

Clover Cottage Limited

Clover Cottage

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This unannounced inspection took place on 9 December 2015. At our last inspection on 4 August 2014 we found that the provider did not meet required standards for care and welfare of people who use services, cleanliness and infection control, and requirements relating to assessing and monitoring the quality of care provision. During this inspection we found that improvements had been made in each of these areas and the service now met the required standards.

Clover Cottage provides accommodation and support with personal care for up to 14 older people. At the time of our inspection 13 people were using the service. Each person who lived at Clover Cottage had their own room. Only a limited number of bedrooms had ensuite shower rooms, however, all of them had a hand wash basin. The premises were fully accessible to people with mobility needs.

The service had a registered manager in place. A registered manager is a person who has registered with

Summary of findings

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.

People and their relatives told us the home was clean and tidy. We noted that there were no offensive odours in the home. The registered manager and records confirmed that environmental health and safety risks had been identified and suitable action put in place to minimise the likelihood of harm to people. However, we found that a bath and hoist on the first floor had been out of use for over a year and people and their relatives' views about the staffing level was mixed. Some people and their relatives said there were enough staff while others told us there were not always enough staff.

Staff reviewed care plans and there was evidence that these were personalised. People's healthcare, social care, nutrition and how they wanted to be supported were described in the care plans. We saw that information about people was described and staff were aware of each person's care needs.

People were satisfied with the care and support provided at the home. They told us they were happy living at the home because staff were caring and responsive to their needs. They told us staff treated them with respect and dignity and were satisfied with the meals available at the home.

Staff told us they received regular supervision and training to develop their skills. We noted that staff had good knowledge about people's care needs and how to meet these. Records showed staff had attended various training programmes including Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or for their own safety. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

The registered managers had various systems in place for checking and maintaining the service and facilities. We noted that people, relatives and staff had regular meetings. The registered manager had distributed and collected survey questionnaires from relatives and professionals. This helped the registered manager to understand and respond to people's views about the service and make improvements

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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. The service bath and hoist on the first floor had not been repaired or replaced to allow people to use them. We also noted that there were not always enough staff deployed to meet people's needs. This had a negative impact on people's safety and wellbeing.

Even though there were systems in place to administer and monitor medicines, people did not always receive their medicines on time.

People and relatives felt that people were safe living at the home. They told us staff were kind and friendly.

Requires improvement



Is the service effective?

The service was effective. People and their relatives told us staff were good and they were happy with the care and support provided.

There were systems in place so that the requirements of the Mental Capacity Act 2005 were implemented when required. This legislation protects people who lack capacity to make informed decisions in their lives.

People had access to appropriate healthcare and nutrition. This ensured that that they were well looked after and enjoyed healthier life.

Good



Is the service caring?

The service was caring. People told us they liked the home. They said staff treated them with respect and they would recommend the home to others.

Each person had their own bedroom and staff knew the importance of ensuring privacy when providing personal care.

People's care plans were written in first person. This and records confirmed that people and their representatives were involved in formulating and reviewing care plans.

Good



Is the service responsive?

The service was responsive. People and relatives told us staff supported people to access social and leisure activities. We saw a hairdresser visited the home and people were able to engage in activities of their choice.

People and their relatives told us staff listened to them and they knew how to make a complaint. We saw the provider had a complaints procedure.

Good



Is the service well-led?

The service was well led. People and staff felt that the registered manager was approachable and supportive to them.

Good



Summary of findings

The provider visited and monitored the quality of the service regularly. We noted there were various auditing systems in place. People, relatives and staff had opportunities to meet and discuss the quality of the service. Incidents and accidents were monitored, recorded and reported appropriately. This showed the registered manager had a system in place to monitor and manage incidents.

Clover Cottage

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 unannounced inspection took place on 9 December 2015. The inspection was conducted by one adult social care inspector.

Before our inspection we reviewed all of the information we held, including feedback from people who use the service and their relatives, and notifications of events affecting the service that the provider must send us.

During our visit we spoke with three people who used the service, three relatives, a visitor and two healthcare professionals. We observed people in the lounge and dining rooms, and spoke with two care workers, the chef, the registered manager and the provider.

We reviewed five people's personal care and support records and looked at five staff personnel records. We checked records relating to the management of the service such as the audits, staff training and supervision records, staff rotas, complaints records and various meeting minutes including that of people, relatives and staff. We had a guided tour of the premises to look at bedrooms, communal rooms and the equipment used.

Is the service safe?

Our findings

At our last inspection in August 2014 we stated that people were not protected from the risk of infection because appropriate guidance had not been followed. The registered manager and records confirmed that an infection control protocol has been put in place and staff had attended training in infection control. We saw that hand gel dispensers were available throughout the home for people to use. All the premises we saw were clean and tidy with no bad smells of any kind in the home. Visitors also told us that the home was always "clean" and "spotless" when they visited. The registered manager and records confirmed that environmental health and safety risks had been identified and suitable action put in place to minimise the likelihood of harm to people. We saw records and certificates confirming regular electrical, gas, and fire checks and services had been undertaken. This showed that there were systems in place to ensure the facilities and equipment were appropriately maintained.

People told us they felt safe living at Clover Cottage. One person said, "I feel safe here. I feel very lucky to have landed here." Another person told us, "We have good carers. I am very happy living here." A relative told us, "The staff are kind and friendly. I feel [my relative] is safe in the home." Before the inspection we had received online feedback from a relative, who stated, "[The person using the service] went to Clover Cottage straight from [a hospital]. For the first time in eight weeks my family felt [the person] was safe, clean and well looked after."

During our last inspection in August 2014 we found that the service did not meet required standards relating to care and welfare of people who use services, because care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

This was because a bath and a hoist on the first floor had been 'decommissioned' but there was no label to indicate this to people or to staff not to use them as they were not safe. During this inspection we saw that there was a label on the bathroom door to tell people and staff the bath and hoist were decommissioned and were not in use. However, we were concerned that the facilities had not been repaired or replaced. This put people's health, safety and welfare at risk. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider told us that this did not have a negative impact on people as two of the six people on the first floor had shower ensuite facilities and the other four people could use the shower on the ground floor or the sink in their rooms. The provider told us that he had contacted builders to replace the bathroom so that it could be safe to use.

We observed medicine administration and checked medicines and Medicine Administration Record Sheets (MARS). We saw that medicines were safely stored and were administered by staff who had appropriate training. We saw MARS were correctly signed by staff to confirm people had their medicines as prescribed by healthcare professionals. The registered manager told us that medicines were audited monthly to check they were managed safely. We noted there was a discrepancy in the amount of actual tablets available and the records for one person. The registered person explained that this discrepancy would have been picked up and addressed through the audit system which was to take place at the end of the week. We also observed that there was a delay in the administration of medicines for some people. For example, we noted staff were yet to administer morning medicines after 11 am. The registered manager and the provider told us this was because some people did not like to get up early in the morning. **We recommend that** the registered manager discuss this further with people and their representatives, and develop a risk assessment to ensure medicines were administered as prescribed.

There was a system in place to protect people from the risk of abuse. Staff were knowledgeable about the different types of abuse that could occur. The staff were able to explain how to report concerns. They told us they have read the provider's adult safeguarding policy and felt comfortable about approaching the registered manager. Staff told us they had attended training about safeguarding adults. This was confirmed in the staff records.

Staff understood what whistleblowing at work meant and how they would do this. They explained they were protected by law if they reported suspected wrong doing at work and had attended training to help them understand this subject. The provider had a whistleblowing procedure which contained information how staff could raise concerns safely.

People's care plans were reviewed regularly to ensure they were appropriate and safe. Incidents and accidents were

Is the service safe?

monitored, recorded and reviewed to improve safety. The records showed the registered manager and staff recorded incidents and occurrences that had happened at the home. Risk assessments had been updated and suitable action put in place to ensure the risks were managed.

Checks on the suitability of new staff were undertaken before they started work at the home. The records for newly appointed staff included two written references, employment history checks, and Disclosure and Barring Service (DBS) checks. The registered manager confirmed that these had been completed on all staff to ensure only suitable employees were recruited.

The registered manager told us that there were three care staff in the morning and two in the afternoon shifts. This

was in addition to the registered manager who worked 9am to 5pm during the week, and the chef and domestic staff. The registered manager and staff told us the staffing level was enough. The staff rota we checked confirmed the level of staffing. One person and a relative said there were enough staff to meet people's needs. However, another person and a relative told us that there were not always enough staff to provide care. This was a risk to people because shortage of staff could mean that they would not be able to receive personal care, medicine and general as and when they needed. **We recommend that** the registered manager keeps the staffing level under review to ensure that there are sufficient numbers of appropriately trained and skilled staff deployed to meet people's needs.

Is the service effective?

Our findings

People made positive comments about the way they were supported and assisted with their needs by the staff. One person said, "I should say staff are superb. They do a very good job". A relative told us they were happy the way care was delivered at the home. They said, "People get personal attention. Staff cope with [people] brilliantly." A visitor said they had been visiting the home for many years and they have always been impressed. They said, "Staff are pretty good," and they "would recommend this home without a doubt".

We observed staff assisting people in ways that showed they knew how to support them with their needs. Staff used a calm manner and approach and gave them plenty of one to one time when supporting them, for example, with meals. Staff demonstrated they understood how to provide people with effective support with their needs. They told us how they worked with people who felt upset due to personal concerns associated with health needs such as dementia. They told us and we observed that staff listened to people and explained how they would support them.

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The 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. The application procedures for this in care homes and hospitals are 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 were being met. We noted the registered manager had a checklist in people's care files to ensure MCA's were completed and best interest meetings took place. The registered manager told us and records confirmed that Deprivation of Liberty Safeguards (DoLS) applications had

been completed and submitted to the local authorities for two people. DoLS applications are authorised to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

People received effective healthcare. People and relatives told us that staff referred and supported them to attend medical appointments. We noted a GP visited weekly and as necessary to check people's health and review their medicines. The GP told us the home worked well with them by making timely medical referrals and by seeking advice as and when needed. We noted that staff had supported people who consented to have a flu jab to ensure they were protected from the virus.

The registered manager told us people had access to ongoing medical care such as opticians. We noted people were seen by opticians, dietitians, chiropodists and physiotherapists. During the inspection we saw a district nurse who visited one person using the service. This showed that people were able to access healthcare appropriate to their needs.

People received nutritious food and drink that they enjoyed. People and their relatives spoke positively about the food. One person said, "The food is good." Another person told us they liked the food and said, "Staff give us a sheet of paper to mark it off what to eat." A relative told us, "The food is home cooked. It is nice food. [The person] has good appetite and eats well." We observed that drinks and snacks were available throughout the day. The home had a four weekly rotating menu and each morning people were asked to choose what they wanted to have for breakfast, lunch and dinner. Staff told us people who required special diets were also catered for and this was confirmed by the choices that were available. For example, four people needed a sugar free diet because of diabetes and this was provided for them. We observed that staff provided support to people who needed help with their meals.

Staff received training to enable them to have the skills to support people effectively. Staff spoke positively about the training and learning opportunities they were able to attend. They said they had been on training in subjects relevant to their roles. The training records confirmed staff had attended training in a range of subjects including adult safeguarding, basic food hygiene, moving and handling, and dementia awareness. Staff also told us they had regular one-to-one supervision and were able to discuss their learning needs with the registered manager.

Is the service caring?

Our findings

People and their relatives spoke positively about the staff and their approach. One person said, "Staff are good. They do not push you around." Another person told us, "The care is second to none." A relative told us, "I know [my relative] is very happy here literally from day one. It is homely and this is what [my relative] likes."

The staff demonstrated how they provided people with personalised care that met their needs. We observed they prompted and encouraged people to do as much as possible for themselves, for example, when providing assistance with meals, to maintain independence. Staff told us that they were there to promote independence and provide care and support appropriately. They told us they respected people's choice regarding for example, when to go to bed or get up, what to wear and where to sit in the home. This showed that staff understood and respected people's choice of care.

Relatives told us and we observed that staff were considerate in their approach. A relative told us that staff were kind and considerate in providing care to people and keeping them up-to-date with information about their relative's care at the home. We observed staff interacted with people in a calm and friendly manner by talking and listening to them. We saw there were friendly and positive relationships between people and staff. This showed staff provided care that was suitable to people's needs.

Each person had a care plan which was written in a first person outlining their needs, aims of the plan and action that needed to be taken to meet the needs. Areas included in the care plans reflected people's individual needs and included personal care, healthcare, nutrition, diabetes, communication, mobility, urine, activities, emotional, and night time care. People and relatives confirmed that they were consulted and involved in the processes of developing and reviewing care plans.

Each person had a single bedroom which gave people privacy. We saw that rooms were personalised with people's own possessions and photographs. People told us staff always knocked on the doors before entering bedrooms. Staff understood how to ensure privacy and dignity when providing care. A member of staff said, "I ask people how they wanted to be supported and always made sure that doors were closed and curtains were pulled down when providing personal care." This showed that staff had good understanding about the need to respect people's privacy and treat them with dignity.

Staff understood what equality and diversity meant in their work with people. They told us that equality and diversity meant respecting that everyone was unique and supporting people to live life in the way they would prefer. Staff told us that they saw each person as an individual and treated them as such. For example, staff provided people with meals that reflected their preferences and culture. Records and relatives confirmed that relatives and representatives supported people to ensure that their views and wishes were properly heard and acted upon when decisions are being made about their lives.

Is the service responsive?

Our findings

People were supported to engage in activities of their choice. One person told us, "I like my knitting and crochet." Another person said, "I like listening to the radio and music." Relatives told us they were satisfied people had suitable activities and interaction with staff. Another relative said people were supported to go to various places such as the seaside. Records and pictures we saw showed staff supported people to access social and leisure activities.

During the inspection we observed and talked to a hairdresser. We noted that the hairdresser had been coming to the home once every week for the last eight years. People told us they enjoyed having their hair done at the home.

The care and support people received was personalised and responsive to their needs. A relative said, "The care provided here is personalised." We saw that care plans contained guidance for staff about how to respond to people's needs. Relatives and care files confirmed that relatives were involved in the review of care plans. This showed that people's individual needs were discussed by relatives and arrangements were put in place for staff to respond to people's needs.

People and relatives told us staff listened to them. One person said, "[Staff] listen. I can talk to them." A relative told us, "We have a good rapport with staff. They do listen." We

observed that there was good interaction between people and staff. We saw staff were present to respond to people's queries, for example, when they wanted them to support with personal care or to provide them with equipment or snacks and drinks.

People and relatives told us that if they had a concern they would raise the matter with staff and the registered manager. One person told us that they would "speak with the manager" and a relative said that they could "talk to the manager or owner". Another person said, "I have never known a situation here where [person using the service] has been unhappy and I had to deal with it. If the situation arose, I would raise it with the manager or owner. I could also go to people outside the home." This showed people knew how to make a complaint if they were not satisfied with the service.

A copy of the provider's complaints procedure was displayed in the home. The procedure explained how complaints were managed and contained contact details of organisations people could contact if they were not satisfied with the outcome of their complaints. We reviewed the provider's complaints records and noted that there have been no recorded complaints since the last inspection. Staff and the registered manager confirmed that they took complaints seriously. They said that if they received a complaint they would record it and ensure that the concern was appropriately investigated and addressed. This showed there was a complaints system in place.

Is the service well-led?

Our findings

At our last inspection in August 2014 we had found that people were not protected against the risks of inappropriate or unsafe care because the provider did not have effective systems to regularly assess and monitor the quality of the services provided. We had found that there were no systems in place to enable the registered manager to make changes to treatment or care in relation to conclusions of national and local service reviews, clinical audits and research projects carried out by appropriate expert bodies. The registered manager had sent us their action plan outlining what they had put in place to address these concerns.

We saw that various systems had been introduced to monitor the quality of the service. The registered manager told us that independent consultants came to the home to check and advise on aspects of the service such as care plans, policies, and health and safety systems. We saw evidence of these in the records we checked.

Relatives spoke positively about how the home was managed. A relative said, "[I am] very pleased about how the home is run." Another relative told us, "The manager is the most accessible person." We observed the manager talking to people and visitors in a friendly manner. Staff told us the manager was supportive to them. They told us the manager was approachable and they could go to her if they had any issues.

The registered manager gathered relative's views about the quality of the service. A relative told us, "I have completed and returned several quality assurance forms." Another

relative told us, "I have attended relative's meetings." The registered manager told us and showed us records of the quality assurance questionnaires and minutes of relative's meetings. We noted the last quality survey was undertaken in August 2015 and completed by professionals and relatives. The outcome of the survey was positive. For example, one professional wrote, "I wish all the care homes I go to are like this one. We noted the last relative's meeting was held in October and was attended by 12 relatives. This showed relatives were able to discuss and comment on the quality of the service.

The provider visited the home regularly. They told us they met with people and staff and, if needed, highlighted actions for the registered manager to follow. The provider said they closely monitored the quality of the service to ensure that it met the needs of all people including that of "my relative". The staff were able to tell us what the provider's values were. They explained the values included being person centred, promoting independence and being inclusive. The staff told us they made sure they followed these values when they supported people at the home. A member of staff said, "My role is to encourage, prompt and support people to live as independently as possible."

The registered manager had a range of auditing systems in place. These included, care plan audits, environmental risk assessments, and health and safety checks. We saw records confirming that these audits and checks had taken place. We noted that incidents and accidents were recorded and periodic reports sent to the service commissioners. This showed that appropriate monitoring and reporting systems were in place to make improvements where needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not taken proper steps to ensure that the premises were safe to use for their intended purpose. Regulation 12 (2) (d) (e)