

Cloverfields Care Limited

Cloverfields

Inspection report

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Whitchurch
Shropshire
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Tel: 01948667889

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cloverfields is a nursing home providing personal and nursing care to people aged 65 and over at the time of the inspection. The service can support up to 35 people and at the time of the inspection 30 people were living at the home.

Cloverfields provides a homely environment to people receiving respite or long-term care. The home is situated close to local amenities and is part of the local community. The home is situated over two floors with large communal areas on the ground floor.

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

People received safe and effective care and support to meet their individual needs. People were protected from harm as risks were assessed and managed and staff were confident to recognise and report abuse.

People received their medicines as prescribed and there were procedures in place to ensure the process was carried out safely.

People were supported by a staff team who had the knowledge and skills to meet their needs effectively.

Recent staffing issues were being addressed and resolved to ensure there were sufficient staff to meet people's needs in a timely manner. Staff were well supported by the provider and their colleagues.

People's needs were assessed and documented in care plans that were in the process of being re developed to ensure more personal information was recorded. Staff were confident they could meet people's individually assessed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate and safe support. People were supported to access healthcare, and other agencies, when required. People received appropriate support to eat and drink and their nutritional needs were met.

Staff were caring and respectful, promoting people's privacy, dignity and independence.

People's care was responsive to their changing needs. People, relatives and health and social care professionals were involved in the assessment and planning of their care. This joint working meant people's needs were met. People knew how to raise a concern and always felt listened to. Information was available

in different formats to make it accessible.

People spoke highly of the home's activities programme and the daily activities which were extremely popular, inclusive and engaging.

People felt the service was well managed despite there currently being no registered manager. Staff knew about the appointment of a new manager and were aware of their plans were to develop the service.

People who used the service and staff had opportunities to share their views about the service. Staff felt listened to when they shared feedback. The provider carried out audits to ensure the quality of care provided and feedback was sought from people who used the service to ensure their satisfaction.

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

Rating at last inspection

The last rating for this service was good. (Inspection took place in April 2017). At this inspection the service has remained good.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cloverfields on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Cloverfields

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried by one inspector.

Service and service type

Cloverfields 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service has recruited a manager who is due to start work imminently.

Notice of inspection

This inspection was unannounced and took place on 19 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and professionals who work with the service. We also contacted the local Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people who use the service and four relatives. We spoke with the deputy manager and three care staff. We looked at two care files and two staff recruitment files. We also looked at records held by the service including accident and incident forms, audits, and complaints records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

On 20 November 2019 we spoke with the provider and sought clarification from the provider regarding some of the evidence found. We also received written feedback from four health care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

People who used the service told us they felt safe. One person told us, "This is the best place I have ever been in for safety."

- People were protected from abuse by staff who had received training in recognising and reporting any concerns.
- Staff told us if they had any concerns they would be confident to speak with the provider or any of the senior staff team.
- Local safeguarding policies were in place and staff had access to whistleblowing policies.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and these were regularly reviewed or reviewed if a person's care needs changed. Information about changes in people's risk assessments were shared with staff as part of the handover process to ensure staff were kept up to date.
- Staff were confident using the equipment in the home and we saw that equipment was serviced on a regular basis. We saw staff moving people safely when required or requested by the individual.

Staffing and recruitment

- People were supported by staff who were able to meet people's needs, however we saw that staff were very busy. Staff told us there were a lot of people requiring physical support to remain comfortable. Some staff said there weren't enough staff. They told us fluctuating staffing levels did not affect the care of the people supported however it impacted on staff welfare. Two people told us how they had to wait to receive support in the evening however some said that staffing levels had recently improved. The provider was aware of staffing issues and had told a residents and relatives meeting how they were seeking to make improvements. This included recruiting more staff. The deputy manager told us that a recent recruitment drive had been successful.
- Senior staff told us they calculated staffing levels based on individual needs.
- Staff were recruited following the application of safe recruitment procedures. These procedures included checking people's qualifications, experience and background.

Using medicines safely

- People received their medicine on time by staff who were trained to administer it as prescribed. We saw staff administer medicines as directed in people's care plans meaning their individual needs and preferences were considered.
- Staff confirmed they had received training and competency checks before they could administer medicines. Where more specialist administration procedures were required staff had received appropriate support and

assessment from health care professionals.

- Medicine was stored securely and in line with manufacturer's instructions.
- The home had recently had an external audit from the local Clinical Commissioning Group. The deputy manager was knowledgeable of the outcome and said a few improvements identified had been actioned.
- Prescribed creams were used as directed and there was guidance on their administration available for care staff. The recording of the administration of cream has been reviewed and improved since our inspection visit.
- We did not see protocols for all medicines administered as and when required (PRN), however staff were knowledgeable about the procedures to follow and the deputy manager committed to review records to ensure all protocols were readily available. The provider told us they have, since the inspection, started a detailed review of PRN protocols and administration to improve safe practice.

Preventing and controlling infection

- People were protected from the risk of infection by effective infection control procedures being in place. The local authority had reviewed infection control standards and rated them as good.
- People were supported by staff who had received training in infection control and had access to personal and protective equipment (PPE). PPE includes the use of gloves and aprons which were readily available, and we saw staff using them appropriately.
- The provider employed domestic staff who worked throughout the home and maintained a clean environment.

Learning lessons when things go wrong

- Senior staff told us how they reviewed practice as a team to ensure lessons could be learned from incidents and accidents.
- Staff told us how they reflected on their practice and worked closely within their teams to ensure improvements were continually made to the care provided.
- The provider told us how they shared details of accidents and incidents between home managers. This was to ensure that any lessons learnt from them could be identified and implemented throughout the other homes. This would make practice safer.

Is the service effective?

Our findings

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

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

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

- Needs were assessed prior to their admission meaning the provider could be confident the staff could meet their needs.
- People's care files contained information to guide staff as to how to effectively meet people's assessed needs.
- Staff told us that a new 'more person centred' care plan was about to be introduced. In discussions, staff were knowledgeable about people's needs and preference, including little details that made care personal.

Staff support: induction, training, skills and experience

- People told us that staff knew how to meet their care and support needs effectively. A relative told us, "Care couldn't be better. Staff are well trained."
- Staff received training relevant to their roles and had identified further training that would enhance their knowledge and understanding. For example, one staff member said they would like to know more about strokes to provide appropriate care with a more in-depth understanding.
- New staff received an induction from the provider which included shadowing existing staff to learn routines and get to know people's needs.
- Staff told us they felt well supported with opportunities for one to one and group discussions to reflect on practice. The deputy manager told us how the provider was looking to provide existing staff with the appropriate training to undertake more senior roles within the home. Staff felt the provider was approachable and listened to them. One staff member told us, "We are a good team. We work well together."

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

- People were supported to maintain a balanced diet and had access to fluids throughout the day. One relative told us, "My [family member] said the food is beautiful. It's like living in a hotel."
- Staff were knowledgeable of people's dietary needs and care plans detailed likes and dislikes. This information was shared with the kitchen staff who considered these when menu planning.
- People's weight was monitored and when required fluid intake was recorded. The records we saw required additional information to ensure that target fluids were recorded. The deputy manager committed to ensure this happened and the provider told us this issue has now been addressed.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with numerous agencies to support the delivery of people's care. Staff told us they had good working relationships with external agencies to ensure people's needs were assessed and appropriate

support was identified.

- A relative shared an example of effective joint working and said. "The GP has good links with the home. There is good continuity."
- Visiting health professionals described staff as being professional and all were confident that staff worked with them to ensure the needs of the people they supported were met. One health care professional told us, "They refer patients promptly for assessments. Recommendations are adhered to and families are also informed of the outcome of their assessment and management of the patients."
- We saw that where people's health needs were expected to decline that appropriate support had been identified and anticipatory plans were in place, including what medicines would be required. This effective joint working meant people could remain at the home. A relative told us a meeting had taken place and a decision had been reached that their family member could remain at the home and this was a positive outcome.

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

- Cloverfields provides a homely environment. We saw that as well as ensuite rooms there were adapted bathrooms for general use and aids and adaptations were available to help people remain as independent as possible.
- There were communal areas for people to get together and some more quiet areas such as the library. One person told us they were receiving guests in the library later that morning, so they could enjoy the visit in private.
- We saw pictures of people engaged in various activities were used to create a homely atmosphere.
- People were able to and encouraged to personalise their rooms

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and get support when required.
- We saw that people's oral health needs had been assessed and incorporated into care plans.
- People confirmed that they saw healthcare professions such as the chiropodist and optician.
- We saw how, people were referred appropriately to external agencies to reassess risks to their health and wellbeing in order to keep them safe. For example, when a person was identified as being at an increased risk of falling the staff referred them to the falls clinic for advice and support.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed under the MCA and where people had capacity their wishes were respected.
- When people lacked capacity to make a specific decision, the correct process was followed. Best interests meetings were held and applications to deprive people of the liberty were submitted to the local authority and reviewed appropriately.
- A staff member told us, "We always ask people. When people are unable to verbally communicate we ask

them to nod yes or no. We also hold up a choice of clothes for them to indicate what they would like to wear." This meant people were involved in decision making process to retain control of different aspects of their lives.

Is the service caring?

Our findings

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

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

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

- People were treated with kindness, compassion and respect. People spoke very highly of the caring attitude of the staff. One person told us, "I love it here. We have a few laughs, and all get on really well." Another said, "This is a nice place. Staff are lovely". A relative told us, "My relative is very happy here. They are spoilt."
- We observed staff interacting well with people during the inspection. Staff were attentive and although were seen to be busy they did not rush people or compromise the quality of the care provided. Staff were heard complimenting people about their jewellery and the smell of their perfume. People responded positively to the compliments.
- Visiting health care professionals spoke positively about the caring approach of the staff. One health care professional told us, "I find the care home always well run, the staff and carers are excellent, always helpful, caring and very professional."

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

- People were involved in decisions about their care. We observed people being asked before any task was completed and given time to respond.
- People's care plans evidenced their involvement and information was recorded around how people wanted their care to be delivered and this was being developed further with the imminent introduction of the new care plans.
- Relatives told us how they had been involved in sharing information and offering ideas for support when things changed.
- Information was displayed around the home about the local advocacy services that people could access if necessary. One relative told us how the home had found an advocate for their family member to assist them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was protected and promoted.
- People were supported with personal care behind closed doors and staff were seen knocking on doors before entering. We saw that when people were supported to move using a hoist (a mechanical aid to assist people to be moved safely) they were discreetly covered.
- Care records were kept securely to ensure confidentiality was maintained.
- People were encouraged to support themselves and maintain independence where possible. One staff member told us, "We ask and encourage people to do as much for themselves as possible."

Is the service responsive?

Our findings

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

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

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

- People were supported to maintain relationships and to create new friendships. One person told us, "I've made some friends here." Other people were seen looking for the people they liked to sit beside.
- Relatives and friends were welcomed at any times and encouraged to take part in activities as they wished.
- People received excellent stimulation and that they enjoyed and looked forward to. There was a named member of staff dedicated to organising and delivering activities and people spoke very positively about them. One person told us, "We miss [staff member] at weekends." Another said "[Staff member] is marvellous. They have a magical power over us to get us involved. I love it." We saw a planned program of events that included visits from children, animals and guest speakers. There were also regular trips out. One person told us, "There is lots to do every day."
- The activities organiser also held a morning catch up with people where they discussed forthcoming events, the news and updates of people who lived at the home who had been unwell. We saw that people responded very positively to the session and people who were previously sleeping woke up and engaged with the discussions.

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

- People received care that was personalised to their needs.
- People, and relatives, told us that staff met their care and support needs in ways they preferred. Care plans identified people's care and support needs although the little 'details' were not always recorded. Staff had a much more in-depth knowledge of the people they supported and demonstrated this through conversations. Although staff told us they did not regularly refer to the care plans they were still confident they were able to support people how they preferred and to their individual tastes.
- People told us that the staff were responsive to their needs. One person said, "Whatever we need, we get." A relative told us how staff went above and beyond to ensure people's needs were anticipated and met. They shared the example of how, while their relative was waiting for an emergency hospital admission, staff packed the an overnight bag containing things they might need.
- People were treated as individuals and had their protected characteristics were recognised and supported.

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of the pre-admission process and care plans reflected people's communication needs.
- Information was displayed around the home and included up and coming activities, menus and developments in care that people might find interesting.
- Staff pictures were on display in the main corridor to support people to recognise and remember staff names.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure and they told us they knew how to raise concern if needed. A relative told us, "Things get sorted when raised." Another said, "I speak with staff daily. If there is an issue it is dealt with. There is always someone to talk to."
- A staff member told us, "People tell us stuff and we make sure it is actioned." They told us, "We don't let complaints fester. We get things done immediately."

End of life care and support

- People's wishes in relation to their end of life care were considered and documented.
- As people's health deteriorated, and they required end of life care, the provider had plans in place to ensure care was delivered according to people's wishes.
- We saw that staff had worked with outside professionals to ensure any required medicines were available immediately if a person was in pain or discomfort.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The provider had appointed a manager who was due to start their employment the week after our visit. The deputy manager told us how this person was already working with the staff to develop an action plan to develop the home in line with legal requirements and best practice.
- The deputy manager said they received good support from the provider in the absence of a manager and detailed how tasks were delegated and the management of the home was overseen by the provider.
- Notifications of incidents, events or changes that happen at the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified strengths and needs of the service. Outcomes were shared within the staff team to drive improvement. For example, the provider had identified how they were positively recruiting staff to improve staffing levels within the home.

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

- People told us they were happy with the care they received.
- People had experienced positive outcomes since moving to the home and relatives told us how people had settled in well to the 'family environment' and considered Cloverfields as their home.
- Staff felt empowered to take on new responsibilities within the home and were supported to do this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They told us, "We prefer open conversations to resolve issues. We are open and transparent."
- Notifications were made appropriately to external agencies.

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

- People, their families, staff and other stakeholders were offered various opportunities to be involved in discussions about how the service operated.
- Meetings with residents, families and the staff team were held on a frequent basis. We saw minutes of meetings involving residents, relatives and the provider and the staff team and the provider. Suggestions for improvement were identified and actioned.
- Information was displayed around the home about forthcoming activities and a news sheet was produced

by the home staff. This ensured people were aware of what was happening and so could plan to attend or not.

- A health care professional told us they believed the home had a good reputation locally. They said, "In my opinion Cloverfields appears to be a good nursing home with a very good reputation within Whitchurch and surrounding areas."

Continuous learning and improving care

- The deputy manager told us that staff continually improved their knowledge and skills to enable them to offer effective support.

- The deputy manager told us how incidents or accidents were reviewed and discussed in staff teams and at higher levels. They told us any learning from them would be taken on board and actioned to prevent possible reoccurrence. They shared an example of how staff plotted the site of accidents onto a map of the layout of the home. They said they identify areas where accidents happened and then reviewed any trends of 'hotspots'.

- In discussions staff also reflected an ethos of sharing mistakes and learning from them within a safe and supportive environment.

Working in partnership with others

- Cloverfields worked in partnership with a range of different organisations. These included organisations from the local community that promoted meaningful activities for people and community integration.

- Staff worked with the local schools and colleges and accessed community services to offer a range of activities and opportunities for people.

- Staff also liaised with health and social professionals to ensure people's health and social care needs could be effectively met. This enabled people to enjoy full, active and healthier lives.

- Health care professionals spoke very positively about the service provided. One professional told us, "I would recommend Cloverfields to any of my family and friends or anyone looking for a top-quality care home for their loved ones."