

Sanders Senior Living Limited

Claridge Place

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Claridge Place is a residential care home providing personal care to up to 77 people. At the time of our inspection 33 lived at the home and one of those people was in hospital. Accommodation is available over three floors. Communal areas included dining rooms, a courtyard garden, hairdressing salon and a bistro.

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

People and their relatives told us Claridge Place was a safe place to live. Staff spoken with knew how to protect people from the risk of abuse and the registered manager had shared important information about safeguarding concerns with us as required.

The management of risks associated with people's care had improved since our last inspection and a personalised approach to risk management was embedded. Staff knew how to provide safe care to people. Staff had been recruited safely and there was enough of them on duty to meet people's needs. People received their medicines when they needed them from trained staff. The home was clean, and visitors were always welcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The leadership of the service had been strengthened since our last inspection and lessons had been learned when things had gone wrong. The providers systems and processes to monitor the quality and safety of the service provided were effective.

The management team worked in partnership with other professionals to ensure people's needs were met. The culture of the service was inclusive. People and their relatives felt listened to. Their feedback was welcomed and used to improve outcomes. Staff felt supported and understood what the provided expected from them.

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 June 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Claridge Place on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Claridge Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Claridge Place is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Claridge Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Our inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also gathered feedback from local authority commissioners who work with the service. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with six people to find out what it was like to live at the home. We observed the care and support provided in communal areas. We spoke with seven people's relatives and one person's friend about their experiences of the care provided. We spoke with ten members of staff including the registered manager, the deputy manager, the customer relations manager, the receptionist, the head housekeeper, four care assistants and one team leader.

We reviewed seven people's care records and eight people's medication records. A variety of records relating to the management of the service, including staff training data, compliments and quality audits were looked at. We reviewed the recruitment records of three staff to check they had been recruited safely.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk management had improved since our last inspection. Risks associated with people's care and support had been assessed and guidance was in place to help staff provide care safely. This included risks associated with eating and drinking, mobility, falls and sore skin.
- Staff provided examples of how they kept people safe. For example, they lowered the height of one person's bed to reduce the risk of them being injured if they fell out.
- A personalised approach to risk management was embedded. One person lived with dementia no longer recognised their reflection when they looked into a mirror which made them feel frightened. Mirrors had been removed from the person's bedroom to make them feel safe.
- Regular checks of the environment and equipment in use took place to make sure it was safe to use, and the home was a safe place for people to live.
- Staff completed fire safety training and understood the actions they needed to take in the event of a fire to keep people safe. Emergency contingency plans to manage unforeseen events such as a power failure were in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- All people spoken with felt safe living at Claridge Place. One person said, "I feel safe here as I know if I had a fall or was poorly someone would be helping me really quickly." A relative commented, "I feel my mom is safe, I can walk away knowing she is well looked after."
- Safeguarding systems were effective. Staff had completed safeguarding training and discussions confirmed they knew how to protect people from harm or abuse. One staff member said, "If I saw

unexplained bruising on someone's skin, I would report it to the senior and document it. It could be a safeguarding."

- The registered manager understood their legal responsibilities to keep people safe. They had shared important information with us (CQC) and the local authority, when required.

Staffing and recruitment

- Enough staff were on duty to provide safe care to people during our visit. One person said, "Always a staff member about if you need one."
- Staff had been recruited safely. Completed recruitment checks ensured staff working at the home were suitable. Checks included Disclosure and Barring Service (DBS) checks. The checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The management of medicines had improved, and people received their medicines safely.
- People told us they received their medicines as prescribed. A relative commented, "[Name] is on antibiotics. The course of treatment has worked because staff have made sure every dose has been administered."
- Staff administering medicines were trained and their competency to do so was checked by their managers to ensure they followed best practice.
- Some people were prescribed medicines 'as and when required.' Protocols were in place to inform staff how and when those medicines should be given. For example, to manage pain.
- Effective processes were in place for the timely ordering, supply and safe disposal of medicines.
- Checks of medicines took place. That meant any errors could be identified and addressed.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On occasions staff did not wear their face masks in line with the providers expectations when they spoke with us. The registered manager took immediate action to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed government guidance around visiting. People confirmed their visitors were always welcomed at the home.

Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong. Accident and incidents were recorded and analysed by the registered manager to identify triggers or patterns. Action had been taken to prevent recurrence. For example, specialist advice had been sought in an attempt to prevent some people from falling.

- Staff had opportunities to attend debriefing and reflective practice sessions following incidents or when things had gone wrong to support continual improvement to benefit people.
- The provider had shared lessons they had learnt from other services within their organisation to improve safety within the home.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires Improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Provider and management level oversight of the service had improved since our last inspection. The feedback we gathered from people and their relatives demonstrated good quality, safe care was provided. One person said. "It's got better since the new managers came. I recognise their hard work, they are good."
- The providers systems and processes ensured the service continued to improve and learn. The management team promoted a culture of learning. Staff reflected on their practice when things went wrong, and lessons learned were discussed in staff meetings.
- Some staff had received specific training and had taken on the role of 'champions' which focussed on different aspects of people's care including dignity and dementia. This approach meant those staff shared best practice and their knowledge with the staff team to benefit people.
- Plans were in place to continually improve outcomes. This included further developing links with the local community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had changed since our last inspection. The registered manager and deputy manager had worked at the home for seven months at the time of our inspection. They felt supported by the provider and they had the knowledge and skills they needed to perform their roles well.
- Quality assurance systems had been embedded and strengthened. Effective audits and checks monitored the quality and safety of the service provided. Areas checked included people's risk assessments to ensure they contained up to date and accurate information to help staff provide safe care.
- Staff understood what was expected from them. They told us their work practices were frequently observed by their managers to ensure they worked in line with the providers expectations.
- The latest CQC inspection rating was on display in the service and was also available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the home and how they spent their time. People told us they had been involved in interviewing staff who had applied to work at their home and some people had enjoyed a day trip to the seaside.

- People spoke positively about the leadership of the service and their feedback was welcomed and listened to. For example, in response to feedback an assistant deputy manager had been appointed. That meant a manager was on duty seven days a week.
- Relatives felt the culture at the home was open and was inclusive. One relative said, "We are always being asked to complete surveys and attend relatives' meetings. Everything the manager has said they would do has been followed through. I'd live there myself if I could."
- All staff spoken with felt supported by their managers. Comments included, "We have monthly staff meetings and supervisions. The manager does listen," and, "I am confident to speak up. I had an issue before and (Registered manager) sorted it out and came back to me and told me the outcome."
- The home had been awarded a score of 9.8 out of 10 on an independent care comparison website. In the six months prior to our inspection fifteen reviews submitted by people and their relatives had awarded the service a maximum of five stars for their overall experience.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff worked with other organisations including GPs and district nurses to support people's needs.
- The service had received positive feedback from health professionals they worked with. In July 2022 one health professional had provided feedback about the leadership, communication and the culture at Claridge Place. Their comments included, 'We are seeing improvement in patient care and communication between Claridge place and local surgeries.'
- The service welcomed audits and checks from external partners to sustain good practice. For example, infection prevention and control audits by the local clinical commissioning group. The registered manager commented, "It's a good way to check we are doing the best that we can."
- The registered manager understood their responsibility to be open and honest when things went wrong in line with their responsibilities under the duty of candour.