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Clovelly House

Inspection report

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Date of inspection visit:
26 November 2020
02 December 2020
17 December 2020

Date of publication:
28 January 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clovelly House is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The care home can accommodate up to 21 people, some of whom live with dementia.

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

People and their relatives were happy with the service provided by the staff team at Clovelly House. Relatives told us there had been improvements in the management of the home and they praised the registered manager, the provider and the staff. We found that the home was well-managed. The management team monitored all aspects of the service, actioned improvements and shared learning with the staff team.

Relatives felt their family members were safe at Clovelly, looked after by caring staff who worked well as a team. One relative said, "I'd recommend Clovelly House to anyone." Staff had received training in a range of topics and had used their knowledge to improve the care they provided to people. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests.

Infection prevention and control practices mostly ensured that people were protected as far as possible although some staff did not always wear their masks properly. Risk assessments were carried out so that risks could be minimised and medicines were given safely. Staff supported people to eat and drink well and worked with other healthcare professionals to ensure people received any treatment they needed.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 3 February 2020), there were multiple breaches of regulation and the service was in Special Measures. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. The provider was no longer in breach of the regulations relating to these three key questions.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out a focused inspection of the key questions of safe, effective and well-led.

We did not inspect the other key questions. Ratings from previous comprehensive inspections for those key

questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clovelly House on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the 'safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

Following our last inspection we took urgent enforcement action to restrict any further admissions to the home. We also required the provider to send us information weekly so we could monitor whether there were improvements in the quality of the service being provided to people. The condition to restrict admissions has now been removed from the provider's registration as improvements had been made.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Clovelly House

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had made improvements following our previous inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of three inspectors. The lead inspector carried out the planning of the inspection, spoke with relatives of people who used the service and reviewed documents sent to us. Two inspectors carried out a visit to the care home.

Service and service type

Clovelly House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 looked at information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who had visited the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

The visit to the home was carried out on 26 November 2020. We spoke with three people who lived at the care home and we observed the daily routine to gain a view of people's experience of the care which staff provided to them. We saw the lunchtime meal being served and watched an activity session. We spoke with five staff, including the registered manager, the consultant, one senior care worker, one care worker and the cook. We also spoke with the activities coordinator. We looked at a few records such as repositioning charts; food and fluid charts; medication records; accident and incident forms; and staff personnel files. We asked the registered manager to send us some documents relating to the management of the home, such as audits and meeting minutes.

After the inspection

On 2 December 2020 we spoke with three relatives of people who were living at Clovelly House. We looked at the records the registered manager sent to us and gave feedback to the provider and registered manager on 17 December 2020.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and had failed to learn when things went wrong. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 12.

- The management team had completed assessments of any potential risks to people as part of the care planning process. These included the person's risk of falling, risk of acquiring pressure sores and any risks relating to eating, drinking and weight loss. They had put guidance in place for staff so that risks were minimised. Staff completed records such as repositioning charts and food/fluid charts correctly so that risks could be monitored.
- Fire safety measures had improved. Staff undertook regular checks of all equipment and systems in the home, such as the fire alarms and emergency lighting, to make sure everyone in the building would be safe. Each person had an up to date personal emergency evacuation plan (PEEP) in place so that emergency services would know how to support them in the event of a fire.
- The registered manager gave us examples of how they now shared learning from errors, incidents and accidents to improve staff's practice. Staff recorded any events, which the management team then analysed and discussed with all staff at relevant meetings.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 12.

- We checked how medicines were managed and found the provider now had systems in place to manage medicines safely. Staff had received training and had their competence to administer medicines checked.
- We looked at four people's medicines and medicine administration records: we found that everything was in order. People had received their medicines safely and as the prescriber intended.

Staffing and recruitment

At our last inspection the provider had failed to deploy enough staff, with sufficient skills, experience and knowledge to meet people's needs and keep them safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 12.

- People and their relatives, as well as the staff, told us that most of the time there were enough staff on duty to meet people's needs and keep them safe. One person said, "Staff couldn't do anything better." A relative told us, "The girls there are marvellous; they're so good and do their job really well. They're very patient." The activities organiser confirmed, "There are enough staff" and added that when a person needed personal care, staff came quickly.
- The registered manager used a dependency tool to calculate the number of staff needed on each shift. They reviewed this regularly and adjusted staff numbers when required. Staff told us that, due to COVID-19 there had been a few days when staffing levels were "a bit tight", but they said, "We all pitch in and help. We all do a variety of shifts and know everyone's job so we can help out."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 13.

- All three relatives told us they were confident that their family members were safe. One relative said, "I know [family member]'s safe there. They keep an eye on her." Another relative said, "We were really worried about [family member when she was at home] but she's safe [at Clovelly House]. The staff have been really kind – they all seem very caring and [she's] always happy to go with them [when we leave]."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and knew what they should look out for and to whom they should report any concerns. Any concerns were logged and monitored by the management team.

Preventing and controlling infection

- The provider had systems and processes in place and most staff were using personal protective equipment (PPE) effectively. Two staff were not wearing their masks in quite the right way: the registered manager dealt with this immediately. Staff put on and took off their PPE at the door of the home and used PPE was disposed of correctly.
- A visitors' pod had been erected in an annex so that visitors entered from the garden, put on a mask, apron and gloves and could meet safely with their family member via a Perspex screen.
- The home was fresh and clean throughout and staff carried out additional cleaning, following guidance relating to the COVID-19 pandemic. People who lived at the home, visitors and staff underwent checks such as having their temperature taken and had been tested regularly.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

At our last inspection the provider had failed to ensure that people's capacity to make particular decisions had been assessed and recorded. They had failed to identify and manage the use of restraint. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 11.

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.

- Staff had received training in the MCA and DoLS and knew how this applied to their work. Staff had assessed each person's capacity to make specific decisions, so people's legal rights were protected.
- Staff offered people choices in all areas of their life and we saw that people's choices were respected. For example, staff offered one person assistance with their meal but the person chose to feed themselves.
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff recognised that people's choices can change. The registered manager said, "The home is now for the residents – it's their home and not staff-led."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to deploy a sufficient number of staff who had received adequate and suitable training and support to enable them to carry out the duties they were required to

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

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 18.

- The provider had introduced processes to ensure all staff received all the training they needed to do their job well. New staff received an induction that included face-to-face and training on the computer as well as shadowing an experienced member of staff. Staff practice demonstrated that staff had taken the training on board.
- Staff felt well supported by the provider, the management team and all their colleagues. One member of staff told us, "There's a good atmosphere here – it's a really good team." Staff spoke particularly highly about the registered manager. One member of staff said, "The [registered] manager has time for us – we can approach her with anything and it remains confidential." All staff received regular supervision from the registered manager and were encouraged to attend staff meetings.

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

- Staff supported people to make choices about the food and drinks they wanted and to eat and drink enough. We observed the lunchtime meal and found that people had a much better experience than we had seen at our previous inspection. People and relatives told us that the food was good. One person said, "The food is good most of the time and we get choices."
- Staff assisted people with their food if they wanted assistance and were very attentive to each person's needs. The registered manager told us about one person who had lost a lot of weight because they did not want to eat. Staff worked with a dietician and the person had put on weight. This person was happy to drink, so their food was fortified and pureed and given to them in a mug, which they loved. The dietician was so impressed they were using this as a case study in their work. They wrote to the registered manager: 'And what a success story we have, as our collaborative team effort has shown that great results could be achieved. Do pass on the appreciation and thanks to the whole team for the brilliant efforts.'

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

- Even though contact with external professionals had been limited by the pandemic, in order to keep people as safe as possible, the home had continued to receive support from external professionals. District nurses had visited people whenever they needed nursing care and the home's GP had done weekly 'ward rounds' via the computer.

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

- Clovelly House was an adapted residential house, which had been extended over the years and continued to be adapted to improve the service offered to people. During the pandemic an annex room had been altered to provide a 'pod' where relatives could safely meet their family members.
- Some dementia-friendly signs around the home assisted people to know, for example, which doors were toilet doors.

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

- Although the pandemic had limited contact with people before admission, the management team continued to assess prospective residents via the computer to make sure the staff could meet the person's needs. Each person had a COVID-19 test before they were admitted and spent time isolated from other people until staff were sure they did not have the virus.

- The management team had ensured that all staff knew, and followed, all up to date guidance from the government relating to the pandemic as well as good practice guidance relating to care.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant that although there had been improvements in the management of the service, these had not been sufficiently embedded and instilled for us to be confident that the improvements will be sustained.

At our last inspection the provider had failed to monitor and improve the quality and safety of the service provided. The provider had failed to maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- The management team were developing a culture of learning and improvement. They had processes in place to audit and monitor the quality of all aspects of the service and to ensure action was taken where shortfalls were identified. They had provided staff with training and checked that staff put their training into practice.
- Record-keeping had improved. Staff understood the importance of records such as repositioning charts, food and fluid charts and incident/accident documents and were completing them correctly.
- However, there had not been enough time for us to be confident that the improvements had been sufficiently embedded to ensure they would be sustained. For example, if infection prevention and control procedures had been fully embedded in practice, staff would not have been wearing their masks incorrectly.

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

- The management team were clear about their roles, and about their responsibility to develop and lead the staff team so that good quality, resident-led care would be provided to people.
- There was a registered manager in post. She had only been at the home for a few weeks at our previous inspection but had since been registered with CQC. There had been a lot of changes since that inspection and we found that management of the home was much improved. The registered manager was supported by the provider and a consultant who worked at the home one day a week.
- Relatives and staff made very positive comments about the registered manager. One relative said, "Since [name of registered manager] has been there things have improved greatly – she's an absolute asset. She's very nice, very personable. I'm more than happy with everything." Another relative told us, "[Name of registered manager] is really nice, very good. She keeps us up to date. ...any worries, she's there to talk you through it."

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

- People who lived at Clovelly House, their relatives and the staff were involved, to a degree, in the running of the home.
- Relatives had been unable to visit the home during the lockdown but they all said how they had been kept fully involved. The registered manager and staff had adopted a range of communication methods, including telephone calls, FaceTime sessions, videos, photographs and a newsletter to keep relatives in touch with the home and with their family members. The staff team had enabled relatives to see their family members as much and as often as they could. They organised window visits and a drive-through, and were booking relatives in so they could see their family member in the annex pod.
- A member of staff who had worked in other care homes told us they had not met a manager who knew so much about the people who lived at the home. They said, "There have been changes for the better. [Name of registered manager] is fantastic, she knows people and pops in and says hello."
- Staff told us the management team were all very approachable, and sought their views and discussed issues with them. One member of staff said, "We get the chance to speak in the staff meetings. We're asked if there's anything we want to bring up, before and during the meeting." We saw this in the meeting minutes.

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

- People were happy living at Clovelly House. One person said, "It's lovely to live here," and another told us, "I like being here." All three relatives were very satisfied with the care their family members were receiving. One relative said, "We're happy and [family member] seems happy. She likes the company and is getting on okay – [staff] are very kind and caring."
- Staff liked working at Clovelly House. They were pleased with the changes made by the management team and commented on the improvements in staff morale and in teamwork.

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

- Relatives were confident that the management team kept them up to date about their family member, including how they were spending their day and their health.

Working in partnership with others

- The registered manager had developed good relationships with the local authority's adult care team, who supported the home as much as they could.
- Staff had built links with the local community. They had supported people who lived at the home to make Christmas tree pine cones, which they put on doorsteps around their community. People had also joined a scheme called 'Postcards of Kindness': people from all over the world wrote postcards to residents of care homes. At Christmas, this became 'Christmas Cards of Kindness' and people had enjoyed receiving cards from well-wishers around the world.