

Clover Residents Ltd

Clover Residents - 2 Dorchester Drive

Inspection report

2 Dorchester Drive
Bedfont
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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 

Overall summary

The inspection took place on 14 January 2015 and was unannounced.

Clover Residents - 2 Dorchester Drive provides accommodation and care for up to three adults with learning disabilities and/or mental health needs. At the time of the inspection there were three people living at the home. Two people had a learning disability and one person had dementia. One person's first language was

not English. The provider employed a member of staff who could communicate with the person in their own language. The other staff had learnt basic words and phrases in this language and used pictures and symbols to help communicate. The person understood English.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People living at the home were happy there. Their relatives were happy with the support they received. The staff told us they were well supported and enjoyed working at the home. We observed people were cared for in a kind and sensitive manner which met their individual needs.

The provider had taken steps to help protect people from harm and abuse. There were appropriate procedures and the staff had been trained to understand these. The staff knew what to do if they felt people were at risk or harm. Risk assessments had been created to help plan how people would be cared for safely. These were regularly reviewed. There were enough staff employed at the home to keep people safe and meet their needs. People's medicines were managed in a safe way and they were given the support they needed with these.

The staff were given the training and support they needed to care for people safely. They told us they felt well supported. People's capacity to consent to their care and treatment had been assessed and the provider had acted in accordance with legal requirements to make sure decisions were made in people's best interests.

People were cared for by staff who were kind and polite. They respected their dignity an individual believes and preferences. The staff responded to people in a calm and caring way, offering them choices and checking on their wellbeing and comfort.

People's needs had been assessed and care was planned to meet these individual needs. Records of the care people had received showed they had been supported to pursue activities which they wanted and had made choices about all aspects of their care and support.

There were systems to monitor the quality of the service and the manager demonstrated a commitment to continuous improvement and development for the service. Staff felt there was a positive culture and the service was well-led.

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?

The service was safe. The provider had made arrangements to reduce the risks of harm and abuse by training staff and implementing procedures to help protect people. People felt safe and the staff responded quickly and appropriately when people needed assistance.

People were given the support they needed with their medicines, so they received the right medicines at the right time.

There were enough staff employed at the home to keep people safe and to meet their needs.

Good



Is the service effective?

The service was effective. People were supported by staff who had been appropriately trained. The staff were supported and had opportunities to develop their skills and experience.

People's capacity to consent had been assessed and where they could they had consented to aspects of their care and treatment. The provider had acted in accordance with legal requirements to ensure people were not deprived of their liberty and decisions were made in their best interests when they were unable to give their consent.

People were provided with adequate food and drink and their nutritional needs were assessed and met. They had access to health services as required and they were supported to stay healthy.

Good



Is the service caring?

The service was caring. People's individual needs and wishes were respected by staff who were kind, polite and caring. The staff listened to people and responded appropriately to the things people said and showed they felt. They respected people's privacy and dignity and showed compassion and respect in their work.

Good



Is the service responsive?

The service was responsive. People's individual needs had been assessed and care was planned in a way to meet these. People were able to pursue activities of their choice, follow religious and cultural beliefs and make decisions about their care and treatment.

The provider had an appropriate complaints procedure and people's concerns were investigated and acted upon.

Good



Is the service well-led?

The service was well led. There was a registered manager in post who had a clear vision for the service and people living there. There was an open and positive culture where staff felt empowered and involved. Care was provided in a person centred way.

There were systems for monitoring the quality of the service and these included looking at how improvements could be made.

Good



Clover Residents - 2 Dorchester Drive

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 January 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we gathered the information we held on the provider which included notifications of incidents and accidents and the last inspection report from January 2014.

During the inspection we spoke with all three people living at the home, although one person's first language was not English and they had limited verbal communication. The other two people spoke with us but were not able to give detailed feedback about their experiences. We spoke with the registered manager, two support workers and the nominated individual. We observed how people were cared for and supported. We looked at a sample of records, including the care records for all three people living at the home, records regarding four members of staff, records of accidents, incidents and quality checks on the service and the environment. We also looked at how medicines were managed and recorded.

Following our visit we spoke with two relatives of people who lived at the home over the telephone.

Is the service safe?

Our findings

People told us they felt safe. The relatives we spoke with said they felt people were safe at the home. One relative said, "it is peace of mind for us and reassuring that (their relative) is safe and well looked after." Another relative said, "we do not need to worry, the staff are good genuine people and they keep (our relative) safe."

The provider had policies and procedures regarding safeguarding adults. They had a copy of the local authority safeguarding procedure. We saw evidence that the staff had been trained in this area. The staff were able to tell us what they would do if they felt someone was at risk of being abused. One staff member said, "I would talk to the manager and report my concerns, if I needed to I would contact the local authority safeguarding team". The manager told us she discussed safeguarding people during individual staff supervision meetings and planned to introduce regular discussions at team meetings about different procedures, starting with safeguarding people and whistle blowing. Therefore the provider had taken steps to help protect people living at the home from abuse or harm.

We saw people being supported in a safe way and risks to their wellbeing were minimised. For example, the staff supported one person to move from their wheelchair to an arm chair using appropriate manual handling techniques and supported them in the way described in the person's care plan. Another person was supported to leave the home for an activity. The staff checked the person had everything they needed to keep them safe when they left the home. The staff member told us, "together (the resident) and I check we have everything we need to keep him safe whilst we are out". There were detailed risk assessments for each person regarding different aspects of their lives. These included assessments to show how people should be supported to move safely, use equipment in the home and when they were in the community. Risk assessments had been regularly reviewed and included information about how staff could minimise risks to people. For example, reassuring the person and using agreed strategies to make sure they were well informed and knew what was happening when they were being supported to move. The staff told us they were aware of these risk assessments and were able to show us where they found information about each person. One staff member told us, "We discuss the care, including risks, of

each person as a team and together we record what we have agreed is the best way to support them to stay safe; we are all aware because we are all involved in the assessments".

There were enough staff to meet people's needs. There were three members of staff on duty on the day of the inspection. The staff rota indicated that the service employed a minimum of two members of staff each day. The manager also worked at the service most days. No one living at the home required the assistance of two members of staff for moving, although the manager told us they had assessed that some people required two members of staff to support them when they were out of the home. The staff told us there were enough of them to meet people's needs, including when people wanted to go outside. We saw that people received the attention and support they required throughout the visit. The staff responded to requests promptly and spent time talking to people in a relaxed and unrushed way.

The staff working at the home were suitable to work with vulnerable adults. We looked at the records of recruitment for four members of staff. These included a range of pre-employment checks on their suitability to work. The staff confirmed that checks had taken place before they started working at the service. On the day of the inspection the manager interviewed a potential member of staff. The person had completed an application form and given details of referees for these checks to be made.

People's medicines were managed in a safe way. We observed people being supported to take some of their medicines. The staff followed the home's procedure for administration and made sure people were happy taking and aware of their medicines. Medicines were stored securely. Records of medicines held at the home and administration were accurate and up to date. The manager had carried out regular audits on medicines management and these had identified areas where improvements were needed. The supplying pharmacist had also audited the way medicines were managed and had not identified any concerns. The staff had training in medicines management and were able to tell us about the procedure for administering medicines and what to do if something went wrong. One member of staff said, "We know about each

Is the service safe?

person's medicines and the potential side effects. If something goes wrong we contact the GP straight away and we can also speak to the pharmacist if we are not sure".

Is the service effective?

Our findings

The relatives of people who lived at the home told us the staff were knowledgeable and skilled. One person said, "They know about (my relative's needs) and they have the skills to meet these. They appear to be trained and supported. We have no concerns." The staff told us they had the support and training they needed to do their job. One member of staff said, "I had a good induction and training in lots of areas, there is always new training coming up." Another member of staff told us, "The manager is very supportive, she is always here or we can ring her, we speak with her every day, if we have any concerns she is here." The other member of staff said, "I feel very supported. I have all the information I need and I can ask (the manager) for anything. They give me opportunities and they support us." They also told us, "the team support one another, we work very closely and share ideas and information, we all know how to care for the residents because we work together to make sure what we do is best for them."

We looked at records of staff training and saw they had undertaken a range of training, including safeguarding, Makaton (a type of sign language), manual handling, menu planning, learning disability, dementia, first aid and health and safety. The training was regularly updated. The staff told us how they had learnt from their training and used this in their work. For example, one member of staff told us they knew about each person's health conditions and needs because they had received information and training about these. They told us they had learnt Makaton and could use this to help communicate with one person. We saw them doing this.

The staff told us they were well supported and we saw records of regular individual and team meetings with each member of staff. The manager had appraised staff work and talked to them about their individual learning and development needs. The provider had also consulted external organisations who led on good learning disability practice. They had organised for an external consultant to review the care and treatment at the home and provide support and advice for staff. The manager told us they had undertaken research in dementia and were supporting the staff to learn more about this in order to understand and meet the needs of one of the people who had moved to the home in 2014.

People had been asked for their consent to different aspects of their care, including staff supporting them to take their medicines, consent for the use of their photographs and consent to their care plan. We saw records of this and people's confirmation of their consent. The provider had assessed people's capacity to consent to specific care and interventions. They had shared these assessments with people's funding authorities.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process where people lacked capacity to make sure they are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way. The provider had undertaken appropriate assessments to make sure people were not being deprived of their liberties.

People were supported to have enough to eat and drink. People told us they liked the food and were able to make choices about what they ate. On the day of our visit one person was supported by staff to make their own packed lunch. Lunch was provided to the other people, but one person did not want their food once it was served. The staff spoke to them about alternatives and prepared a new meal which they had requested. The staff told us they planned menus with people living at the home but these were flexible because of the small number of people living there. They told us they could generally prepare anything people requested at short notice and that two people enjoyed participating in the preparation of meals. People's nutritional needs had been assessed and there were records to show they had been weighed and what they ate and drank was recorded each day. Records indicated that people ate a variety of meals and had plenty to eat and drink. Throughout our visit people were offered drinks and snacks.

The relatives of one person told us that they were happy with the support the person received with their health care. During the inspection one person showed symptoms of a possible illness. The staff responded appropriately making sure the person was well and comfortable. They contacted the person's GP to make an appointment and their family to make sure they were aware of the person's change in condition. People living at the home had health action plans which summarised their health needs and how these would be met by different professionals. We saw records that showed people's health and wellbeing was monitored

Is the service effective?

daily. There were detailed records of appointments with health care professionals and any actions or recommendations from these. The staff were able to tell us how they kept people healthy. They knew about individual health needs and told us how they monitored these. For

example, one member of staff said, "the nurse has assessed the condition of (resident's name)'s skin. They have made recommendations about how we check this and provide good skin care."

Is the service caring?

Our findings

People living at the home told us they liked the staff. Relatives said the staff were kind and caring. One relative said, "I cannot fault them they are such kind people." Another relative told us, "they are very dedicated and pay attention to the people they are caring for." We observed the staff being polite, caring and considerate. They took time to listen to what people were telling them and they responded appropriately. On several occasions one person became distressed and spoke about things which were upsetting them. The staff responded kindly, reassuring the person and offering them comfort and support. The person requested a visit from their family and the staff contacted the family to let them know this so they could visit if they were able. The staff had a good knowledge about each person, their likes, preferences and how they wished to be cared for. They were able to tell us about each individual and how they responded to their specific needs and wishes. People were able to do as they wished throughout the inspection, being supported to take part in a variety of activities. They were given as much attention as they needed and wished for. They staff checked on their wellbeing and comfort throughout the day, offering them food, drinks and opportunities to do different things. One member of staff told us, "we care for them like they are our family, that is why we are here".

We looked at a sample of daily care notes. These showed that people were given a choice of different food and things to do each day. When people had become unwell or distressed there was a record to show how the staff had responded to this and what the outcome for the person was after they had received support.

Relatives told us they and the people living at the home had been consulted about what they wanted and their choices regarding their care. One person said, "The staff

always ring us and talk to us if they are unsure, we have had opportunities to tell them what (our relative) likes and what they do not like, this is the care they get". We observed people expressing choices and asking for specific things during the inspection. The staff listened to people and responded appropriately. For example, one person wanted to use some make up. The staff sat with the person, supporting them and talking about this. They complimented the person on the way they looked and reassured them when they felt unsure about what they were doing. The staff explained to people what was happening and what time different events were taking place, for example when visitors were arriving and when it was time for lunch. We saw the staff used pictures, objects of reference and symbols to help communicate with people. They used these to help offer choices and to show people what was happening. For example, where they were going when they went out of the house.

People's privacy and dignity was respected. When we arrived at the home we saw the staff closing a door to ensure someone's privacy. When people were supported to move the staff did this respectfully, adjusting their clothing to maintain dignity. The staff addressed people politely. The staff told us they respected people's wishes for gender specific care where they had expressed these and this was recorded in care plans. Information about people was stored securely and appropriately. People were supported to be independent in areas where they were able and wished to be. For example, care plans recorded the personal care tasks people could manage themselves and the staff supported them to be independent. People were encouraged to be involved in shopping and meal preparation. During our inspection one person was supported to make their own packed lunch. The staff told us about different tasks people enjoyed undertaking in the home and how they encouraged them to do this.

Is the service responsive?

Our findings

Relatives of people living at the home told us that people received individualised care which met their needs. One relative said, "We could not have asked for better, the size of the home means that (our relative) gets what she needs when she needs, it is an ideal situation." They told us they had been consulted regarding the person's assessment and care plans. We observed staff meeting people's individual needs throughout the day. We looked at the assessments and care plans for all three people living at the home. These were detailed and showed what people's individual needs were and how these would be met. There was evidence in daily care notes that these needs had been met. For example, one person enjoyed spending the day outside the home in the community, and they were supported to do this regularly. One person liked to have a collection of their own things close at hand and a box of belongings for them to help themselves to was placed next to their arm chair so they could easily access this. People were supported to see their families and others who were important to them on a regular basis and sometimes the staff supported them to travel to their family's home.

Care plans and risk assessments were regularly reviewed and updated. The staff were aware of these and were able to describe people's individual care needs and how they met these. There was a large age range between the people

living at the home. However this was reflected in the care they received. One younger adult was supported to take part in a large range of community events and socialise with others, where the older people had expressed a choice for a less active lifestyle and they were supported to do activities of their choosing.

One person's first language was not English, although they could understand spoken English. The provider employed a member of staff who could communicate with the person in their own language. Other staff had also learnt basic phrases and words, which we heard them use when communicating with this person.

One person was supported to attend a place of worship and a social centre for people from their religious and cultural background.

Relatives of people living at the home told us the staff responded to concerns they raised or questions they had. One person said, "I can ring if we have any niggles, but we are very happy". There was an appropriate complaints procedure and a copy of this had been created in pictorial form. This had been shared with the people who lived at the home. Relatives told us they knew what to do if they had any complaints. The manager kept a record of complaints and concerns and how these had been responded to. There was evidence that appropriate action had been taken when responding to complaints.

Is the service well-led?

Our findings

The relatives of people who lived at the home told us they felt there was a positive culture at the home. They said they could speak with the manager or staff at any time and felt listened to. They said the staff seemed happy and well supported. One relative said, "there is a lovely atmosphere – its relaxed and we are very happy (our relative) is living there."

The provider is a small family run business who own three small care homes in North West London. The nominated individual visits the home regularly and stays in touch with the manager each day. Staff told us they were employed to work in one specific location but sometimes worked additional shifts at the other homes and this has helped them to get to know all the people living in the homes. The staff told us they were well supported and were given opportunities to develop and try new things. They said the manager listened to their opinions and care was planned with all the staff team discussing people's needs. The staff told us they could suggest improvements or changes and these were listened to. One member of staff said, "She is a really good manager, I am well supported and she listens to me". Another staff member told us, "we work as a team, everyone has an opportunity to speak up and we can do this in the best interests of the people who live here."

The manager told us they were well supported by the local community and neighbours. She described strong links with them and said they were part of a friendly community. She told us the people living at the home benefited from this.

There were appropriate systems for monitoring the quality of the service. These included checks on the different aspects of the service, the environment, records and care. The manager and staff undertook regular audits and recorded these. We saw action had been taken where problems had been identified, for example building maintenance. There were regular team meetings to discuss the quality of the service and the provider met with families to ensure they were happy with the service. The provider had employed an external agency to undertake a quality check of the whole service and to review policies and procedures. As part of this work they had provided training and information for the staff. The provider planned to renew this external quality check every two years.

The service employed a registered manager. The manager had been in post since the home was first registered. She had a good knowledge of the people living at the home, the staff and the service in general. She spoke about plans to improve and develop the service. She said the use of external agencies for quality monitoring helped to give an independent perspective and to ensure best practice guidance was followed. The service was operated in a way which met people's individual needs. For example, where people had expressed a wish to take part in a certain activity, the staff had researched how they could do this and the manager made sure they had the support and resources they needed for this.