Castle Villas Limited

Clover House

Inspection report

Savile Road
Halifax
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection of Clover House took place on 5 December 2016 in response to a number of concerns raised about the standard of care and was unannounced.

Clover House is a residential care home situated near to the centre of Halifax. The home provides accommodation, personal care and support for up to 39 older people who may be living with dementia or other mental health problems. Accommodation at the home is provided over four floors, which can be accessed using a passenger lift. At the time of our inspection there were 25 people living at the service.

There was a registered manager in post at the service who had been in this position for a number of years and was also the registered provider. 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.

People felt safe in the home. Staff were trained to recognise abuse, appropriate safeguarding mechanisms were in place and referrals had been made to the local authority where required.

The home was well maintained and adapted to the needs of people living with dementia.

Accidents and injuries were documented, analysed and action plans put in place as a result. Risk assessments covered the environment and risks relating to the care and support of people living in the home.

Adequate staffing levels were in place which were assessed according to people's needs. Staff were knowledgeable about people and were appropriately trained. Robust recruitment procedures ensured staff employed were suitable to work with vulnerable people.

Medicines were generally safely managed with appropriate protocols in place.

People's care needs were assessed and appropriate plans of care put in place. These were person specific and reviewed regularly. However, although the service was mostly acting within the legal framework of the Mental Capacity Act 2005 (MCA), some people's Deprivation of Liberty Safeguards (DoLS) conditions were not reflected in their plans of care. Consent forms for care and support were in people's care records but these were not always signed. Some people or their relatives were involved in the planning and reviewing of their care.

Health care needs were met and communication was good with the multi-disciplinary team.

People were supported to consume a balanced diet and told us the food was good. Where people were at

nutritional risk, referrals were made to the dietician.

The atmosphere in the service was relaxed and staff showed a caring attitude. The registered manager showed a passion for dementia care and staff told us they led by example and felt able to speak to the registered manager with any concerns.

Complaints were seen to be documented and actioned appropriately.

Activities took place although not always on a planned basis and the provider had purchased dementia friendly materials for these.

A range of checks and audits were in place with analysis and actions taken.

Staff morale was good and there was a positive culture apparent. Regular staff meetings were held and people's opinions of the service were sought through annual surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Appropriate assessments were in place to mitigate risks to peoples' safety.

Staff had received safeguarding training and understood how to keep people safe.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Deprivation of Liberties Safeguards (DoLS) conditions were not always met within people's plans of care.

Staff had received appropriate training and induction.

People were supported to consume a healthy and varied diet.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff knew people well including likes, dislikes and care needs.

Staff communicated well with people using a variety of communication techniques.

Is the service responsive?

Good

The service was responsive.

Care records were person centred and reflected current care and support needs.

Activities were in evidence on a non-structured basis.

Complaints were actioned, analysed and actions taken as a result.

Is the service well-led?

Good

The service was well led.

Quality assurance audits were in place and actions seen to be taken as a result.

Staff morale was good. Staff told us they felt able to approach the registered manager about any concerns.

Regular staff meetings were held.

Clover House

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2016 and was unannounced.

The inspection was carried out by two adult social care inspectors.

Prior to the inspection we reviewed information we held about the service. This included notifications received from the provider, information received from local authority safeguarding and commissioning teams, health care professionals and family members. We usually ask the provider to complete a provider information report (PIR) prior to inspections. However on this occasion we did not ask the provider to complete this.

During our inspection we spoke with three people who use the service, one relative, one visitor, five staff members, the registered manager, deputy manager, cook and four health and social care professionals. We reviewed three care records, medicines management systems, three staff files, training records and other records relating to the quality and running of the service. We observed care and support during the inspection and completed a short observational framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People's relatives, staff and health care professionals all told us they thought people were safe living in the home. Staff had a good understanding of how to identify and act on allegations of abuse. They all said they were confident people were safe in the home and told us the registered manager would deal with any concerns they raised promptly and effectively. We saw safeguarding referrals had been made appropriately, staff had received safeguarding training and this was up to date.

Appropriate assessments were in place in people's care records to mitigate risks such as falls and plans of care put in place. We saw these were updated and amended as people's care and support needs changed. This showed us risks were being managed to keep people in the service as safe as possible.

We found medicines were managed in a safe way. Medicines were administered by trained senior care workers. We observed the morning medicines round and saw medicines were given in a friendly and patient manner.

We reviewed medicine administration records (MARs) and found overall they were consistently completed indicating people had received their medicines as prescribed. We undertook a random count of medicines in stock. The number was consistent with what should have been present, providing further evidence people were receiving their medicines as prescribed.

Some people were prescribed topical creams and nutritional supplements. We saw arrangements were in place to ensure people received these medicines when they required them.

We did identify one person was prescribed a medicine to be given before food which was given with their breakfast. However, other people who were prescribed this medicine were given these before their breakfast. We also identified one person was given a dispersible tablet that was not dissolved in water. We raised these issues with the registered manager. Their responses provided us with assurance they would take immediate action to address the matter.

Some people were prescribed 'as required' medicines for example to control pain or distressed behaviour. We saw clear protocols were in place for staff to follow to ensure these were offered in a consistent manner.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled drugs. Whilst there were no controlled drugs on the premises at the time of the inspection we saw appropriate arrangements were in place to ensure their safe storage and use.

Safe storage arrangements were in place for medicines. Medicines were stored securely and at appropriate temperatures. The date of opening was clearly written on the side of bottled medicines to ensure clear guidance for when these expired. Systems were in place to ensure the prompt ordering and disposal of medicines.

Staff and the registered manager told us that usual staffing levels within the home were one senior care worker and three care workers during the day, one senior worker and two care workers during the evening and two care workers overnight. These were based on the occupancy and needs of people living within the home with a dependency tool used to calculate staffing levels. The registered manager also worked five days a week and was 'hands on' assisting with care and support, for example providing support at mealtimes. Staff we spoke with said these staffing levels were sufficient to ensure people received prompt care and support.

On the day of the inspection there was an additional care worker deployed, meaning there was one senior and five care workers on shift as well as the registered manager helping out with care and support. Whilst we found people received prompt care and support, communal areas were well supervised and people received regular activities, we were mindful staffing levels were not always maintained at this level. However no concerns were reported to us by staff about staffing levels on other days although a relative told us they were not sure if there were always enough staff but did not have any specific care concerns as a result.

Domestic staff, a cook and maintenance workers were also employed within the home.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. Documentation showed the required checks were undertaken before staff started work. References were requested and checks performed with the Disclosure and Barring Service (DBS) to establish whether potential applicants had any criminal convictions before they were offered a position. Staff identity and previous qualifications were checked as part of the application process and work history was explored. Interviews were held for candidates and their responses and competency assessed. Staff we spoke with told us the required checks had been undertaken before they commenced employment with the service.

Our observations of the home environment found it to be clean and hygienic with no offensive odours. An infection control audit had been conducted by the local authority which resulted in a high score of 98.6%. Anti-microbial door handles had been installed on most doors to reduce the risk of cross contamination. The home had also achieved a five star hygiene rating from the Foods Standards Agency.

We looked around the premises and found it to be safely managed and suitable for its purpose. There was a number of different communal areas for people to spend time, and adequate seating so people had a choice of places to spend time. The home was well maintained and bedrooms had been personalised according to people's individual wishes and choices. We saw the service was working to achieve a dementia friendly environment, with appropriate signage, themed areas and corridors. Most people's bedroom doors were brightly painted with the person's name and photograph outside to assist location. Maintenance workers were employed and a system was in place to ensure that any defects were quickly reported and acted on. Regular checks took place on systems such as the gas, electrical and fire systems to ensure they were safe. Water temperatures were regularly checked to reduce the risk of scalding and window restrictors checked to help ensure they were in working order, protecting people from falls. Safety related risk assessments were in place, for example for the corridors and staircases.

We reviewed accidents and incidents and saw these had been reported appropriately, analysed and action plans put in place as a result. For example, we saw one person had had a number of falls over a short period of time and the registered manager had referred them to the GP for a medication review and reviewed their care plan and falls risk assessment as a result.

Requires Improvement

Is the service effective?

Our findings

New staff received a comprehensive induction programme to help give them the skills they needed to care for people. This consisted of face to face training completed by the registered manager and manual handling trainer as well as computer based training. The registered manager also delivered specific training to new staff on subjects such as dementia, hydration and equipment. New staff received an induction to the home's policies, procedures and ways of working and also undertook a period of shadowing of up to three weeks followed by observation and competency assessment in a range of areas of care and support. A development plan was produced for each staff member to ensure they received a range of timely training in their first year of employment to build skill and knowledge.

In addition, new staff without previous care experience completed the Care Certificate. The Care Certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support.

Staff received regular training updates in subjects such as safeguarding, manual handling, mental capacity and infection control. It was clear training and competency checks were built into the registered manager's way of working. One member of staff told us the registered manager was always questioning them about topics and promoting training at every opportunity through staff meetings and bespoke training topics on subjects such as 'End of Life'. They said, "She keeps drilling training in and asking questions about it at every opportunity." External training had also been provided by health professionals in subjects such as pressure area care and first aid.

Staff received regular supervision and an annual appraisal. This was an opportunity to discuss performance and developmental needs as well as ensure staff felt well supported. Staff we spoke with told us morale was good and they felt well supported by the registered manager.

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 the case of a residential home a Deprivation of Liberty Safeguards (DoLS) must be in place. The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Appropriate DoLS authorisations had been made for people the service had identified were likely having their liberty deprived. Some of these had been authorised whilst others were awaiting assessment by the local authority.

Whilst most people's DoLS had been re-applied for once they expired, we identified one person's DoLS

authorisation had expired in September 2016 but action had not been taken to re-assess. This meant the home was potentially depriving the person of their liberty without the necessary authorisation. The registered manager admitted this had, "slipped through the net."

We also found where the supervisory body had put conditions in place as part of DoLS authorisations, care plans had not been developed to ensure these conditions were met and evidence of this clearly documented. For example, one person had a condition attached which stated a best interest decision must be recorded for the use of bed rails, crash mat and falls alert. This had not been undertaken despite the condition being specified in May 2016. Another person's DoLS condition stated they should be offered a range of in house activities and responses to these recorded to develop an idea of their likes, dislikes and promote therapeutic interventions and social interactions to improve psychological health. This had not been implemented.

The registered manager recognised that greater oversight of DoLS authorisations needed to be in place. We saw they had planned to undertake a DoLS audit in December 2016 to ensure a clear matrix was in place of when DoLS expired and the conditions attached.

People's nutritional needs were met by the service. We saw there was a three week seasonal menu which provided people with a variety of hot and cold options throughout the week and the main meal at lunchtime. In the morning people were offered a choice of hot and cold breakfast options including a full cooked breakfast, cereal and porridge. People told us they enjoyed the food. One person told us after finishing their cooked breakfast, "I enjoyed my breakfast; certainly did! Food's good." Another person commented, "It's good is the food. Good food, good company."

We observed the lunchtime meal and found it to be a pleasant experience. People were offered clothing protectors and tables were set with condiments present People were offered a choice of two main options with a further option being provided to a number of people who were not keen on either of these options. We observed one person did not finish their meal and staff offered them a second option which they proceeded to eat. Where required, staff provided people with appropriate support for eating and drinking. Adaptive tableware was in use to enable people to be as independent as possible with eating their food, such as plates with built in lips to keep the food warm and contained on the plate and use of coloured crockery to enable the food to be clearly seen.

People's nutritional intake was monitored to ensure they were eating enough and people were weighed regularly. People received regular drinks and snacks throughout the day. These included a mid-morning snack of fruits, boiled eggs, cold meats or biscuits, and afternoon tea and biscuits as well as a light supper. On the day of our inspection, people also received homemade ice cream mid-afternoon, through use of the home's own ice cream maker. Staff we spoke with told us this was utilised on a periodic basis as an additional treat for people.

We spoke with the cook who was aware of people's specific nutritional needs and made the appropriate dietary adjustments. For example, people on a diabetic diet were provided with a reduced sugar dessert. Food was fortified to provide additional calories to help ensure people maintained a healthy weight.

Adaptions to the premises had been made to ensure it was a suitable environment to care for people living with dementia. This included creating a number of distinct sensory areas within the home. For example, one of the sub-lounges had a fish tank and pictures to simulate a marine environment. Another room had been decorated to celebrate the Queen's 90th birthday. Reminiscence material was present throughout the home. People were able to walk in a complete circle of the ground floor without meeting any dead-ends,

which allowed them to explore the different stimulatory environments. Pictures were present on doors and rooms to identify the different rooms within the home. People's bedroom doors were mostly painted in bright colours with their name and picture on the outside to assist location. We saw one upper floor room where the registered manager had arranged for a large banner to be erected on the wall opposite the bedroom window which depicted a countryside scene. They told us they didn't want the person just to have a view of a blank wall when they looked outside. The registered manager had a clear passion for supporting people living with dementia and ensured staff received additional training and support in dementia to help ensure effective care.

We saw people's needs were assessed and plans of care put in place. This was actioned through initial meetings prior to admission between the registered manager, the person /family members and social care professionals if appropriate. We saw care records reflected where people's needs had changed and some signed consent forms had been completed. However, the registered manager recognised some forms relating to consent for care and treatment still needed to be signed.

People's health care needs were supported, evidenced by information of health care professional visits in people's care records and our observation of district nursing and social worker visits on the day of our inspection. For example, one family member told us how the home had identified a serious infection with their relative and organised a hospital admission immediately. Health and social care professionals we spoke with said the communication was generally good and staff would contact them if they had concerns about a person's health or wellbeing.

Good

Is the service caring?

Our findings

We observed interactions between staff and people and found them to be positive with staff treating people with kindness and compassion. People were listened to and as far as practicable given choice and control over their daily regimes. For example, we heard a member of staff approaching a person and asking, "[Person's name], do you want to sit down or are you happy walking around?" The person said they wanted to continue to walk around and this was respected. Another person enjoyed assisting with small tasks within the service such as helping to clear the tables after meals. We saw this was encouraged and evidenced promotion of independence.

The atmosphere within the service was calm, relaxed and friendly. One of the people living at the home commented, "Very nice staff here. They've always been good to me." A family member told us, "They are delightful with [person's name]. The whole family feel they (staff) care about [person]." They gave us an example of one staff member giving their family member a kiss first thing in the morning since this was what the relative had done when they were living at home. Another visitor told us, "[Person's name] gets good care here. They are very good with [person]."

We spoke with a health care professional who said, "All the carers seem caring. They all seem to have time for people" Another told us, "They seem very caring." A social care professional commented, "I think this is a brilliant home. Staff are very knowledgeable. I know they know how to handle [person's name]. It's about their attitude."

Staff had received training in dignity and equality and diversity to help raise awareness of these important topics. Staff attitude and behaviour was monitored through supervisions, staff meetings and informal observation by the registered manger. This helped ensure people were consistently treated in a respectable and equitable way.

During the inspection we saw staff communicated effectively with people using a mixture of verbal and non-verbal communication with people to comfort them and seek their needs. Each care worker had a set of 'visual aids' which they carried around with them. These provided pictures of common care tasks, food and activities to assist people living with dementia to communicate their needs. We saw these aids being used effectively during the day of our inspection.

Staff we spoke with generally had a good understanding of the people they were caring for and were able to give us examples of how they ensured their care needs were met. Staff had knowledge of people, their likes , dislikes and personalities which helped ensure person centred and meaningful care and support. Staff were able to tell us of appropriate techniques used to reduce people's distress and anxieties and manage any behaviours that challenge.

We saw visitors were welcomed and a family member confirmed they could visit whenever they wanted. We saw good communication between staff and visitors and people were greeted warmly.

We spoke with a family member about their involvement in the planning of their relatives care. They told us they had meetings with the registered manager to discuss their relatives care and support needs before their admission and were able to discuss any concerns with staff on an on-going basis.

We generally saw people's confidentiality was respected, with confidential meetings being held away from the main lounge areas. However, we saw the metal cabinet containing people's care records was located in one of the lounge areas and was unlocked during the inspection. We pointed this out to the registered manager who told us the key had been misplaced and they would take action to replace.

We asked the registered manager about end of life discussions since we did not see evidence of these in people's care records. They told us this was an area they were intending to review since they had recently received training and would incorporate advanced planning arrangements in future care plan reviews.

Good

Is the service responsive?

Our findings

On the day of the inspection there appeared to be a good range of activities taking place. This included sensory based activities suitable for people living with dementia. The home also took on students from a local college for work experience. This provided additional social interaction for people. Staff we spoke with all told us they got involved in activities and said they thought the activities provided were sufficient to provide people with regular stimulation. However, some health care professionals and family members told us they felt more activities could be incorporated.

A system was in place to log, investigate and respond to complaints about the service. The complaints policy was on display to bring it to the attention of people who used the service. We saw a number of complaints had been received within 2016; however these had been appropriately investigated and responded to within an appropriate timescale. It was evident any negative comments received from people and relatives were recorded as complaints which helped ensure all negative feedback was recorded and acted on. Analysis was undertaken on complaints on a quarterly basis to look for any themes or trends. One relative told us, "If I have had cause to complain about anything they've sorted it out."

We saw plans of care were put in place following initial assessments of care and support needs. Preadmission assessments included people's social history and relationships, the person's understanding of their needs, likes and dislikes, self-care ability, health and wellbeing, lifestyle choices and communication. We saw detailed personal histories documented which gave staff good information about people.

Throughout the plans of care we reviewed, we saw information about the importance of maintaining people's dignity, such as, 'Staff to maintain privacy and dignity at all times.' Care records were generally relevant to people's needs and person specific. For instance, one care record said how one person enjoyed sitting next to a member of staff and having a soothing conversation. We saw this took place during our inspection. This showed people's preferences were taken into account when providing care and support. However, we needed to see more evidence of DoLS conditions being adhered to where these were in place.

Where people had specific needs we saw these were documented clearly in the care records. For example, we saw one person at nutritional risk had received a full nutritional needs assessment, a care plan was in place and appropriate recording tools were completed. Another person had a mental health action plan in place to allow them to live as independently as possible. We saw specific tools were in place to manage their behaviours such as leaving them for about 15 minutes if they became aggressive and then try again, distraction techniques and the use of calm, no-confrontational language.

We saw care records were reviewed regularly and amended as care and support needs changed.

Good

Is the service well-led?

Our findings

All the staff we spoke with said they enjoyed working in the home and that they thought high quality care was provided. Staff told us they worked well as a team and supported each other. One care worker told us, "I love to work here. I love the people; have developed relationships with people." They all said they would recommend the home to a relative and had no concerns about the way the service was run. They all said the registered manager was supportive and that morale was good. A member of staff said, "I find [registered manager] approachable. I would go and see [registered manager] about any concerns. She always guides us."

We saw the registered manager was passionate about creating a dementia friendly service and promoted this ethos amongst the staff working at the home. They told us, "This is their home. You treat people with respect." On the day of inspection, we saw they were a visible presence in the home and led by example, guiding staff who were less experienced. They praised the staff, telling us, "The staff work really well. They really understand dementia care."

Some health and social care professionals told us they didn't deal with the registered manager but others did and said, "I think [registered manager] is exceptionally caring. I've found her to be really helpful. She's always here. [Registered manager] knows what's happening with everyone."

We saw a range of systems were in place to assess, monitor and improve the service. An annual audit schedule was in place which ensured a range of audits were undertaken in subjects such as care plans, mattresses, infection control, medicines, incidents and accidents, laundry and the environment. We saw evidence that action plans were produced following these audits and action taken to rectify any risks identified. For example we saw work had been done to the environment and to care plans following audits in these areas. We also saw analysis had been done when reviewing accidents and incidents, with actions such as GP referral and reviewing risk assessments completed as a result.

Regular staff meetings were held. We reviewed these and saw they were an opportunity to discuss care practice with staff to help improve performance as well as providing training updates. Staff were encouraged to raise any issues that were effecting their work. Safeguarding and abuse were discussed as well as the outcomes of any recent audits.

Resident or relatives meetings were not held. The registered manager told us that they had found speaking with people on an individual basis was a more useful tool to seek feedback. Annual surveys were undertaken to gauge the views of people and their relatives. We reviewed the feedback from the 2015 questionnaire which was overwhelmingly positive. The registered manager told us that the 2016 questionnaire was due to be sent out just after Christmas.

Appropriate notifications had been received by the Commission in a timely manner.