

Nos Nom

# Clubworthy House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

About the service:

Clubworthy House provides accommodation with personal care for up to two people. There were two people using the service at the time of our inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. ' Registering the Right Support' CQC policy.

What life is like for people using this service:

People were protected by a strong, comprehensive safety system, with a focus on openness, transparency and learning. The provider had systems in place to make sure the service was safe, with very good staffing levels and well skilled staff to deliver care. The service ensured that risks to people were fully assessed and well managed. People were empowered to take positive risks, to ensure they had as much choice and control of their lives as possible. The positive risk-taking approach demonstrated by the service showed they respected people's right for independence, their right to self-determination and their right to take risks.

The staff at Clubworthy House were highly committed to ensuring people lived fulfilling lives and were protected from social isolation. The whole focus of people's care was individualised and focused on promoting people's independence as well as their physical and mental well-being. People were empowered to make their own choices and staff were highly motivated with a 'can do' approach which meant they were able to achieve very positive outcomes for people.

People were involved and supported to safely recruit staff to work at the service. Staff were appropriately trained in all areas of people's care. Robust arrangements were in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff were caring and had built open and honest relationships with people. They were knowledgeable about how best to communicate with people and to advocate for them and ensure their views were heard. People, relatives and health and social care professionals all spoke of the commitment of staff, the family atmosphere at the service and the genuine interest staff took in their wellbeing. There was a strong culture within the service of treating people with dignity and respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

There was strong leadership that put people first and set high expectations for staff. There was an open culture and a clear vision and values, which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published 20/08/2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection we found the service had improved to outstanding under the caring and responsive domains. The overall rating for this service is Outstanding.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below

Good ●

### Is the service caring?

The service was exceptionally caring  
Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive  
Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led  
Details are in our Well-Led findings below.

Good ●

# Clubworthy House

## Detailed findings

### Background to this inspection

#### The 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.

Inspection team: This inspection was carried out by one inspector.

#### Service and service type:

Clubworthy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to two people. At the time of our visit there were two people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

We visited the service on the 11 December 2018 and looked at records, spoke with people and staff and completed a tour of the premises. Following the visit, we spoke with four relatives over the telephone. We also received feedback from three health and social care professionals to gain their views on the service.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements

in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with two people who used the service. We also had discussions with two staff members and the registered manager and registered provider.

We looked at the care and medication records of two people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Staff had developed very positive and trusting relationships with people that helped to keep them safe. A relative commented, "Without a doubt [relative] is safe."
- The provider had effective safeguarding systems in place and all staff spoken had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area. The registered manager used team meetings to reflect on events in the service with staff to understand if they could safeguard people better or promote their rights.
- The provider followed robust and safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them.

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other relevant factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff understood where people required support to reduce the risk of avoidable harm
- People were supported to take positive risks to aid their independence. For example, with food preparation.
- The environment and equipment had been assessed for safety.

### Staffing levels

- The registered provider and manager worked at the service along with two care staff. The staff team provided support 24 hours a day. There was a consistent staff team who knew the people they supported well. During the visit people appeared at ease with the staff who supported them.
- There were sufficient numbers of staff to meet people's needs. A health and social professional commented "The recruitment process was very robust and person centred."

### Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried out to ensure safe practice.
- Medicines were safely received, stored, administered and returned when they were no longer required.

### Preventing and controlling infection

- People were encouraged and supported to keep their home hygienic clean. The service was very clean

and free from any obvious risks associated with the spread of infection.

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences and aspirations. People met with staff and the person already living at the home, and had several trial visits before a joint decision was made if the service was suitable for them.
- We looked at the assessment for the person newest to the service. There was information about the healthcare professionals that needed to be involved in the person's care to ensure care was based on up to date legislation, standards and best practice. Their family member told us, "(registered provider and manager's name) weighed up if (relative's name) was the ideal fit (for the person currently living at the home). It was essential all were happy and we are so pleased it has worked so well."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act, especially in the area of disability and age. For example, how to support a person with their mobility whilst promoting their independence.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff had regular training and refresher training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff completed a wide range of training courses including specialist training that was applicable to their roles. This included training in sign language so that staff and people were able to communicate in a more effective manner.
- Staff felt valued and were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training this was provided and told us that bereavement training had been arranged.

Supporting people to eat and drink enough with choice in a balanced diet

- People with staff support prepared and cooked the lunch meal which they invited us to join. People and staff ate their meals together and this was a social occasion. It was evident that people enjoyed cooking and the social aspect of this. For example, people told us that when England played in the football world cup they prepared and cooked a meal from the opposing team country that England played. People told us they enjoyed this and showed photos of this activity.
- There was a strong emphasis on ensuring people's nutritional needs were fully met. Staff supported

people with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills to become or maintain independence and confidence.

- Records showed that staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs. When a person need a specific diet, the registered manager ate the same diet so that they could support the person with this new menu regime. When the person was invited to a wedding, part of the menu was scones and cream. The registered provider cooked scones with the ingredients that the person could eat so whilst at the celebrations they were able to join in.
- Peoples weight was monitored and any issues were discussed with relevant health and social care professionals.

Staff providing consistent, effective, timely care

- People said they were supported to maintain good health and referred to health professionals when required.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services. People also received an annual health check as per best practice for people with a learning disability.
- Staff supported people to access appointments and manage their anxiety, and prevent failure to attend. Staff had sought guidance from medical professionals and formulated a treatment plan to support a person with their health condition. The provider sourced booklets to explain the persons health condition from BILD (British Institute for Learning Disabilities) so that it could be shared and explained to the person in a meaningful way. The persons health had improved significantly so that they were now able to be more independent in their self-care. A relative commented "[registered provider and managers name's] work tirelessly to improve [person's name] health. [Person's name] is now able to do so much for themselves as the problem she had is no longer there. She is a happier person."
- One person was supported with a major operation. Staff had actively researched best practice guidance on diet and the health support needed. They had also made links with health care professionals who were expert in this area.

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

- Clubworthy House provided an extremely homely environment for people. People had been involved in choosing the décor and furnishings of their bedrooms and communal areas. People and staff had all chosen an individual piece of artwork to be displayed in the home. People were encouraged to display photos of their loved ones in the lounge areas, if they wished. The provider wanted people to see the whole environment as their own home.
- Due to the changing health needs of people at the service it was identified that a bathroom area needed to be adapted to meet their needs. People and staff visited shower rooms, looked at catalogues to help design the room and choice of colours. People proudly showed us this new area and how they enjoyed using this facility.
- The home has farm animals, due to the changing physical needs of a person they were no longer able to access the barn to see the horses, pony, lambs and goats. A new barn was purchased to provide levelled access so that the person could still see and care for the animals which was of great importance to them.

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

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

restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of gaining consent before providing support. MCA was discussed in supervisions and information was displayed to support staff knowledge and understanding of the legislation.
- People were actively encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible.
- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.
- The registered manager understood their responsibility to apply for DoLS as needed.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- People using the service and their relatives had nothing but good things to say about the care and were extremely positive about the commitment of the staff. Comments included, "They (staff) are brilliant with [person's name] we couldn't have picked a better place", "The service is extra special" and "I cannot fault the place. It is a very, very welcoming place with lovely staff who are very approachable."
- Health and social care professionals were equally positive about the care and support provided at Clubworthy House. One commented "I feel that this is a very safe and caring service and there have been times when [registered provider and managers names] have 'gone the extra mile' outside of the commissioned support, for example supporting recovery following major hospital treatment."
- Staff provided care and support that was exceptionally compassionate and kind. For example, a person needed a major operation and was in hospital for three weeks. The registered provider and manager between them, stayed with the person continuously throughout the three weeks hospital stay. They provided all personal care whilst medical staff provided medical treatment.
- The registered provider was also able to advise medical staff how to approach the person to reduce their anxiety. A relative told us "They devote their life to [person's name], they fought for [person's name] to get the right medical help, supported them throughout the operation and in recovery. [Person's name] health has so improved, they can do so much more now." The person could now engage in activities which previously their physical health would not allow.
- Staff were particularly sensitive and showed empathy, for example, in bereavement. The day before the inspection, a person's horse had died. Staff had prepared the person that their horse was dying and let the person be involved as much as they wished in the animal's care and the decisions in how the animal would be medically treated. The person was able to share with staff and us, memories of their animal and the emotions attached to its death.
- Staff also supported another person who had not visited a family grave, to be able to do this. Preparation work with the person and their family was undertaken and the person was able to visit the family member's grave. A relative commented "[Registered provider's name] did it so sensitively, we were worried it may upset [person] but it was handled so well, we needn't have worried." The person talked with us about visiting their grandparents grave and the importance of this to them.
- People and the staff team were treated as equals. A staff member commented about the management approach, saying, "[registered manager and providers names] are very clear, it's all about the ladies and they support us too. We all need to get it right for them [people's names they support]". The registered manager told us, "We are fussy in what staff we employ, we ask for high standards as [people's names] are so important to us and they come first."
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. These were considered as people planned their daily life. For example,

celebrating religious festivals.

- The culture of the service was caring, compassionate, respectful and empowering which reflected the values of the organisation. There was a strong recognition that people were individuals. A staff member said, "This really is a service that provides personalised care. We ask what people want and we work with the person to help them achieve their wishes."
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.
- Staff understood the way each person communicated and provided the care and support they required.

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

- People and their relatives confirmed they were consulted about the care and support delivered. A relative said, "Communication is excellent. [Person's name] phones me weekly and gives me an update on what they have been doing. But so, do the [registered managers name]. We are fully involved. We get invited to attend reviews but we know we can visit anytime. Any query and they [registered manager] are on the phone to us, and us to them."
- People were involved in the staff recruitment process so that their views were sought on the suitability of the candidates who would be supporting them.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality was upheld and they were not discriminated against in anyway.
- Staff showed genuine concern for people and educated them about respecting each other's space and maintaining confidentiality.
- People were encouraged to do as much for themselves as possible. They contributed to household tasks, such as preparing meals, setting the table, emptying the dishwasher, and taking care of the animals. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.
- People were supported to maintain and develop relationships with those close to them, and be part of their local community. People were known to the local community for example when out on the horses, walking and visiting local shops and had formed friendships with them.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

### Personalised care

- The service was outstanding in the way it worked with each person to establish their strengths, it empowered people to make choices and supported them to gain as much independence as possible. People told us that they were now able to use equipment, such as wheelbarrows, to assist them when they cared for their animals.
- People were involved in developing their care, support and treatment plans as well as given opportunities to develop the service. People showed us their pictorial care plans that they had developed with the registered manager. This meant that information was accessible to them in a way that was meaningful for the person.
- People showed and talked through with us their care plan reviews. They were presented pictorially and both people individually, told us what they had done and planned to do and expressed great satisfaction in what they had done and achieved. The registered manager told us as the person had been involved in the creating of their care plan review they would be able to 'chair' the meeting. The emphasis was that the review meeting was the person's meeting which they should be in control of.
- Staff supported people to identify their short term, medium term and long-term goals and dreams; and there were clear plans in place to help people achieve this. For example, one person told us how they had wanted to see a particular band, and showed us photographs of this being achieved.
- Staff had a can-do attitude and said nothing was impossible. Examples included a person was now able to walk greater distances which was something they wanted to achieve. Another example was people with support, completed daily tasks with the animals they cared for. People spoke fondly of the animals they cared for and showed great understanding of them.
- Each person was encouraged and supported to pursue activities of their choosing. People showed us photographs of activities they had completed, such as visiting attractions, going to musical concerts, theatre trips, baking, swimming, and holidays. One person told us, "We do loads of activities. We are always busy." Relatives commented that people are engaged in lots of activities. One said "The month of December was so busy. Each morning they opened a Christmas cracker, and in it was an activity for the day, which they did, they went out and about everywhere."
- Relatives were positive about the amount and quality of activities that people participated in. One commented "They know what [person's name] likes and makes it special and personal for her."
- The provider was creative in looking at ways to support people. For example, one person needed an operation which would involve post operation care to be provided with equipment that they may struggle to use. The provider contacted their favourite band and asked for stickers to place on the equipment to motivate the person to use it. The band had no stickers so staff made some and placed them on the equipment. The band recorded a personal message for the person and recorded their favourite song. The provider liaised with the medical team and arranged for the song to be played when the person had the

anaesthetic and on waking from the operation. This alleviated the persons anxiety.

- Staff understood the principles of the Equality Act and supported individual needs for example in the areas of disability, gender, religion and age and supported them in a caring way. For example, due to a person's changing health needs they were no longer able to get in the service vehicle. The provider purchased a new vehicle so that the person was able to get in and out of the vehicle with more ease.

Improving care quality in response to complaints or concerns

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.
- There were easy read guides available for people to help them understand and the registered manager showed an open and transparent approach around complaints, encouraging people to let a member of staff or themselves know if they were unhappy with any aspect of their care.
- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. The management told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events taking into account people's wishes.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good - The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- We found a clear management structure that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion.
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible. People told us they were very happy at the service and they appeared relaxed and comfortable as they showed us and told us about 'their' home.
- People, relatives and staff expressed confidence in the management team. The ethos of the service was to be open, transparent and honest. Relatives told us "The [registered provider and manger] are always available, they want to do the best they can for [people's names] and are open to any suggestions."
- The registered manager and provider worked at the service along with two staff members. They worked alongside staff and led by example.
- The registered manager and provider demonstrated a good understanding of people's needs, likes and preferences.
- Staff and relatives told us they had confidence in the management of the service and would not hesitate to report any concerns.
- All the feedback we received about the service was very positive and we were told how valuable the service was to people.
- Staff were very motivated by and proud of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups. Staff described supervision and appraisal as regular and very supportive, with staff praising the high level of support they received from their line managers.

Engaging and involving people using the service, the public and staff

- People, relatives and health and social care professionals feedback was sought. Responses showed they were happy with people's care and quality of life.
- There was an open culture where people, relatives and staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement. A staff member said, "I can't fault the company at all. It's a family run business and we are all treated equally. They support you, value you and we are looked after by them."



- People and staff were encouraged to air their views and concerns. The registered manager told us although they had not had any concerns they would ensure if they did these would be listened to and acted on to help improve and shape the service and culture.
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development. For example, a health and social care professional told us "They [people] attend appointments with extremely supportive, caring and competent carers. These carers are well informed about their clients and always have the appropriate information that we need to be able to provide safe dental services to their clients.... They ensure that the clients understand to the best of their capacity by helping me in my approach to communication and then ensuring with the client they have understood."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.

#### Continuous learning and improving care.

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The management team completed regular in-house audits of all aspects of the service. From this there had been refurbishment and redesign of the property, such as new shower rooms, so that people were able to use all parts of their home.
- The provider had robust business continuity plans in the event of adverse weather or other major disruption to service delivery.

#### Working in partnership with others

- The service was an important part of its community. The registered manager is a member of the Parish Hall Committee and actively promoted inclusion for all people in their community. For example, they were involved in planning a football club to be inclusive to all people who had an interest in football, which they all played in.
- Clubworthy house agreed to have the defibrillator fitted to the outside of their property for the benefit of the local community.