

Clovelly House Residential Home Limited

Clovelly House Residential Home LTD

Inspection report

81-89 Torrington Park
Finchley
London
N12 9PN

Tel: 02084456775

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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

Clovelly House Residential Home Ltd is a residential care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. Some people were living with dementia. The service can support up to 48 people.

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

People received personalised care. Comprehensive care plans had been developed which reflected people's wishes on how they wanted to be supported.

People received care from staff who knew them well. People and relatives told us staff were kind and caring.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible. Medicines were safely managed.

There was enough staff available to support people. Staff were safely recruited. The home was clean and well maintained.

There was an established management team in place who had a range of quality assurance processes in place to monitor care delivery. Staff told us they felt supported in their roles.

Staff had received appropriate training and supervision. Staff felt supported by the management team and were encouraged to contribute ideas for improvement of the service.

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.

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 (published 4 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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.

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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

The inspection was carried out by two inspectors, a specialist nurse advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clovelly 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 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, two deputy managers, senior care workers and care workers. We spoke with two visiting health professionals and a visiting hairdresser.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including rotas, training records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and menu samples. We contacted nine additional relatives by email and received feedback from four of them.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Clovelly House. One person said, "Yes I feel safe living here, never worried about my safety." A relative told us, "I do feel [person] is safe. It gives me peace of mind."
- Staff were knowledgeable around safeguarding and whistleblowing procedures. Staff told us they felt confident to raise any safeguarding concerns and were able to describe the procedure they would follow.
- The management team had appropriately notified CQC of any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's personal safety had been assessed and plans were in place to minimise risk. Risk assessments were personalised to their needs, gave guidance to staff about the nature of the risk and the steps that could be taken to minimise or mitigate the risk to ensure people's safety.
- Records showed that premises and equipment were well maintained, and any issues were promptly reported by staff and dealt with to ensure the environment remained safe.
- The management team reviewed all accidents and incidents to identify themes or indications people's health and well-being might be declining. Changes were made to how people were supported to reduce the risk of a reoccurrence. For example, the use of specialist equipment to reduce the risk of pressure ulcers or falls.

Staffing and recruitment

- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.
- People, relatives and staff told us there were enough staff on duty to meet people's needs which was confirmed by observations made on inspection.
- Some comments referred to an extra staff member being on duty at peak times. Feedback from relatives included, "Occasionally, in the afternoons, in one of the lounges, it would be easier for the staff, if there was another member of staff available." A staff member told us, "Generally okay. Everything is do-able and manageable. The managers always come and help out."

Using medicines safely

- Medicines were managed and administered safely. Stocks balanced with medicines records checked. Medicines were stored appropriately.
- Guidelines were in place for people who were prescribed 'as required' (PRN) medicines to provide guidance for staff as to when and why these should be given.

- Staff received medicines training and had their competencies to do so assessed.
- Regular medicines audits were completed by the management team which ensured medicines were administered safely.

Preventing and controlling infection

- Infection prevention and control procedures were well-managed, and the home was clean and tidy. People's rooms and private en-suite facilities were clean and odour free. Feedback was positive in this regard with one relative telling us, "The care home is always spotlessly clean and never smells, which is an incredible achievement."
- Personal protective equipment, such as gloves and aprons, were supplied and we observed staff used these consistently and appropriately in their daily practice.

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 the same. 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

- Prior to admission, people's care needs were assessed to ascertain whether the home could meet their needs. The information in the assessment was then used to create a plan of care.
- People's needs were continually reviewed and updated with involvement from relatives and other health professionals when needed.
- Good communication between staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- Staff received regular training, supervisions and appraisals to enable them to fulfil their role. Systems were in place to monitor when staff required refresher training. A staff member told us, "The best thing is the training courses. I love that, it's interesting."
- Feedback was positive from people and relatives regarding the abilities of staff. Feedback included, "The staff seem to be skilled enough and experienced enough to care and support people. In particular, the most senior staff on duty at any time of day or night are superb in every way" and "The staff are also excellent, providing an excellent service and always taking the time to discuss [persons] care."

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

- We received mostly positive feedback from people and relatives regarding food quality and choices on offer. Feedback included, "They come around and tell you what's on offer and give you a choice of three I think. So, I choose what I have. I usually have a jacket potato" and "They recognised how much my mother loved eating and somehow managed to find something she would like to eat, even during end of life care."
- We observed people who required support to eat and drink were assisted by staff in a kind and patient manner. However, we observed staff on two occasions stand over people whilst providing support. We alerted the registered manager to this who advised this would be addressed.
- People's nutritional needs were identified in their care plans. People at risk of not eating and drinking enough to maintain their health, had their intake monitored and weight regularly checked. Specialist advice was sought from GPs and dieticians if necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were being met. People's care plans guided staff about how to support people's long-term health conditions.
- Staff had a good relationship with the local GP practice and made prompt referrals if they had concerns.

The GP visited the home weekly.

- Health professionals were complimentary about the care people received. A health professional told us, "Quality of care is excellent. [Deputy Manager and Head of Care] medically on the ball."

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

- The home was in a good state of repair and well equipped to meet people's needs. There were three main lounge areas and two smaller living rooms if people required privacy.
- There was a large, well maintained accessible garden which we saw in use throughout the inspection.
- The three main lounges were named after flowers and items in the rooms such as tablemats, flowers and soft furnishings matched the colour scheme.
- We saw that some aspects of the living areas were not overall dementia friendly. Menus and activities were written on whiteboards with light markers. We discussed with the registered manager about the accessibility of such information for people living with dementia. They told us they would take our feedback on board.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Processes were in place to ensure that DoLS were appropriately applied for and renewed where necessary. Conditions on people's DoLS were reflected in care planning and were met.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- Staff had received training about the MCA and understood how to support people in line with its principles. People's consent to receive care and support was gained by staff with each interaction.

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 has now remained the same. 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 and relatives told us staff were kind and friendly. One person told us, "The staff are really nice and very good." A relative told us, "The staff are caring and very patient. In particular, the senior staff that I have known for many years are exceptionally caring."
- Staff knew people well and spoke positively of the relationships they had built with people. Staff told us, "The service users remember when I have been away. I have a connection. I really treasure that. They miss me" and "As my experience, I love working here with all the residents. The residents love us. It feels good when you deliver care and service users say thank you."
- People's birthdays were celebrated. On both days of the inspection, we observed birthday celebrations taking place which included a cake baked by the Head of Care in their own time. A relative told us, "Every birthday, they make a fantastic fuss of each resident. The most amazing individual cake is made for every resident."
- Staff respected people's diverse backgrounds. People were supported to practice their faith, if desired. One person told us, "I'm [religion], they celebrate all festivals."

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

- Relatives told us they were involved in the care planning process. A relative told us, "Whenever there has been a need to change the care plan, I have been consulted and my opinion, as well as my relatives' opinions have been listened to and considered. It has always felt like a 3-way partnership: resident-me-care home."
- People were involved in their care and supported to make decisions and express their views. A person told us, "I get up myself whenever I want. I can decide if I want to sit in my room or lounge later."

Respecting and promoting people's privacy, dignity and independence

- During our observations we found staff were respectful of people's privacy and dignity. A relative told us, "They always dress people very nicely and my mother's nails and hair never looked so good as when she was in the care home."
- Records were stored safely which maintained people's confidentiality.
- We heard of examples where people were supported by staff to improve and maintain their mobility and independence. A staff member relayed an instance where a person was discharged from hospital following a period of ill-health and they worked with the person to regain their skills around eating, speech and mobility. They told us, "I am proud of the way we handled that."

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 the same. This meant people's needs were met through good organisation and delivery.

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

- Staff delivered personalised care that met people's needs. Relatives commented, "Staff treat my [relative] as an individual" and "He is deaf now and with dementia. They understand him and don't stress him." A person told us, "I can do just what I want."
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.

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.

- Care plans included information about people's individual communication needs. This included information about communication aids used by people, such as hearing aids.
- We observed a staff member assist a person with inserting their hearing aids in a caring and patient manner. The staff member explained what they were doing and then checked with the person that the volume was appropriate for the person.

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

- During the inspection, we observed activities delivered by staff members which included a quiz. A musician entertained also. We observed people engage with and enjoy the activities delivered.
- Most people and relatives told us they enjoyed the activities on offer and if not, they had access to other forms of stimulation, such as books, newspapers and televisions in their bedrooms. Feedback included, "They provide structure and activities at both group and individual levels, which is very positive", "I used to go down when the singer came but he sings the same songs, so I don't go anymore" and "I do a lot of colouring books. I like them. I spend most of my time in my room. I've got Sky TV & I like watching the sport, cricket, football. That's what I do all day."
- People were supported to maintain contact with their families and support was provided where people were attending family events. A relative told us, "In order for my relatives to join in big family occasions, where the extra help of a care worker was required, they would always organise an escort, who was completely sensitive to the occasion and made it possible for [person] to join in."

Improving care quality in response to complaints or concerns

- People and relatives told us they were comfortable raising concerns and were confident these would be addressed.
- Concerns were appropriately investigated, and the complainant received a written conclusion.
- The management team kept a record of concerns and recorded what action they had taken.

End of life care and support

- People's care plans included their preferences for end of life care. A professional told us, "Palliative care is excellent. They have discussion with the patients and include relatives. The anticipatory medicines are always in place."
- A relative told us, "The end of life care could not have been better. As a visitor, I feel so welcome, which makes visiting so much easier. I am eternally grateful."
- The service had received many thank you cards from relatives praising staff for their kind and compassionate care at this important time.

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

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

- People and their families spoke positively about the quality of care they received. A person told us, "I wouldn't change anything. It's quite agreeable." A relative told us, "Knowing our relative is in safe caring hands makes a big impact on our lives."
- The service had a positive atmosphere. Staff worked well together and were passionate about ensuring people received good care and support.

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; Continuous learning and improving care

- The registered manager understood their duty of candour responsibilities.
- The management team were pro-active in ensuring they were up to date with current best practice, for example, ensuring oral health in care homes. A staff member told us, "This home is up to date. You can make suggestions."

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

- Established quality monitoring measures such as care plan reviews, analysis of accidents, incidents, complaints, feedback surveys, staff supervisions and regular meetings resulted in a person-centred service delivered by knowledgeable and dedicated staff.
- The management team worked in partnership and ensured a high standard of care delivery. A relative told us, "There has always been an extremely responsible senior person on duty day or night. [Registered manager] seems to run a tight ship."
- The registered manager had notified the Commission about events taking place at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team involved people and their families through regular reviews, residents' meetings, feedback surveys and conversations to allow them to put forward their views about the service.
- Relatives, people and staff spoke positively of the management team. Feedback from staff included, "Staff work well together. Really have that teamwork spirit" and "[Registered manager] is on the ball. I'm happy I can report concerns and be listened to."
- The service worked effectively with all partner agencies such as the NHS to coordinate the care and

support people needed. A professional told us, "I'm very happy to work with them. A high quality of service. They are very organised."