	
3	19	23	<p>Residents, staff, and visitors need to be able to lock the downstairs toilet facility. The lock needs to be of a kind that can be opened by staff in an emergency.</p> <p>To ensure that it is evident that the privacy and safety needs of people using the service and others are met.</p>	04/03/2010

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	The information in the service user guide should be in a more accessible format for people using the service who have difficulty reading, visual sensory needs, and/or who have English as a second language.
2	3	There could be more evidence in the initial assessment of the home looking at, and understanding the cultural needs and other strands of equality and diversity (age, gender, sexuality, disability, race, religion and belief) needs of the prospective resident.

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
3	7	The care plans could be more 'person centred' (where the resident's care plan is central to them, and led by them), and be more of a 'working tool', and show more evidence of the person using the service being involved in the development and review of their plan of care.
4	7	The manager should review the issue with regard to some of the wording in resident's care plan documentation, to ensure that records about people using the service are constructive, there is guidance in place to manage any 'unsocial' and/or 'challenging' behaviour and is as positive as possible.
5	10	With regard to confidentiality and privacy, information about resident's health needs and changing needs should be recorded in their plan of care rather than in the care home's general communication book.
6	11	Each person using the service should be supported by the home (and their family/friend/advocate if they wish) to complete an 'end of life plan' so that it is evident that the resident has confidence that their changing needs and wishes at the end of their life are always met.
7	13	There could be development in the variety and number of preferred leisure pursuits, including everyday living skills activities that are accessible to people using the service.
8	15	The format of the menu information should be as accessible as possible to people using the service, so that those who have difficulty in reading, or in retaining information, should be able know what the meals provided in the home are, on a daily basis.
9	16	The home should look at ways of improving and developing the format of the complaints procedure to improve its accessibility to people using the service who have difficulty in reading, or visual needs.
10	18	It is recommended that all staff receive training with regard to the Mental Capacity Act/Deprivation of Liberty Safeguards to ensure that they know about their role with regard to the Act, and what it means people using the service.
11	19	The manager should ensure that the temperature of rooms in the home is monitored, so that it is always comfortable for each person using the service.

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
12	19	The door bell should be checked and repaired if required, so that it is always in working order.
13	19	The ramp leading to the garden should be a permanent structure and include handrails, and be 'non-slip'. The home should ensure that there is a risk assessment with regard to ensuring that residents are supported by staff whilst using the present ramp to minimise the risk of injury.
14	30	There should be a training plan, and each staff member should have an individual training and development plan.
15	36	<p>Staff should receive formal supervision at least six times a year to ensure that it is evident that staff are appropriately supervised with regard to carrying out their roles and responsibilities in providing residents with quality care and support that meets their individual needs.</p> <p>It is recommended that the manager look into attending training with regard to carrying out formal one to one staff supervision.</p>
16	38	The home's emergency plan, should include guidance with regard to minimising the risk of and responding to 'swine' flu.

## Helpline:

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