

***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: 06 June 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	B & M Investments Limited
Registered Manager	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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Clare Lodge Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Supporting workers
- Assessing and monitoring the quality of service provision

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 6 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

This was a follow up visit to check that the required improvements had been made. We observed people who used the service sitting in various places throughout the home, including the lounge, the dining room and in the garden. People looked happy and relaxed in their environment. We saw staff interacting and assisting people who used the service and noted that people were treated with courtesy and respect. People were asked what they wanted to do and were able to choose where they wanted to sit, and what activities they wanted to participate in.

We looked at people's care plans and noted people had an assessment of needs carried out, there were care plans in place and these in most cases, these had been reviewed recently to reflect people's current care needs. We observed that food was plentiful and of a good standard. When we asked people what they thought of the food, most were very complimentary.

People told us they liked the staff and the manager and said they were well supported.

We saw that there was an action plan in place and progress had been made on addressing identified concerns and the manager was continuing with getting things up to date. We found that, although the home had a number of ways of collecting feedback and people's views about the quality of the service, they had not yet collated the results of the quality assurance data. However this was sent following the inspection.

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

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

Care and welfare of people who use services

✓ Met this standard

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

We reviewed the care plans for three people who lived at Clare Lodge. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff told us they looked at people's care plans to ensure there were no changes and that they were providing the correct support to people. Staff were required to sign to say they had read the care plans.

We observed that all the people who lived at Clare lodge were well presented. People told us that they had been assisted with personal care on the day of our visit. The manager told us that she had been supporting staff to provide person centred care to people and to support them in updating care plans to enhance their knowledge of 'care planning'. Care plans were detailed and records were kept about people's skin integrity, nutritional requirements, weight, likes and dislikes and were referred to as part of the daily care routine. This assisted staff with planning person centred support and ensured people's current needs were being met.

Care plans were reviewed when there was a change to the person's needs or abilities and at six monthly intervals. Risk assessments were also reviewed anytime there was a change to the person's ability and again at six monthly intervals. If risks were identified, action to minimise the risk and time scales were recorded. This ensured that changes in people's support needs were identified and plans were kept up to date.

People who used the service told us they were very happy living at Clare lodge. One person told us 'it is like your own home' and that they liked 'having company'. Another person told us that they liked to be 'involved in decision making' in the home and felt they were consulted on everything that happened within the home. This enabled people to have their social needs met and promoted their wellbeing.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We observed staff interacting well with people who lived at Clare lodge. People told us that the staff were 'lovely' and that they were 'well looked after'. Staff we spoke with told us that they enjoyed working at Clare lodge and were well supported by the manager. One staff member told us that the fact that it was a 'small home' made it much more personalised. Staff said that they knew all the people very well and this made caring and supporting them less task orientated and more interactive and personalised.

There were three staff on duty on the day of our visit and we reviewed the files of these staff to check that they were being supervised, supported and managed effectively.

The records we reviewed demonstrated that staff had received regular supervision. The records demonstrated that staff had one to one meetings with their manager approximately every two months. In addition staff were invited to attend team meetings. These were scheduled so that as many staff as possible could attend, and minutes were available for all staff to read so that everyone was aware of what was discussed at the team meetings. This meant that staff received appropriate guidance and support to enable them to care for people who used the service.

Staff had attended various training courses as well as the mandatory annual refresher training. So people who used the service were cared for by staff that were competent and had the necessary skills and experience.

Staff had an annual appraisal which was an opportunity to review their work, training needs, work patterns and any issues relating to their role within Clare lodge. Actions were agreed and a clear record was kept. The development of staff was supported through a regular system of appraisal that promotes staff professional developments and requirements.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The manager told us about various systems that were in place to capture feedback and views from people who used the service.

An annual survey had recently been completed and the results were in the process of being collated. People who used the service, their relatives, staff and professionals were all able to participate in the feedback. This gave the service an opportunity to improve by learning from the feedback that the range of people had given them. The manager provided us with a copy of the results following our inspection visit to Clare lodge.

We noted that where a negative comment had been received an action was put against this detailing how it would be addressed and all actions were time limited. This meant that the service had an effective quality monitoring system in place which enabled them to make any necessary changes required to minimise the risk and or improve the quality of care people received.

There were residents meetings in place for people who used the service where their opinions and views about all aspects of living in the home were raised. The outcomes were analysed and fed into the homes overall strategy plans and were used to improve the experiences for people who lived at Clare Lodge.

We spoke to five people who used the service and all were very complimentary about the care, environment and the staff at the home. People also commented positively about the food. People that we spoke with told us they felt that their comments and complaints were listened to, and acted upon.

People's health, safety and welfare were promoted because the provider had an effective system in place to monitor the quality of care.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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