Clovelly House Care Home Limited

Clovelly House Care Home

Inspection report

18 St Michaels Road
Newquay
Cornwall
TR7 1RA

Tel: 01637876668

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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

This unannounced comprehensive inspection took place on the 8 January2018. The last comprehensive inspection took place on the 5 January2016. The service was meeting the requirements of the regulations at that time.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Clovelly House Care Home is situated in close to the centre of Newquay. The service provides single room accommodation for up to nineteen predominantly elderly people who need assistance with personal care, including those with a dementia related illness. At the time of the inspection there were fourteen people using the service. The service is situated over two floors which are serviced by a passenger lift. There are a number of rooms with en suite facilities and enough bathrooms including assisted baths on both floors. A lounge and dining room are situated on the ground floor with a conservatory at the front of the service. There are a range of aids and adaptations to support people with limited mobility.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's risks were being managed effectively to ensure they were safe. Records recorded changes in people's level of risk and how those risks were going to be managed.

We observed staff providing support to people throughout our inspection visit. The staff were kind, patient and treated people with respect.

We found staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at the home.

People and family members all spoke positively about the service. They told us that they or their relative was safe living at the service and that staff were kind, friendly and treated people well. They told us that the manager was always available and approachable. Comments included, "[Relative] is in the best place. We leave here knowing [Person's name] is safe. It gives us so much comfort," and "I love living here because get all the help I need."

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

The service was suitably maintained. It was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed and there were appropriate procedure in place to manage infection control risks.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff, relative and 'resident' meetings to seek their views about the service provided.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Clovelly House Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

The inspection was undertaken by one adult social care inspector.

Before our inspection visit we reviewed the information we held on Clovelly. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the service.

We spoke with a range of people about the service; this included six people who lived at Clovelly and two relatives, four staff members and the registered manager and deputy manager. We also spoke with a visiting health professional during the inspection.

We looked at care records of three people who lived at the service, training and recruitment records of two staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Our findings

We asked people who lived at Clovelly if they felt safe living and receiving care there. Comments received included, "I certainly do feel safe. Knowing there is someone there if I need them." "I have felt safe from day one. The staff is very good, kind and patient and always around if you need them." A visiting relative said, "We know we made the right decisions as soon as [Person's name] came to live here. The staff are always looking out for the residents. This makes us so much more relaxed."

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as nutrition and hydration, skin, mobility and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed. Records were up to date to show where risk levels had changed. For example, a person's mobility had deteriorated in a four month period. Staff had responded to the changes by making the necessary referrals to ensure suitable equipment was in place to safely support the person.

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

The service held a policy on equality and diversity which was shared with staff during induction. Its aim was for people to be valued for who they are and to be treated as individuals. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. There was a strong focus on protecting people's human rights.

During the inspection we observed that there were sufficient numbers of staff to meet people's needs. People using the service told us there were enough staff around to meet their needs. Staff told us that there were busy periods but that they felt they could meet every bodies needs in a timely way. Call bells were responded to quickly and people told us they never had to wait long for staff to answer their calls.

A number of people preferred to stay in their rooms for most or part of the day. Staff were observed to frequently check on people's welfare in their own rooms. Staff were attentive to people's needs and when they required assistance. The deputy manager told us that staffing levels were arranged according to the needs of the people using the service. One person's relative said, "I never have any concerns about the levels of staff. They are always a round when we visit."

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future. For example, people were referred to the falls team for advice, pressure mats were used to alert staff if a person was up and moving around and staff ensured people used their walking aids appropriately.

Medicines were administered to people by staff that were competent to carry out the role safely. There were regular training updates to ensure practice was up to date and staff were using current pharmaceutical guidance and legislation. Medicines were being administered as prescribed. Medicines storage cupboards were secure, clean and well organised.

Some prescription medicines required stricter controls. The controlled drug records were accurately maintained. When checking one person's record the balance of this type of medicine was accurate and records showed it was always checked by two appropriately trained staff.

There were personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Equipment had been serviced and maintained as required. Records were available confirming gas and fire systems were being maintained and were safe to use. The electrical certificate was not available on the day of the inspection but the registered manager informed us that another service was due in April 2018. Equipment including moving and handling equipment (hoist and slings) were safe for use and were being regularly serviced. We observed they were clean and stored appropriately so people were safe when moving around the premises.

The environment was clean, tidy and maintained. One staff member said, "We take a pride in making sure the home is always clean." There were designated staff for the cleaning of the premises. Infection control procedures were in place and regular checks were made to ensure cleaning schedules were completed. During the day of inspection we observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

Good

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "I trust all the staff. They all know what they are doing. They all know how I like things done."

People's needs and choices were assessed prior to moving to Clovelly House Care Home. People were able to visit or stay for a short period before moving in to the service. This helped ensure their needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service. Staff were currently carrying out one of these assessments with a person who had visited for respite care. Staff said, "We get as much information as we can just to get to know what residents need."

People's healthcare needs had been monitored and discussed with the person or relatives as part of the care planning process. Two family members told us the manager kept them up to date with their relative's health and if any changes occurred. Care records showed visits from health professionals including General Practitioners (GP's) and district nurses were taking place as required.

People using the service said staff and the managers knew them well and understood the best way to support them. A visiting health care professional told us that staff were skilled at meeting the needs of people at the service and were competent in supporting them with their conditions. They said, "I am very confident with this home. Staff listen to any guidance we may give them and carry out any instructions. They keep in regular touch and make us aware of any issues very quickly."

Staff told us and records showed that their training was update regularly and development needs met. Staff said training helped them to provide the necessary support and care to people. Staff received regular supervision and advice from the manager and attended meetings. One staff member told us, "We are really encouraged to do all the training that comes up. We are doing fire training this afternoon." Staff had regular access to the manager or senior staff if they needed additional support in a less formal way. A staff member said, "We [staff] can always ask for advice, they [managers] are always there for us."

Training records showed staff were provided with training the provider considered mandatory such as moving and handling and infection control. Staff had also undertaken a variety of further training related to

people's specific care needs such as dementia care, diabetes care and care of the dying. People and relatives told us they felt the staff were well trained, competent and knowledgeable.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own.

There was no assistive technology being used to support people such as pressure mats to alert staff when people were moving around. However, the manager was aware of such technology and would embrace it should it be identified as necessary to support people.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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 MCA. The application procedures for this in care homes and hospitals are 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 were being met. There were no restrictions in place although a best Interest meeting was planned following a person's deterioration in mental capacity. There were no current DoLS authorisations in place at the time of the inspection.

Throughout the morning period people were getting up and moving around the service. Others remained in their rooms. A staff member told us "There are no rules and when residents want to stay in their rooms we accept that." Breakfast was being served throughout the morning and this showed there were no restrictions in times for meals.

We observed the lunchtime meal being served. It was a relaxed occasion with people being served lunch in a bright dining room. Cutlery and napkins were laid out. People were engaging with each other throughout lunch. Some people chose to eat meals in their rooms. Others were being supported by staff. Snacks and drinks were always available to people outside of mealtimes. Comments included, "The food is wonderful no problems at all," "They [staff] know what I like and don't like. They always ask me if everything is Ok" and "If I fancy something later on they [staff] always get me something I fancy."

The service had been awarded and maintained a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Care records contained evidence that where people were able had signed consent to all aspects of their care. This covered, for example, personal care needs, meals and medicines. The manager and staff were aware of the importance for people who lived at Clovelly to give consent to receive care and support.

Clovelly was suitably furnished and decorated. When rooms became vacant they were decorated. People had personalised their own rooms with items of furniture, picture, ornaments and photographs. One person said, "My room is like home from home. I have a lot of lovely reminders of the wonderful life I have led." Each room had a call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

There was a lack of signage around the service. At the entrance a board recorded room numbers and the names of people against their room. However, there were no numbers on doors. We discussed this with the manager who stated they had nobody who currently lived at the service who did not know their way around. However, they did acknowledge people new to the service or people who may become confused when moving around would benefit from signage. The registered manager informed us after the inspection of the service that this was being considered.

Good

Our findings

People who lived at Clovelly told us they were happy and felt the care provided for them was very good. Comments were positive and included, "Very well looked after by all the staff," and "Nothing is too much trouble and so respectful." We also received comments from relatives who said, "We are so happy [relative] is here because the care is so good."

Staff had time to sit and chat with people. We observed many positive exchanges between staff and people living at Clovelly. For example, taking time to sit with a person and support them with their meal. It was carried out in a kind and sensitive way. Relatives and healthcare professionals told us staff and management were kind and caring. One person became anxious, in their room during the inspection. Staff knew what the best way of managing this event was and by kneeling and speaking at eye level soon calmed the person. They then supported the person into the lounge where they became engaged with another person for a short time.

People said they were involved in their care and decisions about how they wanted to receive support. They told us staff always asked them if it was alright with them before providing any care and support. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However, some people were very frail and consultation could only occur with people's representatives such as their relatives.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. A staff member said, "We take time to get to know residents by talking with them or their families. It gives us a reference to start a conversation."

There was an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind and patient when supporting people. We observed staff knocked on bedroom doors and waited for an answer prior to entering the room. One person we spoke with who lived at the home said, "They always give a knock and ask if it's alright to come in."

People were able to make choices about their daily lives such as what time they got up in the morning and went to bed at night. People were able to choose where to spend their time, either in the lounge area or in their own rooms. Some people chose to spend most of their time in their rooms. Staff regularly visited these

people to have a chat with them and check if they needed anything. This ensured people were not at risk of social isolation. A staff member told us, "Its important residents have the choice to spend time in their room, all day if they want, but we [staff] make sure they are checked on regularly, just to have a chat or make sure they are OK."

Staff told us visitors were always welcome. Family members arrived to visit their relative during the inspection. They told us there were never any restrictions as to when they called and staff always made them feel welcome. They told us, "Come most days and always made to feel welcome. No problems."

Good

Our findings

People who lived at Clovelly told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Care plans were generally reflective of people's needs and had been regularly reviewed to ensure they were up to date. For example, when a person's health had deteriorated additional welfare checks had been put in place. There was limited information about why some changes had occurred or had been put in place. We shared this with the manager who acted to review the plans and provide the additional information to support the decision making process. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Staff spoke knowledgeably about how people liked to be supported and what was important to them. A staff member said, "Everybody has different needs and we understand that so we can respond in a way which meets those needs," People and their visitors told us staff knew how to care for them. Comments included, "[Person's name] has everything they need living here and the staff understand what [Peron's] needs and how to provide it."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans confirmed the services assessment procedures identified information about whether the person had communication needs and how they should be met. For example, where a person was registered blind the service had communicated with the local blind society so they had access to the 'talking book service'. They also advocated on behalf of the person to arrange visits from the Royal Voluntary Service, Blind Veterans and a Catholic organisation.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered.

Throughout the inspection visit staff consistently offered people choice in their daily activities. For example, staff checked what people wanted to do in terms of daily activities. One person had chosen to stay in bed during the morning as they had had a disturbed night's sleep. People were asked where they preferred to sit when entering the lounge area. For example, a staff member said, "[person's name] it's a nice day to look out of the window, would you like to sit here today [close to a window]?" Where people had chosen to stay

in their rooms, staff were observed to make regular visits to them to check if they needed anything. This demonstrated the management team and staff used a person-centred approach in response to people's preferred daily routines and activities.

We looked at activities the service provided to ensure people were offered appropriate stimulation throughout the day. People were asked at regular resident meetings about activities and what they might like. The manager told us this meant that rather than just putting activities in place they could present activities which people had a genuine interest in. For example, there had been a busy run up to Christmas with a community lunch attended by a number of residents. One person said, "It was a lovely afternoon. Everybody enjoyed it." People went out every few months with the 'lions' organisation, who provide community trips on a regular basis. The service had held coffee mornings leading up to Christmas and staff said they were well received. There were external entertainers who visited the services. For example 'drums up'. A group who encourage participation from people. Some people told us they liked their own company and chose not to engage in activities. Staff understood and respected this.

People's spiritual needs were identified and respected during the assessment process. In order to meet those needs staff had supported a person to attend church. However the person's health meant this could no longer occur but the service had engaged with local clergy. Visits were arranged from three denominations to provide services at the home either as a group or individually.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain and told us they were happy with the service they received. The deputy manager told us they aimed to respond to concerns raised immediately to prevent them developing into a formal complaint.

The service aimed to support people to the end of their lives wherever possible and with the support of other health professionals. People had been supported to remain at Clovelly where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Where possible people's end of life wishes were recorded and responded to. For example contacting specific people or putting personal things in place which meant a lot to the person. This ensured staff had the necessary information to support the person wishes.

Good

Our findings

The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager in post. People, relatives, staff and visiting healthcare professionals told us the manager was approachable and friendly.

People who lived at Clovelly and relatives told us they were happy with the way in which the service was run. One person said, "I am so happy here, I wouldn't want to live anywhere else." Relatives said, "This is such a lovely well run home. [Person's name] is so happy here" and "Having [Person's name] here gives us total peace of mind."

There were clear lines of responsibility and accountability with a structured management team in place. The registered manager and deputy manager had many years' experience of managing the care home. They were knowledgeable and familiar with the needs of the people they supported. The deputy manager confirmed they were clear about their role and provided a consistent well run home. This was confirmed by relatives and staff we spoke with who said, "[Managers name] is always available if we need to speak with them" and "We feel very confident in the way this home is run. It always seems to be well organised whenever we visit."

The registered manager and deputy manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Staff told us the managers were always available and if not in the home they were available by phone. A staff member said, "They [managers] are close by and here in a few minutes if there is a problem." Staff spoke positively about the management team. For example comments included, "The managers are very supportive." Also, "If you have a problem the door is always open and they are both supportive."

There were systems in place to support all groups of staff. Staff meetings took place regularly f. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to

voice their opinions or concerns regarding any changes.

The management team had a number of ways to measure and improve the quality of Clovelly for the benefit of the people who lived there. For example surveys were sent to relatives/residents annually. The last survey in 2017 was positive and comments included, "You [management and staff] should all be very proud of the care you provide," "Thank you for all the care shown to [Person's name]," "Staff keep me safe and comfortable" and "New staff are always introduced to me." People reported they felt the staff were professional, knew them well and respected their wishes. Relatives felt able to visit at any time and were very happy with the service provided at Clovelly. Staff felt valued and enjoyed their work.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans, infection control, environment, staffing levels and ensuring people's birthdays and anniversaries were celebrated. People were regularly engaged with through regular meetings and day to day informal communication.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements.