

Clova House Ltd

# Clova House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

### About the service

Clova House is a residential care home, providing personal care support for up to 20 people. At the time of our inspection 19 people were using the service.

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

People told us that there were sometimes not enough staff. We observed staff working hard to meet people's needs. Rota's confirmed there were sometimes less staff, this would impact on timeliness of staff support.

Medicines were given as prescribed, however sufficient records were not always kept. This could impact on the safe administration of medicine.

Some mental capacity assessments were not in place. This meant people were not supported to have maximum choice and control of their lives. These policies and systems put people at risk of not being supported in the least restrictive way possible and in their best interests.

The environment was not sufficiently clean and required some renovation. The registered manager advised that renovation was planned.

People told us they felt safe. Staff had good knowledge of how to support people and records were in place to guide safe care. Care was delivered in line with recognised standards. Different professionals visited the service and their advice was documented and followed.

Staff were not always safely recruited, for example one staff member had no references from a previous role. Staff had not received all their training, but we did not see any impact on their work. Staff had good knowledge.

People had access to a balanced diet. They spoke positively about the quality of the food supplied at the service. Where people required support to eat, this was done in a caring way.

Staff were caring and we observed positive interactions between people and staff. People were treated with dignity and respect. People were supported to have good quality care at the end of their lives.

People could complete routines as they preferred. Staff knew people's preferences. People's diverse needs (for example, religion) were recognised and supported. The service told us that they had activities provided at the service, we observed a visiting activity provider. There were no records kept of activities for us to assess the range of activities at the service.

People were given information in a way they could understand. This met the legal requirement of the

accessible information standard (2016).

People told us that they felt they would be listened to if they made a complaint. No formal complaints had been made since the last inspection.

The registered manager and staff spoke clearly about how people's experiences and needs always come first. There was a clear governance framework to ensure people's needs were met safely and effectively. Where concerns were raised at the inspection visit, the provider responded promptly to our concerns. They advised they will work to address these concerns and improve the service. We will assess the effectiveness of this at our next inspection.

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

The last rating for this service was Good (published 22 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe  
Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring  
Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was responsive  
Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was well led  
Details are in our well led findings below

**Good** ●

# Clova House Residential Care Home

## **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 team included: One inspector, one assistant inspector and one Expert 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

Clova House Residential Care Home 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

The provider is required to notify us of events that happen at the service. We reviewed this information when we were planning the inspection. We also reviewed information that the public have sent us since the last inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with four members of care staff, the chef, the deputy manager and the registered manager. 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.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Some people and relatives told us that there were not always sufficient staff to support them in a timely way.
- Rotas showed us that there were two staff on shift over-night. Three people at the service required two staff to support them at once. While the two staff were supporting these people, there would be no other staff available to respond to people at night.
- A staff member said, 'When we are short staffed we try to reduce the impact on residents. But there can be some delays in going to the toilet or to bed.'

### Using medicines safely

- People received medicines as prescribed. However, medicine records were not always clear.
- Staff did not always clearly sign records to show that medicine had been given, this would make it difficult to review which medicines had been given and by whom.
- People were prescribed 'as needed' medicine at the service, but staff did not always have clear guidance on when this medicine should be taken. This puts people at risk of receiving medicine inappropriately. When this 'as needed' medicine was given to people, records were not always kept of the reason for administration or whether it has positively impacted the person. This puts the person at risk of receiving 'as needed' medicine without a clear review of its impact on their health.
- Improvements had been made to the safe storage of medicine, and the medicine was now dated upon opening to ensure that it was used by the expiry date. (This was a concern at the previous inspection)

### Preventing and controlling infection

- At our last inspection, we raised concerns about the clean storage of laundry. A new laundry room had been built and improvements made to storage of soiled and clean laundry.
- The service was not clean throughout, for example there was dirt and rust underneath a communal bath seat and carpets were stained. Exposed wood work left surfaces for bacteria, which could not be sufficiently cleaned.
- The deputy manager had completed an earlier audit and identified these concerns. There was planned renovation.

### Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at the service.
- Systems and processes were in place to keep people safe from abuse. If concerns were raised these were

investigated promptly and referrals made to the Local Authority.

- Staff had good knowledge of how to spot the signs of abuse, and what actions they would need to take if they were concerned.

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

- Care plans were completed to assess people's risks and provide clear guidance to staff. Reviews were regularly held, to ensure that records were up to date.
- Where incidents had occurred, then the incident had been clearly reviewed and actions put in place. For example, a person who had fallen had their injury assessed and increased supervision while they recovered from their fall.
- Staff had good knowledge of people's needs and how to support them to live as safely as possible.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service had made applications for people to have a DoLS assessment. However, we identified two people whose assessment had expired and not been re-applied for as needed. The registered manager advised that they would review their monitoring of DoLS assessments to ensure applications are made in a timely way.
- The service had installed CCTV, to monitor communal areas. The registered manager advised that people and relatives had been consulted. However mental capacity assessments had not been completed for those who could not engage with this consultation. The policy for the CCTV system, did not include that people visiting or moving into the care home would be informed of its use. Therefore, there is a risk that people would be monitored without their knowledge or without a clear best interest decision being made.
- Following the inspection visit, we have been informed that the policy has been updated and there is now increased signage of CCTV use in the building. We will assess this at our next inspection.

Due to some concerns about DoLS and mental capacity, we have recommended that the provider reviews their processes. This will ensure that people's human rights are respected and the law fully followed.

Staff support: induction, training, skills and experience

- Staff were not always safely recruited. For example, one staff member had a DBS check, but there was a gap of a year and a half until they then started their role. The delay in the criminal record check meant the

provider could not be assured that they were still of good character. References had not always been adequately gathered from previous employers.

- Some staff had not completed aspects of their training. For example, there were gaps in training for food hygiene, mental capacity and dementia. The registered manager advised that training would be arranged for staff whose training was out of date.
- Despite a lack of formal training, staff still had good knowledge on how to support people.

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

- Care was delivered in line with recognised standards. The service used recognised risk assessments to assess the risk and provide appropriate support.
- For example, The Waterlow assessment is a nationally recognised tool to assess the risk of pressure damage to their skin. This had been accurately completed and then guidance was followed to select an appropriate pressure relieving mattress.
- Staff had good knowledge about the standards and law which guided their work.

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

- People received a balanced diet. People told us that they enjoyed the quality of the food.
- We observed the meal time experience to be positive. Staff were available to give people support as needed, and food was provided in a timely way. If people required support to eat, this was done in a caring and dignified way.

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

- Records showed us that different health professionals had visited and supported people.
- Where professionals had given advice, this was clearly documented and staff were aware. The advice was then followed carefully.
- For example, one person had specialist advice on the texture of the food. Kitchen and care staff were aware of this advice, and we observed the correct diet was followed.

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

- The service was not purpose built, however people navigated around independently and it mostly suited their needs
- We were concerned about lighting at the service. Some communal hallways were dark which could increase the risk of falls. One person had a visual impairment and was observed to be struggling to read their newspaper in the poor lighting.
- We also found the carpet in a communal area to have a complex pattern on it. This can cause disorientation for people living with dementia. A visiting relative told us that they had observed their relative trying to pick at the pattern.
- The service required renovation to ensure it was of a good standard. For example, we observed some carpet stuck down with tape. The registered manager advised this renovation had already been planned.

# 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 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 told us that staff were caring. One person said "It is a home from home. The staff can't do enough for you." A relative said "'I know they (staff) care about [person] by the way they talk to [person]. They giggle (together)."
- We observed positive interactions between people and staff. Where people became upset or agitated, staff approached them in a compassionate way to provide support.
- One person could become distressed looking for relatives that were unavailable. The staff member said "They can't remember that they are unavailable. Telling them that they are unavailable would only upset them. Instead we talk to [person]. We know what jobs [person's] relative's used to do and so we talk about it instead."
- We observed a person has sustained a cut accidentally. The staff member approached them calmly and offered compassionate support to dress the wound and ensure they were ok.

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

- People told us that they were able to express their views and decide their own routines.
- People told us that they were involved with planning their care. The registered manager advised that people are involved with reviewing their care records. However, this was not formally documented, they advised that they plan to improve documentation about this in future.
- We observed staff ask people how they would like to be cared for. For example, where they would like to sit in the lounge.

Respecting and promoting people's privacy, dignity and independence

- People were able to sit in the communal lounge, or in their bedrooms at they wished.
- We observed that staff gave people privacy as they wanted, and when family visited them.
- People's dignity was respected and promoted. For example, a person was sat in the lounge and reached for a blanket. The staff member promptly asked if they would like the nearby window closing. The person and others around them were all consulted on the desired temperature of the room.

# 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 had good knowledge of people's preferences and routines. For example, a staff member explained a person's day, "[Person] likes to have a lie in so we know not to wake [person] up. I know their favourite food and we make sure [person] gets it."
- Care records did not always explain people's preferences. The registered manager was aware of this and aimed to develop records that reflected staff's excellent knowledge. This would ensure that new staff would have guidance available to them.
- People told us that they have full control over their routines and how their care needs are met.

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.

- The service had recorded people's communication needs. This allowed staff to know how to support them. One person was unable to speak, but clear details were kept on non-verbal signs that they made and what this meant.
- The service was aware of the importance of giving people information in a way that they can understand. The registered manager advised that they adjust the font size of written documents as required.
- We had some concerns about the quality of the lighting in the service. This can impact people's ability to read (This has already been reported in 'effective'.)

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

- The service advised that they had activities occurring most days at the service. However, there were not clear records kept on this, so we could not assess the type of activities offered.
- We observed a visiting activity provider, who people engaged with well and seemed to enjoy.
- People's relatives visited the service, and these social relationships were encouraged by staff.

Improving care quality in response to complaints or concerns

- No formal complaints had been recorded since the last inspection.
- People told us that they had no reason to complain, but felt they would be listened to if a complaint was made

#### End of life care and support

- The service did not have any service users who were at the end of their life. However, discussions had been had with people to ensure their wishes had been explored in a timely way.
- We considered records for people who had passed away since the last inspection. They showed that people's needs were holistically assessed, and that good quality care had been arranged.

# 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

- The registered manager and staff spoke clearly about how people's experiences and needs always come first.
- We observed a positive atmosphere in the care home, where staff approached people in an inclusive way to ensure they were treated with respect and care.
- People had good outcomes at the service. Good organisation meant staff were guided to complete safe and effective care.

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

- Where incidents had occurred, records showed the provider had contacted people and families to decide how best to prevent re-occurrence.
- The registered manager had appropriately referred to the Local Authority if incidents had occurred.

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

- We identified some concerns in inspection (recorded in 'Safe' and 'Effective'). Where concerns were raised, the provider responded promptly to our concerns. They advised they will work to address these concerns and improve the service. We will assess the effectiveness of this at our next inspection.
- Whilst the provider had not identified the concerns that we had raised, audits were otherwise in place. These were robust and regular to ensure the home remained safe.
- The service had displayed their previous rating in the communal entrance. This meant visitors would be aware of their previous CQC rating. The provider has a legal duty to do this
- The service has a legal duty to notify the CQC of events that have occurred at the service. We have received notifications as required, so the provider has met this legal requirement.

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

- Before people arrived at the service, a pre-assessment was completed. This recognised people's diverse needs, including religion, sexuality and ethnicity.

- People's individual characteristics were well known by staff at the service. Where people required support to meet these needs, then this was arranged. For example, a monthly visiting religious service attended the home for those who required it.

#### Continuous learning and improving care

- The registered manager had completed audits to assess the safety and effectiveness of the service.
- These audits were largely effective. Where the audits had not sufficiently (or quickly) identified the concerns that we found, the registered manager advised they would improve their governance of these areas.

#### Working in partnership with others

- Records showed that the service engaged with visiting health and social care professionals.
- Where these professionals had given advice, this was clearly documented and followed. For example, a person had been given medical equipment to improve healing on skin damage. We observed the person wearing this.