Clovelly House Care Home Limited

# Clovelly House Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 5 January 2016. The service was last inspected in September 2014; we had no concerns at that time.

Clovelly House is a care home that can accommodate up to 19 older people. At the time of our inspection there were 18 people living in the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Clovelly House and with the staff who supported them. People said, "I feel safe living in the home" and "I am safe living here." A relative commented, "I can't fault the service."

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "They [staff] are all good to me" and "Staff are very good and respectful."

People were able to take part in a range of activities of their choice. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. Relatives said, "They [staff] keep me informed" and "They [staff] always ring me if Mum is not well."

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. People told us, "The food is really good" and "There is always plenty of food and I can ask for more."

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Staff said, "The management are fair", "I love working here, it's not like going to work" and "I would feel comfortable raising any concerns with management."

People, visitors and healthcare professionals all described the management of the service as open and approachable and thought people received a good service.  Relatives told us, "We choose this home, it has a good reputation locally" and "The owners run it like it's a family." A healthcare professional said, "It's a good home."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management were visible in the service and regularly observed and talked to people to check if they were happy and safe living at Clovelly House.

## 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. People told us they felt safe living in the service. Staff knew how to recognise and report the signs of abuse.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

### Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

## Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on making people's daily lives as pleasurable as possible.

Staff said they were supported by the managers and owners and worked together as a team.

People and their families told us the management was very approachable and they were included in decisions about the running of the service.

# Clovelly House 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 unannounced inspection took place on 5 January 2016. The inspection was conducted by two inspectors.

We reviewed information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people living at Clovelly House, three relatives and two visiting community nurses. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four care staff, the cook, the deputy manager and the registered manager/owner. We looked at four records relating to the care of individuals, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection visit we spoke with two healthcare professionals.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Clovelly House and with the staff who supported them. People said, "I feel safe living in the home" and "I am safe living here." A relative commented, "I can't fault the service."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. People were encouraged to assess and manage their own risks. For example, one person went out each day to the local shops. They advised staff when they were leaving the premises and carried a mobile phone with them in case of emergencies.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the deputy manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Clovelly House. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner. One person told us, "Staff respond quickly to your needs."

On the day of the inspection there were two care staff on duty from 7.30am to 8.30pm for 18 people. In addition there was a cook, a domestic, the registered manager and the deputy manager. The registered manager and deputy manager also provided care and support for people. Management told us they monitored people's needs daily and made any adjustments to staffing levels as required. It was clear managers knew everyone well and because they worked alongside staff they were aware of people's changing needs. Staff told us they would always update the management if an individual's needs changed, including contacting them when they were not on duty.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Clovelly House. All medicines were stored appropriately and Medicines

Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for. Staff has received appropriate training in administrating and managing medicines and weekly audits were completed by the deputy manager.

The environment was clean and well maintained. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when necessary. For example, we were advised that there were plans to convert an unused upstairs bathroom into a sluice room in the next few weeks. Records showed that manual handling equipment, such as hoists and bath seats, had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Good

# Is the service effective?

## Our findings

Staff were knowledgeable about the people living in the service and had the skills to meet people's needs. People told us that staff knew them well and understood how to meet their needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living in the service such as dementia awareness. Staff said, "Training is good, we can have anything we ask for."

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. One member of staff told us, "I had an excellent induction; I worked with the deputy manager for eight weeks before I worked on my own. The service had not employed any new staff recently and were in the process of updating their induction in line with the Care Certificate to implement for new staff in the future. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment.

Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. One healthcare professional told us, "The home is very pro-active about involving us and I have not had concerns at all about how staff meet people's health needs." People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. Relatives said, "They [staff] keep me informed" and "They [staff] always ring me if Mum is not well."

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People were given plates and cutlery suitable

for their needs and to enable them to eat independently. People told us, "The food is really good" and "There is always plenty of food and I can ask for more."

We observed staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time.

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. 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. The registered manager and deputy manager were clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had made an application for a DoLS authorisation for one person. After taking advice from the local authority the service was in the process of making applications for four more people.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a lift to gain access to the first floor, where some bedrooms were located.

Good

# Is the service caring?

## Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "They [staff] are all good to me" and "Staff are very good and respectful."

Relatives commented, "Staff are brilliant", "They [staff] keep Mum happy" and "Staff are always positive and cheerful and the people living here like that." A healthcare professional said, "The way staff treat clients is very good."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from their tilting armchair to a standing position. Staff were patient and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious. Relatives said, "Staff are very kind" and "Staff are very patient."

The service promoted people's independence and encouraged them to maintain their skills. For example a relative told us, "Staff encourage [person's name] to walk every day, which is good for her to keep her mobile." We saw other examples during lunchtime of staff cutting up people's food and providing plate guards to enable people to eat independently.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in one of the lounges or in their own rooms. People, who chose to spend their time in their room, told us staff regularly came in to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at Clovelly House had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, a care worker said, "We ask people what they would like for lunch. If they don't understand we break the question down and ask it differently so they can make their own choices."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular 'residents meeting', where people and their families had discussed activities, menus and chose the newly purchased armchairs for the main lounge. People told us when their bedrooms were re-decorated they had chosen the colours used.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. People also had regular contact with their relatives by telephone. One relative told us, "I ring and speak with [person's name] 2-3 times a week."

Good

# Is the service responsive?

## Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager and deputy manager were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Clovelly House.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves. Their care plan stated, "Can manage to wash her face and hands, will require assistance with washing others areas."

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Clovelly House. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People were able to take part in activities of their choice. Activities included exercises, art work, reminiscence, church services and outings such as going to local coffee mornings. People talked to us about some of the outings they had gone on recently, such as seeing the Christmas lights and going out for coffee. Care plans described the type of activities each person might want to take part in and how they liked to spend their time. For example, one care plan instructed staff to, "[Person's name] likes to participate in activities and outings such as keep fit, reminiscence and church services." We also saw staff spent one-to-one time chatting with people during the inspection.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people and their relatives said they had not found the need to raise a complaint or concern.

Good

# Is the service well-led?

## Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider as they were one of the owners of the service. They were supported by a deputy manager.

People, visitors and healthcare professionals all described the management of the service as open and approachable. Managers were clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Relatives told us, "We choose this home, it has a good reputation locally" and "The owners run it like it's a family." A healthcare professional said, "It's a good home."

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. A relative told us, "They [the service] are really good at picking their staff." There was a positive culture within the staff team and it was clear they all worked well together. Staff said they were supported by the registered manager and deputy manager and were aware of their responsibility to share any concerns about the care provided at the service. For example, one member of staff told us they had raised a concern about the behaviour of another member of staff. They told us the management had responded promptly and discreetly to resolve the situation. Staff said, "The management are fair", "I love working here, it's not like going to work" and "I would feel comfortable raising any concerns with management."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and monthly one-to-one supervisions.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals told us they thought the service was well managed and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health needs. A healthcare professional told us, "I would be happy for a member of my family to live here."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The managers worked alongside staff to monitor the quality of the care provided by staff. The deputy manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. The managers carried out audits of falls, medicines, and care plans. The registered manager and deputy manager were visible in the service and regularly observed and talked to people to check if they were happy and safe living at Clovelly House.