

Mr and Mrs J B Furniss

Clova House Residential Care Home

Inspection report

231 Chellaston Road
Shelton Lock
Derby
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Tel: 01332 702488
Website:

Date of inspection visit: 4 February 2015
Date of publication: 13/07/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out our inspection on 5 February 2015. The inspection was unannounced.

Our last inspection took place in April 2014 when we identified three breaches in the regulations. These related to people's care and welfare, consent to care and

treatment as well as quality assurance. Since that inspection the provider had taken action and now met the required standards. Further improvements were however needed in some areas.

The service provides accommodation for up to 20 older people. At the time of inspection there were 18 people using the service. The service is located in a residential

Summary of findings

area of Shelton Lock. Clova House is a converted domestic dwelling and provides accommodation on two floors and is served by both a passenger lift and a stair lift.

The provider is also the registered manager. 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.

Staff understood and put into practice the systems in place to protect people from abuse and avoidable harm. People knew how to raise concerns. The provider had arrangements in place to ensure that staff received the training they needed to meet people's assessed needs. The provider had effective and safe arrangements in place for the management of medication. Staff ensured people received their medicines when they needed it.

We had concerns about the balcony on the first floor where two people's bedrooms opened directly and could access this area. We recommend that the provider makes suitable arrangements to ensure people who use these bedrooms are safe.

The provider did not have arrangements in place to support staff through regular supervision or appraisals.

Arrangements have been made to ensure staff understood the relevance of the Mental Capacity Act 2005 to their work. Staff sought consent before they provided care and support.

People received the support they needed to have their nutritional needs met. Where staff had concerns they liaised with the appropriate healthcare professionals. People were supported to access relevant health care services when they needed to.

People who used the service told us that staff were kind and caring. Staff supported people in a variety of activities but did not always use the information they had to create meaningful individual activities. People were supported by staff who understood their needs. People were not involved in their assessments or creation of their care plans. Staff respected people's privacy and dignity.

Staff shared information about people's changing needs and responded to people's changing needs. People knew how to raise concerns if they needed to. People we spoke with were happy with the care they received. Visitors we spoke with were also happy with the care their relative's received.

There were procedures for monitoring and assessing the quality of the service. Staff were not routinely involved in these processes and so were not fully aware of the provider's aims and objectives.

Summary of findings

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.

People told us they felt safe and staff received training. They were aware of the signs of abuse and how to deal with them appropriately.

There were mostly enough staff to meet the needs of the people who used the service and they were recruited following robust procedures. Unexpected absences created difficulties in meeting people's needs at weekends.

Medication was stored safely and people received their medication in a timely manner.

Risk assessments were not always carried out to minimise risk.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff understood people's individual needs and had the information and support they needed to care for them.

People who used the service were supported to remain as independent as possible. They were assessed under the Mental Capacity Act 2005 where this was needed.

Staff did not receive regular supervision or appraisals.

Staff did not always have up to date information of people's risks.

People were supported to have sufficient food and drink and were supported to access healthcare professionals when they needed them. People did not always have their weight monitored effectively.

Requires Improvement



Is the service caring?

The service was caring.

People were supported by staff who were kind and considerate.

Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in different activities during the day. They were protected from risk of social isolation through staff supporting them to remain in contact with their relatives.

There was a complaints system in place to ensure people could raise concerns about the service if they needed to

Good



Summary of findings

People's plans of care identified their health and personal care needs.

Is the service well-led?

This service was not always well led.

People did not feel involved in the running of the home.

The provider encourages communication with people who use the service by spending time talking to them.

Staff did not receive guidance or leadership from management to ensure they knew their responsibilities.

Not all risk assessments regarding the safety of the building were up to date.

Requires Improvement



Clova House Residential Care Home

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 4 and 9 February and was unannounced.

The inspection team consisted of two inspectors.

We spoke with eight people who used the service, one relative, three staff members, the manager and the provider. We reviewed a range of records about people's care and how the service was managed. This included four people's care plans, three staff records and records in relation to the management of the service.

Prior to our inspection we reviewed the information we held about the provider. We looked at any incidents the service had notified us about and reviewed what had been happening at the service since the last inspection.

We spoke with four doctors and two other visiting health care professionals prior to the inspection to ask their views of the service provided at Clova House Residential Home.

Is the service safe?

Our findings

At the last inspection we found that people were not being referred to appropriate healthcare professionals for advice around people's nutritional needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010. Since then the provider had made improvements and they were now meeting the requirements of this regulation. We saw for example that referrals to the speech and language team (SALT) and dietician had been made where it was of benefit to people to help with their eating and swallowing. We spoke with staff from SALT prior to the inspection and they told us that they received appropriate referrals and that care staff followed their guidance in ensuring people received sufficient nutrition.

People we spoke with told us that they had access to healthcare professionals as soon as this was needed. A person told us, "I see a doctor if I don't feel well, staff will call someone." Records showed that people had seen their GP when required.

We spoke with the doctors from the practices that provide support to the service and they all told us they had no concerns about the care the staff provide and that staff appeared knowledgeable about the people they cared for and followed instructions following their visits.

People told us they felt safe. We spoke with eight people and they all said they felt safe living at Clova House Residential Home. One person said, "Staff are lovely, I feel safe, no one is nasty."

One staff member we spoke with had recently had safeguarding training. All the staff we spoke with knew how to recognise signs of abuse and who to report this to. This included reporting to the local authority and CQC. All the staff we spoke with understood their responsibility in ensuring people were safe and free from the risk of harm or abuse. The provider had an up to date copy of the local safeguarding procedures in the office. We looked at training records; these showed that half the staff had up dated training in the last 12 months. The provider told us that training was on going. Staff were routinely booked on refresher training and further training was due in the next few weeks. This meant that there were systems in place to protect people from the risk of abuse.

One person said, "I am not sure if I have a care plan. The girls (staff) make sure I am safe." We looked at what arrangements there were in place to manage risks. Risks were assessed such as the risk of developing pressure sores and the risk of falling. Records showed that risk management plans were in place but these had not been reviewed or updated for more than six months. We were also aware following a local authority safeguarding investigation that staff did not always understand the importance of managing people's risk of developing pressure sores. This meant that people were at risk because their risk management plan may not have been reflective of their current needs. The provider was working with the local authority to improve pressure care management. Care plans included risk assessments for different aspects of people's daily life.

One person said that at times there were not enough staff and they had to wait. Staff said last minute sickness at weekends was a problem. We looked at staff rotas and we saw that the provider employed extra staff in the morning when they were busy to ensure people did not have to wait too long before they got up and had their breakfast. The provider told us they provided staffing according to people's needs. We saw that staff, although busy, spent time with people as they were brought in to the dining room to ensure they were safe and had what they needed. During the day we saw staff respond promptly to people calling for assistance and we did not hear call bells ringing excessively. The provider was aware that at times unexpected absences could be an issue but tried to maintain consistent staffing levels to ensure people received their care in a timely manner.

The provider had effective recruitment procedures that ensured all pre-employment checks were carried out before new recruits started work. This ensured that appropriate steps had been taken to only employ people who were suitable to work in the service.

People told us that staff managed people's medicines and said they got the right medicines at the right time. One person told us, "I don't have to worry about remembering to take my medication, staff bring it to me." We observed the morning medicine administration and saw that good practice was followed in administering medicines to people. There were effective systems in place for the safe storage and disposal of medication that was no longer required. The manager told us they followed advice from

Is the service safe?

their pharmacist and had recently had a medicines audit by the local authority. This highlighted some issues and they had made changes in light of this audit. This meant that the provider was following up to date guidance on medicines administration.

During our inspection we noted a broken window in hall next to the stairs. As this window was where people got on and off the stair lift they could be at risk if they placed their hand on it. We also saw that there was a flat roof balcony area that two bedrooms had access to via French windows.

These could be opened by the people who used these rooms and they led directly onto the roof. There were railings around this area but they would not have prevented someone falling from the roof if they were to walk out the bedrooms. We spoke with the manager who told us this area was not risk not assessed to ensure people in the bedrooms were safe. The provider agreed that they would not only risk assess this area but look at how they could reduce any potential risk to people who used the particular bedrooms.

Is the service effective?

Our findings

At the last inspection we found that people were not being assessed as to their capacity to consent to care and treatment. This was a breach of Regulation 18 of the Health and Social Care Act 2008. . (Regulated Activities) Regulations 2010. The provider had improved the assessments and has met this requirement. However the information was not stored with the person's care plan and the provider needed to ensure that staff had daily access to information on people's capacity to make decisions.

Staff we spoke with told us they had received the training they needed. They told us they had received induction training when they started working at the service to help them understand what was required of them. Some staff had not received training about dementia care for a long time. Dementia training is important to help staff understand the needs of people who have dementia care needs. Staff also told us they did not receive regular supervision to help them develop their role and ensure their practice remained up to date. This meant that staff did not always get the support they needed to ensure they understood their role and the needs of the people who used the service.

We looked in detail at care records for three people. People did have their capacity to make decisions assessed but this information was not stored with the main care plan. This meant that staff may not have access to all the relevant information about a person's abilities to make decisions. We discussed this with the provider who told us they would make arrangements for this information to be included in the main care plan in future.

The Mental Capacity Act 2005 (MCA) sets out how to act to support people who do not have capacity to make a specific decision. Staff had a basic awareness of the MCA

and DoLS. We saw that the provider had arranged for staff to attend MCA and safeguarding training held by the local authority to ensure they improved their understanding of how the MCA applied to people who used the service. Staff were clear about obtaining people's consent before providing care and support. They told us they would respect people's wishes to refuse care and support. They described how they would go back later and offer again or ask another member of staff to offer where this was appropriate. Having mental capacity means being able to make decisions about everyday things like what to wear or more important decisions like agreeing to medical treatment.

People we spoke with were positive about the meals that were offered. One person said, "I am given a choice, they know what sort of things I like to eat and it is usually very good." and "I like the meals here, I get plenty and I have a choice." A relative told us the meals provided were good and said they were always giving people cups of tea.

We observed mealtimes and we saw that staff offered people a choice of meals. Staff had a good understanding of people's likes and dislikes. We saw that one person had a very limited range of food they liked to eat. Staff had made efforts to increase the variation to this diet but had been unsuccessful. We saw that the person's relatives had been consulted and were aware. This person had a low body weight but their weight had not been checked for six months. This meant the person could be at risk of health issues related to poor nutrition. We discussed this with the provider who told us they would make arrangements to ensure their weight was monitored more closely.

Where people were at risk of dehydration staff completed monitoring charts to ensure they received enough fluids. Where people remained at risk we saw that referrals were made to their doctor for support and advice.

Is the service caring?

Our findings

People said they liked the staff and that they were kind and caring. We observed staff with people and we saw they had a caring relationship with people. We saw that staff were kind and helpful. This was because they understood people and their different likes and dislikes.

People were relaxed with staff and keen to praise them. One person pointed out a member of staff and told us how good they were to them. One person told us "Staff are lovely, really kind." Another person said, "You can have a good chat with them."

A relative said that staff were very good to their relative. They said of the staff "They all love [relative] and have a laugh with [relative]." All the relatives we spoke with told us the staff were very caring and always welcomed them and offered a cup of tea.

People told us they were not aware of any meetings with the provider to involve them with the running of the home. People also said they were not aware of having a care plan. The provider told us they did not hold formal meetings as they had not found these effective but rather they and the manager would talk to people individually or in small groups during the day to find out what their views were of their care and of the service. The provider said they did not record these conversations so could not evidence what

changes they made as a result of suggestions by people who lived at the home but would do so in future. The manager also said they would record the discussions about care plans with people in future to ensure they showed how people were involved.

A relative told us that staff communicated with them and informed them of any changes but they were not asked to be involved or give feedback. We saw that staff helped people to speak with their relatives on the telephone when they called to enquire of their relatives' wellbeing.

People told us they felt their dignity and privacy was respected. One person commented. "Staff don't make me feel uncomfortable, they are always polite." Another person said, "They always knock on my door to be let in."

We saw staff offering support discreetly when they assisted people to the toilet prior to the midday meal. Staff respected people's privacy and dignity. Staff described how they supported people whilst maintaining their dignity. All staff we spoke with said they would ensure people had their privacy and dignity supported whilst providing personal care by ensuring curtains were closed and always knocking on someone's door to ask to come in.

Throughout the day we observed a relaxed atmosphere. People who used the service were comfortable chatting with staff and staff clearly enjoyed chatting and playing bingo with people who used the service.

Is the service responsive?

Our findings

People we spoke with all said they felt they received care that was personal to them. One person said, “The staff are great here, they know what I like and how I want it.” People told us that staff supported them how they wanted to be supported and were given choices in how they spend their day. One person told us, “I get up when I want and I can sit where I want, the staff help me when I need them.”

A relative said they had been asked to provide information about their relative’s life history and preferences. We saw this information in people’s support plans and staff used this information when talking to people. People received personalised care that was responsive to their needs. Care plans said people were involved in decisions about how they chose to live their lives. However it wasn’t always clear how people were involved in these decisions. We spoke with the manager who said that staff did ask people about their care plans but it was not always recorded. The provider said they would ensure this was recorded in the future.

Staff were very knowledgeable about people’s individual needs and preferences. One person had difficulty with verbal communication. Staff understood the person and responded to their mood. For example the person enjoyed dancing and staff encouraged this and joined in. Staff told us how this person liked to help with household tasks such as folding laundry and they facilitated this. Staff also told us how they worked closely with the person’s family to ensure that care and support was responsive to the person’s needs.

At the end of each shift there was a staff handover to the next shift coming on duty. We saw that there were written notes provided. These covered any issues that had occurred during the previous shift. This included when people had needed to see the doctor or if people’s needs had changed. This showed that there were systems in place that enabled staff to be responsive to people’s individual needs.

People were able to take part in recreational activities. Staff facilitated a game of bingo in the communal lounge. People took part in this and enjoyed the experience. There were reminiscence based books about the local area and recent history. We saw people using these and engaged with staff while doing so. Reminiscence is known to be beneficial for some people with dementia.

There was limited evidence to show that people had opportunities to follow their preferred hobbies and interest. Staff had recorded these along with life histories but this information had not been used to develop the plan of care. This meant that people may not be able to pursue hobbies and interests.

The provider and manager told us they arranged takeaway nights from the local fish and chip shop as well as trips out to local garden centres during the better weather. We were also told by several people that during the summer they often sat in the garden and did different activities outside. One person commented, “It is nice to get outside when the weather is warm.” Another person said “We sometimes have fish and chip suppers, I really enjoy those.”

People we spoke with all told us they would complain to the staff or the provider if they had concerns. One person said, “I have never needed to complain but I would talk to [the provider], I am sure they would deal with it.” People told us they could either make a complaint to a member of staff or directly to the provider. No complaints had been made since our last inspection.

The provider showed us the results of recent questionnaires where they had asked visitors their opinion of the service. These included very positive comments about visitors’ experience of the service and how they felt staff were caring for their relatives. The provider said they had yet to collate all the information to look at common themes and would develop an action plan from the results.

A relative told us they would speak with the manager or any of the staff if they had a complaint and felt sure they would listen and take action. They also told us that staff kept them informed of any changes and communicated well.

Is the service well-led?

Our findings

At the last inspection we found that the provider was not carrying out routine monitoring and audits of the service to ensure the safety and wellbeing of the people who used the service. This was a breach of Regulation 10 of the Health and Social care Act 2008. (Regulated Activities) Regulations 2010. Since then the provider had made improvements and they were now meeting the requirements of this regulation. We saw for example that some audits had taken place as well as some health and safety checks. We also saw that fire alarms were tested weekly to ensure they worked. However we found that the last fire risk assessment took place in August 2010. This could potentially place people at risk in the event of a fire as there was no up to date information.

People we spoke with all said they thought the provider was good. A person commented, "We see her most days, she always says hello." However people said they did not feel involved in the day to day running of the home and were not involved in their care plans or in other decisions about the home.

The provider told us they spent time each week talking to people to find out their views of the service. They showed us that they recorded some of these conversations but not each one and not always where action had taken place as a result of the conversation. This meant it was not always possible to identify where action had been carried out.

There were policies and procedures in place to support people if they needed to raise a concern. These were stored in the office and were accessible to all staff. People who used the service told us they knew how to raise a concern. Relatives and people who used the service all told us they

felt comfortable raising concerns and that the provider would deal with them. This indicated that the provider promoted an open culture where people's concerns were taken seriously.

The provider was also the registered manager but employed a manager who assisted in the day to day running of the home and deputised for them when they were not in the building. This ensures there is consistent management cover.

We were also told by some staff that the management team were nice but not always supportive as staff did not receive regular supervision or guidance. We were also told by some staff that organisation was very poor during some shifts especially in the morning. Staff were not always told what needed to be done and by when. This meant that staff lacked the leadership and guidance to perform to their best abilities at times.

A staff member we spoke with was aware there were monthly audits but did not know what was audited and management did not involve staff in any way and they were not aware of the outcome of the audits. This meant that staff may not know if they need to improve their practice or if there are safety issues that need addressing.

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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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.