# County Healthcare Limited

# Clova House

## 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? | **Requires Improvement** |
| Is the service well-led? | **Good** |

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. At our last visit to Clova House in August 2013 we did not ask for any improvements to be made.

At this inspection we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) 2010. You can see what action we told the provider to take at the back of the full version of the report.

Clova House Care Service provides accommodation and personal care for forty older people in two separate units. There is a separate unit within the service for those

# Summary of findings

people who are living with dementia and a residential unit. The service is part of a company called County Healthcare Limited. There were 32 people living at Clova House on the day we inspected.

There is a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that this service was safe. When asked about their safety in the service, people who used the service told us, "I have no concerns about my safety" and "safety is no problem." Staff were kind and compassionate

Medicines were managed effectively and recording was up to date and although there was an area where infection control was not managed well the registered manager was aware of it and had taken steps to improve this by replacing a carpet.

Staff were trained in mandatory and specialist subjects. They were able to tell us what they would do if they witnessed any incidents that may be abusive in nature and describe the processes they would follow. Staff numbers were sufficient to meet the needs of people living at this service and safe recruitment practices had been followed.

The registered manager was following the principles of the Mental Capacity Act (MCA) 2005. The registered manager was aware of how to make an application to deprive a person of their liberty but had not had to do so

The registered manager had used good practice guidance around dementia friendly environments and was developing services for those people living with dementia to a high standard.

People were given a nutritious healthy diet and fluids at regular intervals. Staff supported people to eat and drink where necessary.

There were quality assurance systems in place which helped the registered manager maintain and develop the service.

# Summary of findings

## 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

This service was safe. People told us that they had no concerns about their safety. There were enough staff employed to keep people safe.

The registered manager followed the principles of the Mental Capacity Act and made sure that people were consulted where possible.

Safeguarding alerts had been made by the service to the local authority but none had been substantiated. Staff knew how to make alerts and what to do in situations where people may be at risk of harm and had been properly trained.

Medicines were managed appropriately and all documentation in relation to medicines was up to date. Although we saw some issues with infection control the registered manager was taking steps to address this by replacing a carpet.

**Is the service effective?**

Good

This service was effective. People were cared for by staff that were trained appropriately so that they had the skills and knowledge to care for people in this service.

The environment was adapted to meet the needs of the people who lived there but was at the same time homely. There was outside space for people to use. Signage was in the form of pictures. Activities were organised daily to enhance people's lives.

People were given plenty to eat and drink at mealtimes and throughout the day and were supported by staff where necessary.

**Is the service caring?**

Good

Staff were kind and compassionate. They listened to people and gave people information and choices where necessary.

We saw staff knocked on people's doors before entering ensuring respect and privacy for the person.

People were encouraged to maintain contact with their families and friends if they wished.

**Is the service responsive?**

Requires Improvement

The service was not always responsive. People's care needs were not regularly evaluated in care plans. People had patient passports to take with them if they visited a health professional but these did not always ensure peoples safety and welfare because they did not always contain the appropriate information. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations) 2010 and can see what action we asked the provider to take at the end of this report.

# Summary of findings

Care and support was given by staff in a consistent and appropriate way. People were able to get involved in activities which they had chosen to enhance their lives with staff support.

The service had four complaints in the last year which had been dealt with in a timely manner and people knew how to raise concerns or make a complaint.

**Is the service well-led?**

Good

The service was well led.

The service had a positive and open culture which supported staff and people who used the service.

There were quality assurance systems in place which were used to make improvements.

The registered manager had used good practice guidance around dementia friendly environments and was developing services for those people living with dementia to a high standard.

# Clova House

**Detailed findings**

## Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report

We visited the service on 5 August 2014. The inspection team was made up of one inspector and two experts by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The experts had experience of adult social care services.

Prior to the inspection we reviewed the information we held about the service. This included notifications and the provider information return (PIR), a document sent to us by the provider with information about the performance of the service. We contacted the local authority contracting team to ask for their views on the service and to ask if they had any concerns

We inspected all 23 Key Lines of Enquiry (KLOE's) and used a number of different methods to help us understand the experience of people who used the service. We spoke with spoke with six people who used the service, three relatives, five members of staff and the registered manager. We spent eight hours observing care and support being delivered. We used the Short Observational Framework for Inspection (SOFI.) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We case tracked two people's care and support and looked at a further two care and support plans. We looked at employment and training records for four members of staff and inspected other documents which related to the management of the service. We observed a meal time, and medicines being given to people.

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# Is the service safe?

## Our findings

We found that this service was safe. When asked about their safety in the service, people who used the service told us, "I have no concerns about my safety" and "safety is no problem." We asked a person's relative about their experience of this service and if they felt that (relative) was cared for safely and they said, "We have no concerns. We are very happy with things here."

People were always asked for their consent to care where possible and there was a record of consents given in people's care record. We saw that some people had a mental capacity assessment completed where there was any doubt about whether or not they could make their own decisions and there was evidence of best interest decisions being made. For instance we saw for one person that a best interest decision had been made to have a Do Not Attempt Resuscitation form completed in their file. Best Interest decisions are made for people who do not have the capacity to make their own decisions, by a group of people which includes friends and family where appropriate, to determine what the person would have decided if they were able. This showed that the registered manager was following the principles of the Mental Capacity Act (MCA) 2005. The registered manager was aware of how to make an application to deprive a person of their liberty but had not had to do so

There had been four safeguarding alerts over the last year. These are alerts made to the local authority when there is a suspicion that someone may have been the subject of abuse. None of the alerts had been substantiated by the local authority which meant that they did not consider that any abuse had taken place. Staff told us that they were aware of what to do if they witnessed or suspected that anyone was at risk of, or was being harmed. When asked, staff we spoke to said they would have no hesitation in alerting their registered manager or another agency if that was more appropriate. Staff told us that they had been trained in safeguarding adults and we saw from training records that this was so. This meant that staff were alert to the risks of abuse.

Staff numbers were sufficient to meet the needs of people living at this service. We confirmed this by looking at the staff rotas. There was someone on call when the registered manager was not present who could provide support.

We checked four staff files and saw that safe recruitment practices had been followed. Overseas workers had the appropriate documentation that allowed them to work in the United Kingdom. We saw that staff had a detailed induction which included some general orientation, training by eLearning, practical skills training and shadowing other staff to ensure that they had the right skills to work with each person. Training in mandatory subjects and specialist areas was provided to ensure that staff had the skills they required to do their job. We saw in staff training records that training had been completed in safeguarding, infection control, MCA and DOLS and a variety of other subjects. This meant that people who used the service were supported by people who were properly trained and were of good character.

Medicines were managed safely. We observed a member of staff giving out medicines, checked medicine administration records, returns documents and checked that controlled drugs were stored and managed safely. We saw that competency checks had been carried out. There was clear guidance and protocols for staff around the management of medication and people could be confident that medicines were administered by staff that were trained and safe to do so.

Maintenance checks had been carried out regularly and the maintenance person visited the service every two weeks for a full day to carry out day to day maintenance. Safety checks for gas, electric, fire safety equipment, lifting equipment, water and the service vehicle had been completed and were up to date which meant that people could be confident that the equipment they were using was safe and fit for purpose. Fire safety checks took place regularly and were recorded.

In the infection control audit for the service we saw that a 100% achievement rate had been recorded and no issues found but when we walked around the service there were areas that required some improvement in relation to infection control particularly in the residential unit. The audit was not an accurate reflection of infection control management which meant that people were not learning from the audits and improvements may not be made where needed. For instance when we entered the service there was a smell of urine on the downstairs corridor and the floors felt sticky as we walked on them. The unit for people living with a dementia was clean, fresh and well

# Is the service safe?

maintained. We saw cleaning schedules had been completed and the registered manager told us that a new carpet had been ordered and was due to be fitted in the corridor.

# Is the service effective?

## Our findings

We reviewed staff files and saw that when staff started work at this service they received a comprehensive induction. They then went on to complete further mandatory training. The staff training records we looked at confirmed that training in care of medicines, health and safety law, infection control, food hygiene, fire safety, moving and handling practical and theory, first aid and safeguarding vulnerable adults had been completed by staff. Further training in areas such as principles of care and palliative care had also been completed. All of the staff had completed training in caring for people living with dementia. One member of staff told us, "I have completed dementia awareness training and Dementia Forward came to do further training." This meant that people received care from people who were knowledgeable.

When we interviewed staff they told us that they were supervised by the registered manager. One member of staff told us, "I feel well supported." Documents confirmed that supervisions had taken place. This enabled people to discuss any work related matters and discuss personal development with their supervisor which would enhance their practice.

When we looked around the service we saw that there were two separate units. There was a residential service and a service for people living with dementia. There was a distinct contrast between the two units and in the dementia service we could see that guidance had been followed around planning the environment in the two communal areas but the bedrooms did not have adaptations such as different coloured doors to help people find their way around. In the communal areas the walls were plain which provided a contrast to the coloured furniture. There were pictures on the walls from the 50's and 60's which seemed relevant to the age of people. Rummage boxes were available for reminiscence which all had a different theme. For example seasons, nature, textiles and childhood memories. There were scrapbooks for people to look at featuring events from different decades and the royal family. There was a board telling people what day, date and season it was and what the weather was like outside. There were tactile objects around the two rooms including musical instruments. The atmosphere in this area was calm and peaceful. This meant that although this area was not fully developed people living with dementia were living in an environment that had features which enhanced their lives.

We observed a lunchtime period in both the residential and dementia services. In the dementia service there was a calm atmosphere. In the dining area there was a menu board with pictures of what was for lunch. Meals were served on coloured plates with white place mats which gave contrast and allowed people to recognise their plate of food. People sat at small round tables giving a family feel to the dining experience. The tables were set properly with condiments and napkins. Drinks were offered throughout the meal and people were given sufficient to eat. Aid was given by staff who sat at the table.

In the residential service people were much more independent. There was a large lounge, a library and smaller areas for sitting. There was some outside space which was used to good effect on the day of our inspection for activities as it was a sunny day. When we observed lunch we saw that the food was generally to the liking of all people who used the service who said "The food is good", "The food is pretty good. If I want something else, I generally get it" and "The food is alright most of the time".

Relatives told us "In the 6 years that my mother has been here, the food has never been poor. It's improved considerably over this period" and "The food is perfectly acceptable."

During lunch, juice was available and tea or coffee was offered after the meal. People ate lunch in either the dining room or the adjacent lounge, depending on their preference and some were observed being asked which they preferred. However one person declined to eat any of the main course. After still refusing to eat any of it when encouraged by a staff member they left the dining room unseen by staff. They were eventually brought back to the dining room by the service registered manager and went on to receive support from staff to eat their meal. The menu and alternatives were displayed in the entrance hall; we saw that people were offered a choice.

Twelve people chose to eat in their rooms and we saw staff assist a person in their room to eat their lunch so that they were able to enjoy their food in a calm and dignified way.

If someone was assessed as being at risk of malnutrition through use of a nutritional risk assessment staff had made

# Is the service effective?

a referral to the dietician through their GP. People who were at risk of choking had been assessed by the Speech and Language therapy (SALT) team. People's nutritional needs were recorded in the person's care plan and that information was passed to the cook. The cook told us that they were informed when a new person came to live at the service. They said they could access any nutritional notes which were kept in the staff office. They told us that staff updated any information about people's nutritional needs daily. The cook knew about different dietary needs and the ways in which food should be served to each person which

When we examined care and support plans we saw that people's health needs had been reviewed and people had been referred for specialist support. We saw that one person had seen a podiatrist and an optician recently and another had been seen by a community psychiatric nurse. This meant that people had their physical and mental health needs met by appropriate professionals when it was necessary. One relative told us that the care their relation received was "absolutely excellent". One person who used the service told us that they were perfectly happy with the service and said "I would recommend it to anyone".

# Is the service caring?

## Our findings

We observed staff interactions with people who used the service and they were friendly, kind and compassionate. We were told by one relative "The staff are the greatest asset".

Another relative told us that when their relation was taken into hospital for a period of time, they received a Get well card the next day signed by all the staff and on occasions whilst in hospital received visits from staff members.

A relative told us that in their opinion "The staff are very patient with the residents". A member of staff was observed giving a resident a comforting hug in the dining room just before lunch. One person who used the service told us "I can't speak highly enough of the staff. They are very kind and caring. They have helped me a lot". Their privacy was also respected as they chose to eat and remain in their room, most of the time.

When we observed people who used the service interacting with members of staff we could see how well they understood one another. For instance when we were speaking with one person we observed the interaction between this person and a member of staff. Their conversation indicated there was a meaningful relationship between them which showed them both to be relaxed and comfortable in each other's presence.

People who used the service were observed being able to express their opinions when asked about options at lunch time or for different drinks. One person who used the service told us "I just go and ask for a drink if I want one".

One person who used the service told us "I go to bed when I like and I get up when I like".

Another told us "I'm free to go down town anytime I like" and "I don't think I've got any limitations at all" although from other comments made it would appear they did only go out when accompanied by a staff member. All the people who used the service and their relatives that we spoke with were able to confirm there were no restrictions on visiting. One person told us "As far as I know everybody can come whenever they like".

We saw that each person had their own room and that staff knocked before entering showing respect for the person and ensuring their privacy was maintained. Staff responded positively to people's wishes and requests and spoke respectfully to them. When they had to staff worked discreetly. On the day of our visit some people had been upset by another person who used the service. Staff were thoughtful and caring towards people and gave support where needed. We saw staff giving people clear and useful information and explaining to them what was happening. This gave people confidence.

When we spoke with people about their care plans they could not tell us whether or not they had been involved in writing them. However, one relative did tell us that they had been asked for information and had been involved in their relatives care planning. They confirmed that they had been asked about the care plan and had discussed its content particularly over medical aspects of their relation's care which meant that some people had been asked to support staff with informing the care planning making the support more personalised.

During the lunchtime period we used the short observational framework for inspection (SOFI) to observe three people who lived within the dementia service at the service. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We saw that staff interacted with people throughout the lunch period and the atmosphere was quiet and calm. People showed signs of contentment with one person humming and the others chatting

There was no one at the service receiving end of life care when we carried out our inspection. Some of the staff had been trained to provide palliative care and the manager told us that they would be supported by the district nurses and Macmillan nursing service if appropriate. This meant that when needed end of life care staff would be prepared with relevant and up to date training.

# Is the service responsive?

## Our findings

The service was not always responsive. We saw that people's care files were person centred but not always kept up to date. One person had been recorded as having no capacity to make decisions but suffered from pain on occasions so staff had put a pain assessment chart in their folder so that it could be determined through observation whether or not they were in pain and appropriate pain relief be administered.

We saw that people had health passports, provided by the local hospital, in their care files to take with them if they needed to attend appointments or were admitted to hospital. These are documents that hold a record of all relevant social and medical information . For one person we saw that the passport did not contain all the relevant information needed to ensure they received appropriate care. This was particularly important as this person had been assessed as not having capacity to make decisions. We saw in another person's passport that a hearing impairment had not been recorded which would be crucial information for communicating effectively. This does not support continuity of care for the person because the appropriate information is not available.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations) 2010. You can see what action we asked the provider to take at the end of this report.

There was a full activity programme on display in the entrance hall and when we spoke with the activities organiser they showed us copies of the Clova House News journal which outlined activities and events which people had participated in at Clova House or within the local community. There had been a fashion show in April and several activities to commemorate the start of WW1. The news journal highlighted special events for people living and working at the service. People from Clova House had attended a play performed by local school children. The people who used the service confirmed to us what activities were available and that they took part. We observed an activity taking place on the day of our inspection which took place in the garden as it was good weather. We also observed people who were living with dementia taking part in a reminiscence activity.

People were encouraged to maintain their family relationships and we spoke to relatives of people who used the service during our inspection. They told us that they were involved with their relatives care and one person said, "I am very happy with things here."

People told us that they knew how to raise a concern or make a complaint if they wanted to do so. There had been four complaints made to the service in the last twelve months and we saw that they had been recorded and dealt with within appropriate time scales. The service had received 2 compliments. When asked about how they would go about requesting things to be changed or making a complaint, all the people who used the service and the relatives we spoke with said they would tell a member of staff or the service registered manager. "If I needed anything extra or changed, I'd go to (the service registered manager) first".

# Is the service well-led?

## Our findings

There was a registered manager who had been in post at this service since April 2013. They told us that they had an open door policy for staff, people who used the service and visitors. Staff told us, "The registered manager is supportive both professionally and personally" and "The registered manager does a great job."

When we spoke with the registered manager they were enthusiastic about their work at the service and spoke of future plans for developing the service. They could answer questions about people who used the service without referring to notes indicating that they knew them well and were clear about the culture and values of the service. There was a clear statement outlining the ethos of the home in the entrance hall.

One person who used the service told us, "The registered manager always has a chat and asks if everything is OK. (Registered manager) is nice." We observed that the registered manager spoke to a lot of people who used the service during the day and participated as a member of the staff when necessary. There appeared to be a good rapport between the staff and the registered manager.

A relative told us that since the current registered manager started work at the service new pictures had been put up on the corridor walls around the service and that she had improved the ambiance of the dining room. They told us "It looks like someone is prepared to take some trouble. "One person told us "She (the registered manager) comes in for a natter sometimes".

The registered manager said they were keen to work with others to improve the service and had arranged for a dementia admiral nurse to come and advise them on how improvements could be made to the service especially for those people living with dementia. This had resulted in changes being made to the environment which had enhanced the lives of those people living with dementia.

One relative said that a few months ago they had written a letter to the Chief Executive of the company who own the service complimenting them on the way they were looking after his relation in the service. We saw minutes of resident & relative meetings which the relatives we spoke with told us they had been notified of and had been sent the minutes. When we asked one relative whether they had been asked by staff for their views and opinions, their reply was "All the time". However, one person who used the service told us they had not attended any of the meetings which meant that everyone did not wish to become involved in the running of the service

A relative told me that the management of the service had implemented the introduction of background music in a number of areas around the building following the suggestion made at a residents & relations meeting. He told me "I cannot think of anything suggested that has not been implemented". We observed that there was music playing softly in some areas of the service.

One relative told us about an activity that had established a liaison with a local school whereby the residents talked to the children about "The old days". We saw from the news journal that some people who used the service had been invited to watch a play performed at the school.

Regular meetings were held for staff so that the registered manager could share information and also where staff were encouraged to express their opinions and question practice. We saw minutes of these meetings.

We saw that people had completed a survey, the results of which were displayed in the entrance hall. From the survey results we could see that people who used the service and their relatives were satisfied with the service

The registered manager carried out regular audits of the service but we could see that some were not completed correctly. For instance the infection control audit gave a 100% score to the service but we could smell urine in one corridor and the carpet was sticky beneath our feet. The nutrition audit stated that, "Residents can make food choices at the table". This did not happen on the day of our visit indicating that the audits carried out were not robust enough

We discussed the audits with the registered manager and she assured us that people were given a choice but that it was earlier in the day. This was confirmed by staff and people who used the service. This suggests that the wording of the audit needs amending to reflect what actually happens at this service. They also told us that a carpet had been ordered for the corridor.

When we asked the registered manager to provide a range of documents to demonstrate how the service was run they were able to do so immediately and were able to sit and discuss them with us. They showed a good knowledge of

# Is the service well-led?

this service and of the needs of people who used the service. They were supported by an area registered manager who was present during the inspection. The area manager was also knowledgeable about the service.

There had been four safeguarding alerts raised by the registered manager of this service and these had been investigated thoroughly and improvements made to prevent the same incidents being repeated. None had been substantiated by the local authority. The registered manager had made all appropriate notifications to CQC as required by law.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br><br>People who use services and others were not protected against the risks of receiving unsafe or inappropriate care because their documentation did not ensure their welfare and safety when transferring between services. (1)(b)(i)(ii) |