

# Cloverfields Care Limited

# Cloverfields

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 12 and 16 May 2016.

Cloverfields provides accommodation and nursing care for up to 35 people. On the days of our inspection there were 32 people in residence.

The home had a registered manager who was present for one day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were not enough staff on duty to meet people's needs and this compromised their safety. However, people felt safe living in the home and staff knew how to protect them from the risk of potential abuse. People were protected from the risks of harm because staff knew about the risk posed to them and action was taken to avoid this from happening. People were supported by staff to take their prescribed medicines and they received them when needed.

People had a choice of meals but staff were not always available to ensure they ate and drank sufficient amounts. People were supported by staff who had access to routine one to one sessions [supervision] and training. People's human rights were protected because the registered manager was aware of the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards. People were supported by staff to access healthcare services to promote their health.

Staff were aware of people's care and support needs but people did not always receive support in a timely manner because there wasn't enough staff on duty. People were encouraged to be actively involved in planning their care and their rights to privacy and dignity was respected.

People were involved in the assessment of their needs and were supported to do the things they liked. People's views and concerns were listened to by staff and action was taken to address them but this was not always sustained.

People and staff were aware of whom the registered manager was and they were sometimes involved in the running of the home. Checks were carried out to monitor the effectiveness of the service. However, these checks were not entirely robust to ensure people needs were met when required.

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

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement ●

This service was not consistently safe.

There were not always enough staff on duty to meet people's needs but people felt safe living in the home. Staff knew how to reduce the risk of harm to people and staff supported them to take their prescribed medicines.

### Is the service effective?

Requires Improvement ●

This service was not consistently effective.

People were not always supported to eat and drink enough because there were not enough staff on duty to help them. People were cared for by staff who had received regular training and supervision. The registered manager knew how to protect people's human rights. People were supported by staff to access relevant healthcare services when needed.

### Is the service caring?

Requires Improvement ●

This service was not consistently caring.

People did not always receive care and support when they needed it. People were encouraged to be involved in planning their care and care was delivered in a kind manner and their privacy and dignity was respected.

### Is the service responsive?

Requires Improvement ●

This service was not consistently effective.

People were encouraged to be involved in their assessment and staff supported them to do the things they enjoyed. People's views were listened to but action taken by the provider to resolve concerns were not always sustained.

### Is the service well-led?

Requires Improvement ●

This service was not consistently well-led.

Checks were routinely carried out to promote quality but were

not robust to identify the impact staffing levels had on the service provided to people. People were aware of who the registered manager was and sometimes they had a say in how the home was run.

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# Cloverfields

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 12 and 16 May 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

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.

During the inspection we spoke with seven people who used the service, five care staff, a healthcare professional and the registered manager. We looked at one care plan and risk assessment, medication administration records, accident reports and quality audits.

# Is the service safe?

## Our findings

People told us there were not always enough staff on duty to meet their needs. One person said, "The staff are always so busy and sometimes I have to wait a long time for someone to help me to the toilet." Another person told us they had to wait a long time for support with their personal needs because there was not enough staff. One person told us they had a call bell to call for help but said staff's response could be improved because they had to wait a long time. Staff told us there were not enough staff to meet people's needs. They said occasionally people had been incontinent because they had to wait so long for assistance. A care worker said this meant some people got emotional and stressed. Two care workers informed us that one person required one to one support during the day to reduce the risk of them falling and this was also confirmed by the registered manager. The care workers told us that this level of support was not always provided because there was not enough staff on duty. They said this had led to the person sustaining a number of falls. We looked at the provider's accident reports which showed this person had six falls within three months. The registered manager said that staff had been allocated to support this person and this would be addressed with the staff team.

A care worker told us that because there was not enough staff on duty people were often late getting out of bed in the morning. They said this meant that some people received their breakfast at 11am and then they did not want their lunch when it was served at 12.30pm. Another care worker said, "It's sad that people cannot get out of bed when they want to because we don't have enough staff."

We saw that staff were not available to support people with their meals where needed. For example, we saw a person sitting at the table at lunch time with their meal in front of them. They did not eat their meal and there were no staff available to encourage them to eat. Staff told us that there were not enough staff on duty to support people to eat and drink enough. One care worker said, "Because we don't have enough staff to be in the dining room at mealtimes if someone choked there would not be anyone there to assist them." Another care worker told us that some people were unable to feed themselves and they did not get the support they needed because of the staffing levels. We shared these concerns with the registered manager who said staffing levels were determined by people's dependency needs. They were confident that there were sufficient staffing levels provided to meet people's needs. However, our findings did not support this. The registered manager said they would review the skill mix and the deployment of staff.

This is a breach of regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could be assured that they would be cared for by suitable staff because the provider's recruitment procedure ensured safety checks were carried out. Staff told us that the provider had requested references and carried out a Disclosure Barring Service [DBS] before they started to work in the home. These processes enabled the provider to select appropriate people to work in the home.

People told us they felt safe living in the home. One person said, "I feel safe here because there is always someone around." Another person told us, "I feel safe here because I have a call bell." One person said they

felt safe living in the home because the staff were nice. Staff knew how to recognise various forms of abuse. They were aware of their responsibility of sharing concerns of abuse with the registered manager. Staff were also aware of other external agencies to share information with to protect people from further harm. Staff told us they had access to the provider's safeguarding policy for guidance when needed. Discussions with the registered manager confirmed they were aware of when to share concerns of abuse with the local authority to protect people.

People were protected from the risk of harm because staff knew how to keep them safe. People spoken with told us they had not had any accidents since living in the home. A care worker told us they always checked that the environment was safe to reduce the risk of trips and falls. Another care worker said they ensured people received their prescribed treatment to reduce the risk to their health. Staff informed us that where people were at risk of skin damage, they would be repositioned in bed frequently to reduce the chance of this happening. The provider ensured that routine checks were carried out on lifting appliances and the passenger lift to make sure they were safe to use. Staff told us that visual checks were carried out on hoists and slings to make sure they were safe before they used them. Risk assessments were in place to promote people's independence and safety. Staff told us that these assessments supported their understanding about how to keep people safe.

People were supported by staff to take their prescribed medicines. One person told us that the staff managed their medicines and they received them when needed. Another person said, "I always get my painkillers when I need them." Medicines were stored securely and in accordance with instructions on the medicine package. The provider had systems in place to ensure that medicines that were no longer required were disposed of safely. The registered manager said that staff who were responsible for the management of medicines had received medicines training and staff confirmed this. Competency assessments were also carried out by the registered manager to ensure staff had the appropriate skills to support people with their medicines. A medication profile was in place for each person to support staff's understanding about how people liked to take their medicines. However, we saw that staff left a person's medicine on the table and signed the medication administration record to show the medicines had been taken but the person did not take them. These medicines were accessible to other people who had not been prescribed this treatment. We shared this information with the registered manager who assured us this would be addressed with the staff member.

## Is the service effective?

### Our findings

People were not always supported to eat and drink enough because there were not enough staff on duty to assist them. We saw one person with their meal in front of them and there were no staff present to encourage them to eat. After two hours we saw the person had not eaten their meal and their cup of tea was cold to the touch. The person's care record showed they may need assistance and support with their meal if they were tired or lethargic. The lack of support placed this person at risk of not having enough to eat and drink. We shared this information with the registered manager who acknowledged that the person should have been supported and encouraged to eat their meal. The registered manager assured us that this would be addressed with staff.

People told us that the meals were nice and they had a choice. One person told us they were at risk of choking so they needed a soft diet and their drinks thickened and that staff were aware of this. Charts were in place to monitor what people ate and drink. However, staff only recorded what they had given to people and not what people had actually eaten. We spoke with two care workers who said, "We record what we give people to eat and drink but not what they have consumed." They said there were not enough staff on duty to support people with their meals and monitor how much they eat. The care workers told us that the kitchen staff cleared the tables so they were unaware of how much people had consumed. Staff confirmed that monitoring charts may not be accurate. This meant that the provider may not identify when people require additional support to meet their dietary needs in a timely manner. The registered manager said there were enough staff on duty to provide people with the support they required to eat sufficient amounts. They said that the deployment of staff would be reviewed to ensure people were adequately supported.

People were cared for by staff who had received one to one sessions [supervision] by the registered manager. One person told us they felt staff had the skills to care for them. Another person said, "The staff are alright and they are very friendly." Staff told us they received regular support from the registered manager. Discussions with staff confirmed they had access to training to ensure they had the skills to do their job. The registered manager said that all new staff were provided with an induction into their role. This was confirmed by the staff we spoke with. One care worker said their induction entailed a brief overview of people's care needs. They were made aware of health and safety and they worked alongside an experienced staff until they had the skills to work independently.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 were being met. People were supported by staff to make a decision. The registered manager said where necessary people were provided with visual aids to help them make a decision. These included picture charts that enabled people to point at their preference.



One care worker said, "We always offer people a choice and allow them time to make a decision." They told us that some people were unable to tell them what they wanted but staff recognised their preference by their body language. People told us that staff did ask for their consent before they assisted them with their care and treatment. One person said, "Staff always asks me first before they assist me." Another person said, "I can choose when to go to bed and when to get up and wear what I want to." Staff confirmed they always asked for people's consent before they supported them. A care worker said, "We treat people as individuals, what they liked last week, they may not like this week." We spoke with a care worker who was aware of the MCA. They said a MCA assessment would only be carried out if they were concerned that the person did not have the capacity to understand or to make their own decision. However, we found that the other care workers we spoke with did not understand the principles of MCA. If staff are not familiar with their responsibilities under the MCA people's rights may be compromised. We shared this information with the registered manager who assured us that further training would be provided to the staff team.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of when to apply for a DoL authorisation to protect people's human rights. The registered manager said a DoL authorisation was in place for four people who used the service. This was to ensure they received the appropriate care and treatment. These people did not have the capacity to be involved in the decision about a DoLS being put in place for them. The registered manager said where a DoL was place this was in people's best interest to ensure they received the appropriate care and treatment and to protect them from the risk of harm. The registered manager was aware of using the least restrictive practices to ensure these people received the necessary care and treatment. The care workers we spoke with knew why these people's liberty had been deprived and the support they required to meet their needs.

People were supported by staff to access healthcare services when needed. One person told us that the GP visited the home on a regular basis. They told us that staff supported them to access the optician, dentist and chiropodist when needed. Another person told us that the staff were very prompt in requesting a GP to visit when they were unwell. On the day of our visit we saw district nurses support people with their healthcare and people were visited by the chiropodist.

## Is the service caring?

### Our findings

People expressed that they were happy with the care they received but raised concerns about the delay of receiving support when they needed it. Two people said they found this frustrating at times but emphasised that the staff were lovely. Staff told us they were not always able to respond to people's needs in timely manner because there were not always enough staff on duty. Staff told us they had access to people's care plans that supported their understanding about how to meet their needs.

People told us that staff asked them how they would like to be cared for. They were encouraged to take an active part in planning their care and a record of their involvement was maintained. A care worker said, "We have discussions with the individual about their preference." For example, if they prefer to have a bath or shower and how much support they need.

People and staff had a good relationship and one person described the staff as kind but said they were always so busy. Another person said, "You couldn't wish for nicer staff." One person said, "The staff are lovely they always say goodnight when they leave." We saw that staff were caring and kind to people. One staff entered the lounge and took the time to talk to each person. One person told us, "Staff care and look after me well." A person required the support of staff to mobilise and this was carried out in a caring and kind manner. The care workers explained to the person what they were doing and encouraged and reassured them throughout the process.

Staff promoted people to be as independent as possible. One person told us that staff promoted their independence but said, "Staff will help me if I get stuck." A care worker said they encouraged people to do as much as they can so they don't lose their skills. One person said that staff often asked them if they were happy with the care and if this could be improved. They said staff did listen to them. They told us the only concern they had was the lack of staff. All the staff we spoke with were aware of people's needs and how to support them.

People's right to privacy and dignity was respected by staff. One person told us that staff were very respectful and said, "A male staff assisted me with my personal care needs the other day but they did ask if this was alright with me." We spoke with a male care worker who said they always asked the female's if they had any objection with them assisting them. Another care worker said, "Where appropriate I stand outside the bathroom to allow the person some privacy." We saw a staff member assist a person to read their mail and this was done in a discreet manner. One person said, "All the staff knock on my door before they come in." They told us they preferred to be alone in their bedroom and staff respected this. A care worker said sometimes people want to talk to the registered manager and they were able to do this in private.

## Is the service responsive?

### Our findings

People were involved in the assessment of their care needs to ensure they received a service the way they liked. People told us that when they moved into the home they were encouraged to participate in their assessment and that staff often asked them if they were happy with the care they received. People told us that staff supported them to do the things they enjoyed. They had access to the provider's mini bus so they could maintain links with their local community. People told us they had access to lots of entertainment in the home and there was always something to do. One person told us, "It's nice living here it's like being on my holiday." The provider had nominated a staff member to support people to pursue their interests and hobbies. We heard this staff member ask people what they would like to do and provided them with a range of pastimes. For example, reading materials, bingo, quizzes and art and crafts. They also took the time to sit and chat with people who did not want to partake. This staff member also maintained contact with people who chose to stay in their bedroom so they could feel in touch with what was going on in the home. The staff member made arrangements for people to go shopping when they wanted to. They frequently asked people about their views of the service provided.

People views were listen to and their concerns were taken seriously. People told us that the registered manager would address any concerns they had. One person told us, "If I have any problems I would go to the manager and they would sort things out." The other people we spoke with told us they were happy with the service they received. They said if they had any concerns they would feel comfortable to share this with the registered manager or the staff. Complaints received by the provider were recorded and showed what action had been taken to address them or to improve the service where needed. For example, one person had raised concerns that staff had not responded to their call bell in a timely manner. The complaint record showed this was due to unforeseeable circumstances. The record showed that staff were also asked to give people a realistic timescale when they would return after turning off the call alarm. However, people and staff told us that the response to call alarms had not improved because they were not enough staff on duty to respond to them in a timely manner. This meant the action taken by the registered manager had not been sustained.

## Is the service well-led?

### Our findings

The quality of the service people received may be compromised because appropriate checks were not carried out to ensure staff were located where they were needed. People told us they had to wait a long time for assistance. The registered manager assured us that the deployment of staff would be reviewed. The registered manager told us that checks were carried out on care records to ensure staff had access to accurate information about how to care for people. However, care workers told us that records that monitored people's diet may not be accurate because there were not enough staff to complete them properly. This meant that the provider would be unable to determine if people were eating enough and when to provide the necessary support. We saw that regular audits were carried out to ensure the environment was safe. For example, an audit showed that the car park was unsafe due to the uneven ground and this placed people at risk of trips and falls. The registered manager said they were in the process of discussing with people about relocating the car park. The registered manager said the provider had recently introduced a 'manager's competency' assessment and this would be carried out in the near future. This assessment would measure the skills of the registered manager to carry out their role and identify where support was needed.

A person who used the service told us that meetings were carried out but they were infrequent. They said, "All we talk about is the weather and activities available in the home." However, they told us that the registered manager always listened to them. They said, "My bedroom was on the third floor and I told the manager I didn't like it so they moved me to another floor." The registered manager informed us that meetings with people provided them with information relating to the service. Records showed that discussions were held about necessary repairs in the home, concerns about the laundry service and staff turning off call bells and not returning. The registered manager assured us that all these concerns had been addressed. We asked the registered manager about any changes made with reference to discussions within these meetings. They told us that people had requested an additional call bell in the lounge and this was put in place. The registered manager had a good relationship with people and we saw them chatting with them. They acknowledged that more could be done to encourage people to take a more active role in running the home and assured us that this would be explored further.

The registered manager said that meetings were carried out with the staff team and staff confirmed this. One care worker told us they had regular staff meetings and said, "The manager has an open door policy so we can chat with them at any time." They said the registered manager listened to their views. For example, they had requested an assisted bath to help people who have restricted mobility and this was put into place. Another care worker said they had raised concerns about systems in the laundry. The registered manager listened to them and took action to improve systems and reduce the risk of cross contamination.

People and staff were aware of whom the registered manager was and one person said, "The manager knows their job." A care worker said, "The manager is good and they get things done." Another care worker told us that the registered manager was supportive and said, "We struggle because we don't have enough staff but the manager usually helps us." Staff told us the registered manager was aware of people in their care because they took the time to assist and support them alongside the care workers. Staff told us that

the management support was good and there was always someone they could call on. The registered manager described the culture in the home as a 'family.'

The registered manager was supported in their role by the operational manager and maintained regular contact with them by telephone. The registered manager said the provider carried out regular meetings with managers within the organisation. The registered manager undertook training to ensure they had the up to date skills to do their job. They told us they had recently received end of life care level 5 and infection control training. They said there were undertaking falls management training. The registered manager was aware of when to send us a statutory notification to tell us about important events which they are required to do by law.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not always available to assist people with their care and support needs and this placed them at risk of not receiving an adequate service.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	