

Clapham Village Care Ltd

Clapham Lodge Care Home

Inspection report

Woodland Close
Clapham
Worthing
West Sussex
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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

What life is like for people using this service:

People who lived at Clapham Lodge Care Home told us that they were very happy living there. People and their relatives felt that they were treated with dignity and respect by the staff and were all, without exception, very complimentary about the management of the home. One person said, "It's got a real homely feel to it. The minute I walked in here it just felt right. It's a lovely, happy place."

People felt safe and were supported in person-centred ways to live the lives they wanted to. Staff supported people to have contact with the wider community outside of the home and to engage in meaningful activities.

People had access to healthcare as they needed and staff supported them to attend appointments that were important for their wellbeing.

People's dietary needs and preferences were met. People had been involved in developing and redesigning the menu. This meant that hot meals were also now provided at tea / dinner time.

Relatives were invited to visit the home without any restrictions. People's independence was of utmost importance to the staff and management team. One person was being supported to return home following a stay at the care home.

The home was well managed by a passionate and dedicated staff management team who placed people at the centre of the support. A healthcare professional [admission avoidance community matron] told us that the staff and registered manager ensured the wellbeing of people at the home was, "most important to them" and, "they're [staff] lovely with them [people]."

More information can be seen in the main body of the report for each Key Question below.

Rating at last inspection: Requires improvement (report published 24 November 2017).

About the service: Clapham Lodge Care Home is a residential care home that accommodates a maximum of 27 people. At the time of this inspection 25 people lived at the home. Older people who lived with dementia, Parkinson's disease and other conditions which included diabetes, were supported with personal care and accommodation in a homely service that was tailored to people's individual preferences.

At the time of this inspection, the provider had developed the service with an extension to the building with new rooms for people. These were not registered with us at the time of the inspection but the provider planned to do this. People who lived at the home had already chosen their preferred bedrooms in the new build section of the home. Rooms had been personalised as people had chosen.

Why we inspected: This was a scheduled and planned comprehensive inspection based on the previous rating. We inspect all services rated as 'Requires improvement' every 12 months to ensure that we regularly monitor and review the quality and safety of the service people receive. We saw that improvements had been made to the service people received since our last inspection. Records about people had improved and measures which ensured that people's dietary needs were met safely had been implemented.

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 ●

Clapham Lodge Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was completed by one inspector.

Service and service type: Clapham Lodge Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 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: The first day of this inspection was unannounced. The second day of the inspection was announced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and health professionals who worked with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service, two relatives and a person's friend, to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk

with us.

We spoke with six members of staff which included the chef, a member of care staff, a care team leader, an activities coordinator, the deputy manager and the registered manager. We also spoke with the registered provider during the inspection.

We contacted and spoke with healthcare professionals which included, an admissions avoidance community matron, a specialist Parkinson's nurse and a community dementia care matron.

We reviewed a range of records. These included four people's care records and medication records. We also looked at three staff files around staff recruitment, training and supervision. Records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider were also reviewed.

Is the service safe?

Our findings

Safe: This means people were protected from abuse and avoidable harm.

At our last inspection in October 2017 we rated this Key Question as 'Requires improvement.' At this inspection we found that people were safe and protected from avoidable harm and abuse and legal requirements were met. We rated this Key Question as 'Good.'

Systems and processes:

- There were systems in place to minimise the risk of abuse and to identify and act in accordance with the local authority's and providers safeguarding adult's policy if it was suspected abuse had occurred.
- Staff had received training to understand safeguarding practices and what abuse means.
- Staff described correct procedures to notify appropriate external agencies to any concerns of a safeguarding nature.
- People said they felt safe. One person told us, "I feel safe because they're all nice people here and we're treated very well. My possessions, such as they are, are safe too."

Assessing risk, safety monitoring and management:

- People lived in a safe, well maintained environment and there were systems in place to minimise risks.
- The premises' safety was checked regularly by the provider or external contractors. Staff had been trained in health and safety and how to respond if there was a fire.
- People had personal emergency evacuation plans which detailed how each person would need to be supported in the event of an emergency.
- The registered provider had installed a new fire alarm system since the previous inspection. This provided greater detail in the event of a fire to show staff which specific room a fire may have broken out.
- Individual risks to people were assessed with action taken to reduce further risks. This included up to date records which described the actions staff should take to reduce risks to safe levels.
- Staff understood and followed organisational health and safety policies and procedures which supported people's safety, while not imposing unnecessary restrictions to their freedom.
- One person had a 'pressure area care plan' which demonstrated that the home responded when there was an identified and potential risk of pressure damage to their skin. People did not have pressure related sores at the time of this inspection.

Staffing levels:

- People received the care and support they needed in a timely way and the provider had systems and technology in place to regularly assess this.
- There were sufficient numbers of staff in the service with appropriate skills and knowledge to support people.
- There was a new call bell system which the provider had installed since the previous inspection. People

told us that staff responded to the call bells promptly.

- Individual staff response times to call bells could be reviewed by the management team on the new system.
- Staff were recruited safely. Before staff came to work at the service, checks were made on their character and suitability to work in a care setting.
- People and staff interacted positively with a consistent and dedicated staff team. The registered manager told us they had worked to ensure that no agency staff from outside of the service were used. This was because they wanted to ensure that people had continuity of care from staff they knew well.
- One person said, "I just adore it here. The staff are so caring."

Using medicines safely:

- People received their medicines safely.
- Medicines systems and records were organised, and people received their medicines when they should.
- Safe protocols were followed for the safe receipt, storage, administration and disposal of medicines.
- The home worked with innovative new technology to support people who had Parkinson's disease with their medicines. This was known as a 'PKG' watch.
- This technology was trialled by the home to monitor the 'time sensitive' medicines. These were medicines that people had to take at specific times each day. The trial resulted in positive outcomes for the person with their symptoms being reduced each morning. A community healthcare professional [specialist Parkinson's nurse] told us, "They've [staff] done incredibly well with the PKG watch as its time specific. They were spot-on with giving medicines on time."

Preventing and controlling infection:

- People were protected from the risks of infection with clear systems and processes.
- Policies and procedures provided guidance for staff and ensured that outbreaks of infection would be reported appropriately.
- Staff completed food hygiene training which kept people safe from risks associated with food preparation.
- There were dedicated staff for laundry and housekeeping duties throughout the home.
- The home was clean, tidy and free of unpleasant odours.
- Staff were observed to use personal, protective equipment appropriately throughout the inspection.

Learning lessons when things go wrong:

- Systems were established by the management and provider which ensured that safety across the service was regularly reviewed.
- Learning was shared and fed back appropriately with staff when improvements were required.
- Actions had been taken by the management team to address a safeguarding referral that they had made regarding a staff matter. Appropriate disciplinary procedures had been followed. Other measures had been taken which ensured clear learning and action was taken to improve safety following an incident.

Is the service effective?

Our findings

Effective: This means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection in October 2017, we found that this Key Question was effective, and that people received 'Good' outcomes. At this inspection we found that the care people received remained effective.

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:

- People were treated fairly. Care and support considered people's diverse needs to ensure there was no discrimination, such as age, sex, culture or religion, which are protected characteristics under the Equality Act.
- Assessments of people's needs were personalised and detailed, with expected outcomes identified.
- People felt they were treated positively and did not experience discrimination.
- One person said, "Yes, I'm treated fairly, and you will not find any discrimination here." Another person told us, "There is absolutely no discrimination here, we are all treated with the same values."

Staff skills, knowledge and experience:

- People were supported by staff who were trained to support them safely. New staff went through an induction which included the completion of the Care Certificate. The Care Certificate is a set of national standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care.
- Staff received feedback from management on how well they were performing and to discuss their development needs. Supervisions and appraisals had been completed with staff.
- Training records showed that staff completed a range of training to support people at the home appropriately. Training included specific courses for; Parkinson's disease, diabetes and dementia. This ensured staff were skilled to meet the specific needs of those who lived at the service.
- People felt that staff were competent. One person said, "Absolutely [they are trained and experienced]. I would put my life in their hands."

Eating and drinking for a balanced diet:

- People were supported to eat and drink enough. Individual preferences and choices were sought about the foods people ate.
- People's nutritional needs were assessed and reviewed regularly.
- Risks related to people's eating and drinking were identified and managed appropriately.
- People enjoyed a shared lunchtime experience with attentive staff who created a homely atmosphere. Meals were not rushed.

- Individual dietary needs, choices and preferences were assessed and met. People chose to have hot meals at tea / dinner time at a recent 'residents meeting.' This had been implemented.
- People were offered choice at meal times and appropriate foods were given that met people's identified needs. One person said, "We choose from the menu. If it's something I don't like, then I'll ask for something else and they are very obliging. Another person told us, "I have a bit of a problem swallowing sometimes so my food is mashed up a bit to make it easier to slip down. They're [staff] pretty good at it."

Staff providing consistent, effective, timely care:

- Staff worked with services to ensure that people received consistent person-centred care and support when they moved between different services such as day services and the hospital.
- A healthcare professional [admission avoidance community matron] confirmed that the home worked proactively and appropriately with them. They said, "I have heard nothing about any inappropriate admissions to hospital. I don't have any problems with them. They admit people to hospital for relevant issues including if someone wants to go to hospital. They always do what I ask them to do. [Registered manager] is always very welcoming and 'cracks on' and does the stuff I ask them to do. They really do try."
- People were referred to external health professionals when this was needed. Records monitored and reviewed information about people's health. These included records about people's weights and their food and fluid intake.
- The staff had developed positive working relationships with community healthcare professionals and always contacted them for advice and guidance when this was needed.
- People had access to healthcare in the home and were supported by staff to attend appointments outside of the service.
- One person was supported to self-manage their diabetes and maintained their own records of their blood sugar levels. Staff checked these records to monitor their wellbeing while supporting the person to be independent in managing their diabetes.
- One person told us they could be seen by a doctor quickly if needed, "I feel safe in the knowledge that they [staff] would do something if it was necessary."

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

- The home was accessible for people who lived at the home. Signs on bathroom doors helped people to find their way around the premises.
- People were involved in decisions about the home and their bedrooms. One person said, "Before we moved in, we were asked what colour we would like the walls painted. We supplied some wallpaper and they put that up for us to make our rooms really feel like home."

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 Act 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 with appropriate legal authority. 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.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider met the legal responsibilities under the MCA legislation. One person at the home lived with a DoLS authorised application.
- Staff sought consent from people. People confirmed this. One person said, "They ask in advance. I can't fault the staff." A second person said, "They ask before they do anything."

Is the service caring?

Our findings

Caring: This means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in October 2017 we found that the service was caring. At this inspection we found that the service continued to be caring.

People were supported and treated with dignity and respect; and actively involved in their care.

Ensuring people are well treated and supported:

- Staff communicated with people in ways that they could understand.
- Staff displayed an empathic, compassionate approach to people which made them feel they mattered.
- People felt that staff treated them with kindness. One person said, "It's not an easy job but they [staff] look after us well and I love them all." Another person said, "The staff are very, very special people. Their whole attitude, the kindness, cheerfulness and helpful ways lifts your spirits. That's a tonic in itself."
- People were treated with respect. People told us about their positive relationships with staff that they knew well and said that they were addressed in a way they wished to be. For example, people were often addressed by their first names which was their preference.

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

- Staff knew people well and knew who to contact when extra support may be required from representatives.
- People and their appropriate representatives, often their chosen relative, were involved in their care.
- Staff had time to care for people sensitively. People felt listened to. One person told us, "They [staff] are very patient and they will stop and listen. They speak to me as I want them to. I think they do a wonderful job. It's very hard work, especially to remain as patient as they are." Another person said, "They [staff] always say 'hello' to me and are happy to speak to me if I ask them anything."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy, dignity and independence were respected and promoted.
- People and their relatives said that visitors could come to see them when they chose. One relative said, "I've not been told to avoid coming in at any particular times. I pop in each day for about an hour and I would definitely say I'm made to feel welcome." One person told us, "I have visitors who come to see me, and they are made to feel most welcome. There are no time restrictions."
- Independence was promoted for people who lived at the home. One person was supported to manage their diabetes each day. Another person was being supported to rehabilitate to become strong enough to be able to return home.
- Records relating to people and staff were held confidentially and securely in a locked office.

Is the service responsive?

Our findings

Responsive: This means that services met people's needs.

At our last inspection in October 2017 we found that the service was responsive to people's personalised needs and that choices were respected. At this inspection we found that people continued to receive a responsive service.

People's personalised needs were consistently met through planning that involved them and by being listened to.

Personalised care:

- People's care was responsive to their individual needs, choices and personal preferences. Staff knew people's choices and preferences well and people were treated fairly regardless of age, gender, religious preference or disability.
- The service understood people's information and communication needs through an assessment. Details were highlighted in care plans and records, so staff knew how these needs should be met. People's consent was obtained in advance of sharing this information with other health and care organisations.
- Technology was used which was accessible for people. This included accessible methods that people could use to call for assistance from staff when they needed it.
- Records had been signed by people to show they had consented to their care plans.
- A person said they had a, "good quality of life" at the home.
- People were supported, when they chose to, to take part in activities that were appropriate for their own interests.
- Two activities coordinators were employed by the home, seven days a week. People participated in a range of planned activities. One person said, "There's plenty to do if you want to do it."
- The registered manager described how staff communicated with people who had sensory loss. For one person with hearing loss, the staff "wrote things down for them." They also said how staff had, "made picture cards" for a person who had a stroke.

Improving care quality in response to complaints or concerns:

- People knew what to do and who they could talk to if they had any concerns.
- There had been three complaints since the last inspection. These had all been responded to and managed in line with the provider's complaints policy. One person's care plan had been updated to reflect the outcome of their concern.
- A folder in the foyer of the home contained a range of compliments from relatives and people who used the service. One relative said, "Thank you is inadequate to describe our thanks for the wonderful care you all gave [person] during her stay at Clapham Lodge. Each and every one of you contribute to making Clapham Lodge a very special place."

End of life care and support:

- People were supported at the end of their lives to have a comfortable, pain free and dignified death by compassionate and sensitive staff.
- One relative stated, "I know some of the staff go that extra mile for someone. When mum was in her final days here, some of the staff came in on their days off just to see her and spend time with her. They treated her like royalty and did everything they possibly could to make her last days as comfortable as possible for her, and for us. Dad and I couldn't have asked for more."
- Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, a medical professional and appropriate others, were known to staff. This meant that people were able to die with dignity.
- The provider sensitively suggested that people may wish to consider planning for end of life care when they moved into the home to ensure that they were involved in these decisions. The 'Welcome to Clapham Lodge' booklet provided information to people moving into the service about considering 'advanced care plans' and noted that it was 'important to express your wishes and choices regarding end of life care.'

Is the service well-led?

Our findings

Well-Led: This means that the manager understood their role. Systems and processes supported the safe delivery of good quality care, with an open culture of continuous improvement.

At our last inspection in October 2017, we found that the service was not always well managed, and this key question was rated as 'Requires improvement.' This was because records were not always completed with enough information to describe people's needs clearly. At this inspection we found that the service was well-led and records detailed people's needs.

The service was consistently well-led. Leaders and the culture of the service promoted good-quality, person-centred care.

Culture of the service:

- Staff worked as a team, were happy in their work and were supported by fair and approachable management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- People knew who the management team were and said that they were approachable and friendly. One person said, "[registered manager name] is the manager. She's lovely. She's so nice to you, she's very sweet." The owner comes around, they're very good and like to talk to you." Another person referred to the manager and told us, "Whenever I have had any concerns or problems she has always been helpful. She will go out of her way to help. Nothing is too much trouble."
- Staff were observed to be cheerful and friendly with a clear passion and genuine caring approach towards people.
- The service had a 'statement of purpose' which described the values and mission of the service. There was a 'residents charter' which was upheld by the staff and management team.

Oversight and management of risk:

- There was a registered manager in post. People could be confident that the quality of the service would be monitored. There were robust systems in place to monitor the quality and safety of the service and to drive improvements.
- The registered manager/provider had a clear understanding of their role and responsibilities. There were processes which ensured that CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service. The rating for the previous inspection was on display in the service which showed the provider operated in an open and transparent way. This ensured that people who lived at the home, relatives, people who wished to move into the home, visitors and healthcare professionals were aware of the home's current CQC rating.
- Records were detailed and provided clear and person-centred information about people's needs, any risks identified and what actions staff should take to reduce these risks.
- Senior staff completed a daily written handover for staff which clearly noted information about what

people's needs were and any actions staff needed to take to support them that day. This included reminding staff about key appointments and other significant events for people such as their birthday.

- Audits were completed by the management team for aspects of the service provided and areas of risk, which included medicines management, a monthly review of 'monitoring charts' and audits for accidents and incidents and infection control.
- Actions that were required to address any shortfalls in the quality of the service were addressed with staff at regular staff meetings.

Engaging and involving people using the service, the public and staff:

- People and staff felt able to positively and openly challenge management in a safe way if they wanted to question any aspects of the service.
- People were actively involved in the day to day running of the service with staff and management openly and regularly seeking their views of their experiences.
- People attended residents' meetings when they chose to, and surveys were sent to review various aspects of the service provided which were reviewed by the deputy and registered manager.
- People confirmed they were invited to attend regular meetings. One person said, "We have meetings and if there is anything we want to say we can voice it." Another person said, "Yes, there are residents' meetings where we share different views."

Continuous learning and improving care:

- The provider was innovative and had invested in the development and improvement of the service. An extension had been built onto the home which the provider planned to register with us before people could move into their new rooms. A new fire alarm system had been installed. A new call bell system had been installed. The provider said that the new system, "will allow them to monitor all staff whereabouts and average response times, creating a safe environment and an efficient workforce."
- There was a consistent staff team at the service with staff being rewarded for their contributions with promotions and informal 'thanks' from the management and provider. At the time of this inspection a long-standing member of staff had been promoted to become the deputy manager.
- Learning from incidents was evident. The registered manager told us they made changes to staffing in accordance with feedback from staff at handover sessions and updated the daily 'allocation' information as a result. This ensured the right staff supported people each day.

Working in partnership with others:

- External healthcare professionals were, without exception, very complimentary about the management and care provided at the service.
- A specialist Parkinson's nurse said, "The care staff and management staff know their residents very well. They're great, they listen to absolutely everything we advise on." They also said staff and management were, "very helpful" and "very thoughtful about people."