

Aegis Residential Care Homes Limited

The Clough Care Home

Inspection report

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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

About the service

The Clough Care Home is a detached property with large gardens, located in a quiet residential area in Bolton. There are 30 rooms, two of which are shared. The Clough provides accommodation and support for up to 32 older people. On the day of the inspection there were 28 people using the service, two of whom were currently in hospital.

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

At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to manage medicines properly and safely and systems had failed to identify missing documentation relating to health and safety. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Medicine systems were safe. All necessary health and safety records were in place and general and individual risks were documented and addressed as required.

There were appropriate systems to keep people safe from the risk of abuse and there were enough safely recruited staff to meet people's needs. Staff had a thorough induction and training was plentiful and on-going.

The home was clean and fresh throughout and infection control measures were in place. There was ample room for people with restricted mobility to move about. A very pleasant large garden area was available for people to utilise in good weather

Prior to admission a full assessment of people's needs was completed. A new electronic care plan system helped ensure information about people's support needs was kept up to date.

The dining experience was pleasant, food was nutritious, drinks were plentiful and people were given lots of choices. People's special diets were adhered to and weights were monitored as needed and issues followed up as required.

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.

There was an equality and diversity policy and procedure in place and staff undertook training in this area. People were encouraged to express their opinions via regular themed surveys and meetings. Staff were seen to respect people's dignity and privacy.

Staff members assisted with activities, such as games and exercises during the day. There were also externally sourced entertainers who visited the home to provide some stimulation.

There was information about how to complain in the entrance to the home, and a complaints/compliments box for people to use.

Advance care plans were included within care files to ensure people's wishes for when they were nearing the end of their lives had been documented.

A system of monthly audits had been implemented and these helped the service to identify and address any issues. The manager was approachable and supportive to people who used the service, relatives and staff.

Appropriate referrals were made to other agencies, such as dieticians and speech and language therapy teams (SALT). The home was part of the Bolton Care Excellence scheme, which aims to improve the health, care and experience of the people of Bolton.

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

Rating at last inspection (and update)

At the previous inspection (published 18 September 2018)) the service was rated Requires Improvement. This was because there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, relating to poor recording and unsafe medicines management. The provider completed an action plan after the last inspection to show what they would do and by when to improve

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Clough Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Care Act 2014.

Inspection team

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

Service and service type

The Clough is a 'care home'. 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.

The service had a manager who was in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked the service to complete a Provider Information Return, which we received. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with twelve people living at the home about their experiences of the care provided. We also spoke with one visiting relative.

We spoke with the manager, the deputy manager and two members of care staff. We reviewed three care files and three staff personnel files. We looked at other records held by the service, including training records, health and safety records, meeting minutes audits and other records about the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider had failed to manage medicines properly and safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were administered safely and safe systems were in place for ordering, storage and disposal. We looked at records of controlled drugs (CDs). CDs are prescription medicines subject to controls under the Misuse of Drugs legislation. The records tallied with the count of medicines stored.
- Records of medicines were clear and audits were being carried out on a monthly basis to ensure any issues were identified and addressed.
- Medicines room and fridge temperatures were recorded daily and these records were complete and up to date.
- Appropriate training was undertaken by staff. Clear procedures were in place and available to staff to check guidance when required.

Assessing risk, safety monitoring and management

At the last inspection the provider had been unable to supply documentation to demonstrate that the correct health and safety checks had been undertaken. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- All necessary health and safety records with regard to environment, fire precautions, water systems and environmental risks were in place. Checks and servicing of equipment were undertaken regularly and any issues identified were followed up with actions. These were recorded appropriately.
- There was a maintenance person at the home who was responsible for some of the environmental checks and carrying out general repairs. Two bathrooms were observed to be in need of attention, one lacked window restrictors and the other had a ladder which could have been stored more safely. The window opened quite wide and someone could potential have fall from this window. The ladder could have come

unfixed and fallen on someone, causing harm. These issues were dealt with immediately and made safe by the manager.

- There was a staff call system which was checked on a monthly basis.
- Individual risk assessments were kept within people's care records and reviewed and updated regularly to ensure they remained current. Appropriate equipment, such as sensor mats and walking aids, were used to help maintain people's safety and well-being.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Comments included, "I do feel safe it is enclosed, there is no outside threat and I have no concerns about being here"; "It's alright here I'm not frightened about anything I'm quite happy here"; "I definitely feel safe the carers are lovely and I have a lot of respect for them".
- There were appropriate systems in place to report, record and escalate any safeguarding concerns. Staff had annual refresher training in safeguarding and demonstrated knowledge and understanding of the issues.
- The whistle blowing policy was readily accessible to staff so that they could report any poor practice they may witness.

Staffing and recruitment

- The three staff files we reviewed included all relevant recruitment information, full employment history, two references, proof of identity and Disclosure and Barring Service (DBS) checks, to help ensure potential employees were suitable to work with vulnerable people.
- Each individual living at the service was assessed for their dependency level and this helped inform staffing levels. On the day of the inspection there were sufficient staff to meet the needs of the people who used the service. Rotas confirmed staffing levels were consistent. People told us, "The staff are generally fine with me and there always seems to be plenty of them about we are not kept waiting."

Preventing and controlling infection

- The home was clean and fresh throughout. New cleaning schedules, check lists and audits had been implemented to ensure the domestic staff were aware of the expectations of their roles and monitoring of cleaning could take place.
- A laundry assistant had been employed to allow domestic staff to concentrate solely on cleaning.
- External infection control professionals who visited the home regularly, reported sustained improvements to all aspects of cleanliness.

Learning lessons when things go wrong

- We saw evidence of changes made when audits and checks highlighted any issues that needed to be addressed. For example, incidents and accidents were analysed and addressed with actions to minimise any further risk if possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to admission the home completed a full assessment of people's needs to consider if their needs could be fully met at the home.
- The new manager had implemented a new electronic care plan system. Staff were able to access the live electronic system and update it from hand-held devices. This helped ensure information was current and changes implemented promptly.
- The electronic system could also create reminders for staff to complete particular tasks.
- Care files we reviewed included all relevant documentation and information to help ensure people's needs were met appropriately.

Staff support: induction, training, skills and experience

- Some staff, who had commenced their employment prior to the new manager being employed, reported not having had an induction. However, they said the new manager had immediately put them through a full induction programme. This included all relevant orientation, guidance and undertaking the Care Certificate, which is a set of standards that health and social care workers are expected to adhere to in their daily working life.
- The training matrix evidenced a programme of training considered mandatory by the provider, some of which was face to face and some via e learning. All mandatory training was refreshed on an annual basis to ensure people's knowledge and skills remained current.
- The company's training platform also had a section called bookshelf where staff could easily access the company's policies and procedures, CQC information, NICE guidance and any information from the executive team. This was updated regularly by the operations manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Information about people's particular nutritional needs was kept in the care files and all special diets were catered for at the home.
- The new electronic system was able to flag up risks and calculate the person's weight loss after the information had been inputted by the staff, creating an alert to all staff. Food and fluid intake could then be monitored and actions taken, such as referring to another agency, as required.
- The dining experience we observed was calm, pleasant and relaxed, with warm conversation between staff and people who used the service. Staff encouraged and assisted people discreetly and patiently. The meals looked nutritious and appealing and there were numerous choices of food and drink offered.
- The home had the hydration station which was filled with specialised drinks which supplied maximum hydration to people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home used the Bolton hospital passports and the red bag scheme. The Red Bag contains an individual's care information, medication records and their medication. The aim of the initiative was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.
- The passports included all relevant health and well-being information to ensure continuity when people were admitted to hospital.
- District nurses visited the home as and when required and GPs were contacted when needed.
- Staff ensured all hearing aids had working batteries and people who needed glasses were wearing them. An optician visited regularly to ensure that people's eyes were regularly tested and any issues addressed.

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

- All areas of the building were clutter free and there was ample room for people with restricted mobility to move about. There was a very pleasant large garden area for people to utilise in good weather
- There were various communal areas including a quiet lounge/library, which appeared to be popular with some of the gentlemen, who were reading newspapers and chatting.
- There was a programme of decoration in place for all bedrooms. People who used the service and their relatives were shown 'mood boards' with colour schemes for decoration and furnishings, so that they could be involved in choosing. This was in response to a survey where people had stated that they had no choice in the décor of the home.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent forms were signed as required by the person who used the service or their representative if they did not have capacity.
- There was evidence within the care files that, where people lacked capacity, decisions had been made in their best interests and in consultation with the relevant professionals and family members. Information about Power of Attorney was included within the care files.
- DoLS paperwork was in order and the matrix included clear information about dates of expiry so that reviews and renewals could be sought as required.
- Staff knowledge and understanding of MCA and DoLS was minimal. We discussed this with the manager who agreed to address this via themed meetings or supervisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt happy at the home. Comments included; "The staff are always nice with me I get on with all of them you know"; "The girls are lovely and very efficient"; "Some of the Carers are absolutely excellent in looking after me and I have nothing to complain about".
- There was an equality and diversity policy and procedure in place and staff undertook training in this area.
- People's choices, for example in wanting only female carers, were respected and recorded in their care plans.
- The home used the surveys to ask for feedback around equality and diversity to look at any improvements needed in this area.

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

- People were encouraged to express their opinions via regular themed surveys, for example, around meal choices, dignity or involvement in decisions. Suggestions made, for example around different meal choices, had been implemented in response to the surveys.
- People had been involved in reviews and updates to their care planning and support. Care plans included people's personal goals and outcomes.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to knock on doors and wait to be admitted to people's rooms. People told us, "I can have a good chat with the girls and a laugh and a joke but they are very respectful. I can speak to all of them"; "Wonderfully kind and caring people the staff are an asset to this place and although I never imagined living in a place like this I am very happy here".
- Personal care tasks were undertaken discreetly and with regard to people's privacy and dignity. Staff gave explanations of what they were doing and asked for consent to assist people. One person said, "I like to be as independent as possible although I know there are people to help if needed". Another told us, "They do everything properly there is no embarrassment or awkwardness when they help such as having a bath".
- The home were looking to establish a number of champions amongst the staff who would lead on particular areas. Dignity was one of these areas that the manager wanted to develop with the help of a champion, who would keep up to date with new guidance and information and be responsible for disseminating amongst the other staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care plans were person centred and included a range of personal information to help staff know people well and respond to their particular needs and wishes and understand what was important to each person. People's wishes were put into practice. They told us, "If I want a bath I just ask and I have my hair done on a Thursday"; "I do anything I want and when I'm ready for bed because I'm tired they help me up".
- People's cultural, religious and spiritual needs were documented appropriately and supported by staff at the home.
- We observed people making choices around where they wanted to be within the home, what they wore and the food and drinks they preferred.
- Regular reviews of care plans helped ensure the care provided was flexible and changed according to people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All information supplied to people who used the service or their relatives could be provided in different forms, such as large print or other languages.
- The communication care plan covered people's communication needs including, hearing, sight and verbal speech and a person's understanding, this enabled staff to communicate effectively.
- Some of the paperwork within the care plans was in easy read format, illustrated with pictorial representations to help people who may have been living with dementia or a level of confusion to better understand the content.
- Boards with the season, day and date, weather and day's menu were visible in communal areas to help ensure people were oriented as much as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was currently no activities coordinator at the home, but one was being sought. Staff members assisted with activities, such as games and exercises during the day. There were also externally sourced entertainers who visited the home to provide some stimulation. A recent activity had included people

having fish and chips in newspaper, stimulating reminiscence conversation.

- People were generally content with activities on offer. Comments included; "They have a film on a Saturday but I've seen most of them before and I like to play dominoes other than that I can't think what they do"; "I don't think there are trips out"; "I like playing dominoes and cards and some of the games they have".
- Local religious leaders visited the home regularly to provide spiritual support to those who wanted it.
- Visitors were welcomed to the home and had been invited to a summer barbecue that had been a great success. The manager planned to have more events to be enjoyed by people who used the service and their relatives.

Improving care quality in response to complaints or concerns

- There was information about how to complain in the entrance to the home, and a complaints/compliments box for people to use. Complaints were logged appropriately, with actions and responses recorded. These were then audited on a monthly basis to look at any trends or patterns which could be addressed to aid improvement.
- A number of compliments had been received by the home. Comments included; "To all staff at The Clough, thank you so much for taking care of [person]. I know [person] was happy there".

End of life care and support

- Advance care plans were included within care files to ensure people's wishes for when they were nearing the end of their lives had been documented.
- There were currently six members of staff undertaking Six Steps End of Life training to ensure people's experience when nearing the end of their lives would be as positive as possible.
- All Do not Attempt Resuscitation (DNAR) forms were highlighted in people's care plans. The manager had implemented an extra tool for staff via a mini laminated card on the back of the hand-held electronic devices they used, outlining each person who had a DNAR in place. This meant they would be aware in an emergency situation.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At the last inspection the audit systems had failed to identify some issues with regard to missing health and safety documentation.

Systems had since been improved and this was no longer an issue.

- A system of monthly audits had been implemented and these had successfully identified any issues in areas such as falls, weights, medicines and equipment. The audits were analysed for patterns and trends and these were addressed with prompt and appropriate actions. Any new guidance or information was highlighted in the audits to help ensure all practice remained good and in line with current requirements.
- Regular surveys were undertaken to ascertain people's satisfaction with the care and support provided. The home had completed a survey around the effective domain and it was identified that a dentist for the home would be helpful. This was something the home were struggling to obtain, but were continuing to try to source, demonstrating a responsive approach to feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported. Respecting equality and diversity was positively promoted at the service.
- People felt the service was person-centred. One person commented, "I have a good room there is plenty of space to walk about and it has been excellent since I have been here, no complaints. I am happy with it so far".
- Staff felt well supported in their roles and told us training was plentiful and professional development was encouraged and supported.
- The manager was described by staff as, "A breath of fresh air" and "Very approachable". Staff we spoke with told us the new manager had, "Brought order where there was chaos". They felt the new systems implemented had vastly improved the service and their experience of working at the home.

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

- Discussions with the manager demonstrated an understanding of duty of candour. They were able to demonstrate how they had sent out duty of candour letters with regard to complaints, when required.

- Notifications with regard to deaths, serious injuries or allegations of abuse were sent to CQC promptly as required.

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

- There was a manager in place at the service, who was in the process of registering with the CQC.
- It is a requirement that each service registered with the CQC displays their current rating. We saw The Clough had displayed their rating in the main entrance to the home and the service displayed their rating in the home and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt they were well looked after at the home. Comments included; "I am very happy and it is a privilege to be living here. They are always popping in to see if I am okay yet not intrusive. It's a wonderful place"; "Never seen the manager for a while I think I spoke to her when I first came here seems very pleasant"; "Overall this place is as well as I could get it but it's not quite like your own place. All I can say is that they are looking after me very well thank you".
- Regular residents and relatives meetings took place to help ensure people were fully engaged with all aspects of the running of the home.
- Staff meetings took place regularly and we saw minutes of these meetings which demonstrated discussions around roles and responsibilities, care issues and staffing issues.
- Prior to the new manager being employed there had been no staff supervisions taking place. Supervisions give staff the opportunity to discuss their progress, bring up any concerns and look at training and development needs. The new manager had implemented a programme of supervisions which was well underway.

Working in partnership with others

- Information about private chiropody, optician and dental services was displayed in the entrance of the home. The service worked with people's GPs and the local district nursing service visited as required.
- The home had been working closely with a representative from the local infection control team and this had proved to be a positive experience, with significant improvements being made in this area.
- Appropriate referrals were made to other agencies, such as dieticians and speech and language therapy teams (SALT).
- The home was part of the Bolton Care Excellence scheme, which aims to improve the health, care and experience of the people of Bolton.