

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Clare Lodge Care Home

8 Battlefield Road, St Albans, AL1 4DD

Tel: 01727864379

Date of Inspection: 17 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	B & M Investments Limited (t/a B&M Care)
Registered Managers	Mrs. Catrina Clark Mrs. Karen Louise Langley
Overview of the service	Clare Lodge is care home for up to 24 older people or people with dementia.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

Although two managers are currently registered for this home, we were told that one of them has not been in post for over one year. We saw staff speaking to people who used the service with courtesy and respect and we saw evidence that people were involved in decision making. Their views were respected and their human rights were protected because appropriate steps were being taken to obtain their consent. We found evidence that people's safety and welfare was protected through risks being identified, assessed and managed. We observed that food was plentiful and of a good standard. When asked if there was enough to eat a person told us 'yes! I'll go bang!'. People told us they found the manager approachable and staff told us she was supportive. One staff told us 'she has brought us together, given us stability and structure'. We saw that, although there were gaps in training, the manager had made good progress to address this over the last year. We saw that plans were in place to continue bringing training up to date. Supervision was not taking place regularly and this could mean that staff were not being supported adequately to provide good care. We found that, although the home had a number of ways in which they gathered views about the quality of the service, there was no evidence that the information had any impact on the care provided. Monitoring visits by the Provider take place regularly but we found an example where concerns had not been followed up as agreed.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 05 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We observed the interaction between staff and the people who used the service. We saw staff speaking to people with courtesy and respect, showing warmth and sharing good humoured conversations. A professional who was visiting the service told us 'there's always stuff going on here, the atmosphere is warm and there's lots of laughter and energy'.

We saw that people were involved in meaningful activities that reflected their preferences. For example, we saw the activities coordinator and a person who used the service doing some dress making. We were told that the person used to be a seamstress and that she was teaching the staff member how to cut fabric from a pattern. We also saw a poster reading 'we need your recipes!' inviting people, families and staff to share favourites for a recipe book being put together by the home. This showed us that people's skills and experiences were valued and respected by staff.

Systems were in place to ensure that people's consent to treatment was obtained and recorded. We saw that care plans were signed. We also saw that people's consent to administer medication was obtained and signed for. On one person's file we saw a do not attempt resuscitation form. This was signed by the person themselves. This form was designed by the provider. It clearly stated that proof of lasting power of attorney (LPA) would be required by any party signing on behalf of a person. This is important because it showed us that people were involved in decision making about their care and treatment, their views were respected and their human rights were protected.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We were informed by the manager that the care planning format was in the process of being updated. She explained that she has been working with staff over the past year to improve their understanding of care planning as an essential tool for their work. Staff we spoke with told us that they referred to the care plan as one of the ways in which they got to know a person's needs and preferences. This told us that care plans were live documents and actively used by staff to support their work.

We looked at three randomly selected care records. Each plan we looked at showed that the person had an initial assessment on admission to the home which detailed their individual needs and preferences. Care plans were detailed and personalised, noting the views and decisions made by the person. The care plans we looked at were signed by the person who used the service. The care records did not include a life history although there was a one page profile which provided some detail about the person's life.

Care plans contained a record of review dates which enabled staff to see clearly which aspects of care were due for review. This ensured that changes in people's support needs were identified and plans were kept up to date. Care plans were also amended in response to people's comments and requests and by events that made changes necessary. For example, a person had requested that they have regular access to refrigerated water as they liked their drinks to be cold. This was added to the care plan to enable all staff to be aware of this preference.

Risk assessments were recorded and regularly reviewed. Risks were identified, action to minimise the risk and target dates were recorded. For example, a person was identified as being at an increased risk of falling when getting out of bed. The action taken to reduce the risk included the person moving rooms to be closer to staff, and a pressure activated sound pad being placed by their bed. This was linked to the call system so staff could hear it wherever they were in the building. The GP was consulted and a referral to the falls clinic was made.

We heard evidence that people were supported to maintain contact with family and friends.

One person told us 'it's nice, we're lucky here, everyone is kind and there are no petty restrictions. Visitors can come whenever they like'. A relative told us 'it's really nice, personalised. I feel involved in decisions and feel welcome'. This enables people to have their social needs met and promotes their wellbeing.

A visiting professional told us 'it's very good, they always call us if there is a concern, they do what we ask them to do and they are always helpful'. This showed us that the home protected people's welfare and safety by consulting other professionals and acting on their advice.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Mealtimes were well spaced across the day with opportunities to have drinks and biscuits in between and before going to bed. We were told that people could have hot drinks at anytime they wished. A drinks trolley placed in the lounge had a variety of cold drinks that were available throughout the day. We saw jugs of water or juice in bedrooms. We saw staff offering and refilling drinks throughout the day. This told us that people were getting good opportunities to drink which reduced the risk to people of dehydration.

The people we spoke with told us that the food was good overall although one person told us that it varied. All the people we spoke with confirmed that they had adequate choice of meals and enough food. One person told us 'Enough? Oh yes, I could go bang!'

During our observation at lunchtime, we saw that the food was freshly prepared, nutritionally balanced and well presented. There was choice of two hot options and a variety of salads. There was also a choice of puddings. People told us that they could request something different if they did not like anything on offer and that the chef would find something for them. During lunchtime, the chef was serving the food and asked if everyone had enough to eat.

Weight was monitored on a monthly basis and all records we looked at contained a nutrition assessment. Food and fluid intake was only monitored if a person was unwell or there was a clinical need to do this. This showed us that the home had ways to monitor risks related to nutrition and hydration and tailored their responses according to the individual needs of the person.

The home sought the advice of outside professionals about people's needs in relation to eating and drinking. For example, a dietician was consulted when a person was shown to have lost weight, and a speech and language therapist had assessed a person with swallowing difficulties. This meant that staff had taken steps to ensure that they had good information in order to support people appropriately.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service feel safe and that the manager is approachable. A person told us she felt able to raise any concerns but had not had cause to do so.

We spoke with a visitor who told us that they felt confident that the manager would listen to any concerns and act accordingly.

Since taking up her post, the manager had ensured that all senior staff had been trained in safeguarding as a priority. She told us of plans to train the care assistant staff in the near future. We spoke with two members of staff who confirmed that they had received training in the safeguarding of vulnerable adults and one staff who had not. All the staff we spoke with were able to give examples of what abuse is and tell us what they would do if they had concerns. All were clear in their understanding of their duty to report potential safeguarding issues. They all described the manager as approachable and confirmed that they believed she would act on any concerns they raised.

One staff member we spoke with considered that their colleagues were open to challenges about their practice and considered that this enabled staff to maintain high standards of support.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff we spoke with told us that they felt supported by the manager and the provider. One staff member told us that the manager 'always has an open door. She is very supportive'. Another said that the manager 'had brought us together, given us stability and structure'.

Shift handovers were completed routinely and a written record was kept. This enabled staff to know what had taken place on the previous shift and supported them to offer continuity of care to people.

There was a supervision system in place which supported staff to contribute to the agenda. This meant that they could discuss issues that arose in the course of their work as well as consider areas requiring training and development. The provider aimed for four to five supervision sessions per staff member per year. The home was not meeting this target. All staff had received less supervision than this and some staff had only received two supervisions. One staff had only had one. This meant that staff may not have received proper guidance or support to provide good care to people who used the service. Although staff felt they could talk to the manager, the lack of formal supervision meant that these discussions were not recorded and action taken was not evident. We found that some supervision records were being kept in a file on an open shelf in the office. This meant that potentially confidential or private information raised in individual supervision session was accessible to all.

All senior staff had NVQ level two; the team leader had level three, which the deputy was also working towards. The manager had a level four. At least one management member of staff was on duty at all times during the day. At least one senior staff was on rota at night. This meant that there were appropriate numbers of suitably qualified staff on shift.

The current manager had been in post for just over one year. The training records we looked at showed that she had worked hard to address a shortfall in training within the home. She had identified ways to support staff to access training more easily. This included in house training and the use of training DVD's and computer programmes. A

newly appointed deputy manager had taken responsibility for coordinating training within the home. A three monthly training plan had been put in place to support the completion and upkeep of mandatory and additional training across the team. This meant that, whilst there were gaps in the training completed by staff, we saw evidence that the home was taking reasonable steps to address this.

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The home had a number of ways in which they sought the views of people who used the service and their relatives. We found that there was little evidence to show how people's views had been used to influence changes in the home or the care provided within it. For example, there had been a comprehensive survey completed by people, their relatives, staff and involved professionals asking for their views on a wide range of issues related to the care people experienced at the home. The results of the survey had been printed in diagram form and displayed in a book in the foyer. However there was no information to inform people of what action had been taken as a result of this survey.

Regular meetings are held with the people who use the service where their views about aspects of living in the home are raised. There were no records of actions taken, responsibilities or target dates identified. This meant that people's views, whilst sought, may not have been used to change the outcomes for people living at the home.

Regular staff meetings took place, but we found that responsibilities, action and target dates were not recorded. This meant that there was no record of the outcome of any decisions made

There were regular visits to the home from the provider. During one visit in May 2012, some issues relating to medication had been identified. Action was set and a target date for review was put in place for three months time. However, at the time of our visit the review had not taken place and no outcomes had been recorded. This meant that the system in place to assess and monitor the quality of the service was not being used effectively.

The people we spoke with told us they felt that their comments and complaints were listened to. One person commented that the home had responded to an issue they had raised but 'they took a long time to sort it out'. However, a relative we spoke with told us that 'staff are lovely (my relative) is safe and any niggles are dealt with quickly'.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: Although there was a system for supervision within the home, staff were not receiving formal supervision on a regular basis. (regulation 23 (1) (a))
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The home had ways in which they sought the views of people, relatives, staff and professionals about the care provided. However, there was no evidence that action to change outcomes for people had resulted from these views. (Regulation 10 (2) (b) and (e)). A provider visit had highlighted concerns and set a date for review, but this was not followed up. Regulation 10 (1)(b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 March 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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