

Mr and Mrs J B Furniss

Clova House Residential Care Home

Inspection report

231 Chellaston Road
Shelton Lock
Derby
Derbyshire
DE24 9EE

Tel: 01332702488

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26 November 2015

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 26 November 2015 and was unannounced. We last inspected Clova House on 4 February 2015. We found that the service was meeting the requirements of the regulations, but we made recommendations that they further improve in the areas of staffing, managing risks and governance. We carried out this focused inspection to follow up on these areas. You can read the report from our last comprehensive inspection by selecting 'all reports' link for Clova House Residential Care Home on our website at www.cqc.org.uk

At this inspection we found that improvements had been made to staffing and managing risks. However although people's day to day capacity had been assessed and recorded within some care plans, there was no evidence that people had been supported to make significant decisions about their care or well-being, such as changes to the way their care is provided and the level of supervision they required each day.

We were told that the provider had not submitted any DoLS applications to a supervisory body although some of the people living in the home were under constant staff supervision and may not have capacity to make decisions in their best interests. This meant that people living in the service may have decisions made for them that may not be in their best interests and could have their liberty deprived. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Clova House provides accommodation for up to 20 older people. At the time of inspection there were 16 people using the service. The service is located in a residential 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.

There were sufficient numbers of staff deployed within the service to meet people's needs. The provider had implemented a revised management structure since our last inspection to improve administration and support for staff. Staff told us that they felt supported by the new deputy manager.

The service kept people safe and effectively managed risks to people using the service. Records showed that risks to people's health and well-being had been identified, assessed and managed in an appropriate way. People we spoke with were happy with the care that they received and told us that they felt safe in the service.

People who used the service told us that staff were kind and caring. We saw that staff treated people with dignity and respect.

Staff had attended a variety of role specific training. We observed that staff were not always consistent in responding to the needs of people living with dementia. Some staff told us that they struggled to understand the right approach to support people living with dementia. We raised this with the deputy manager and recommended that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

There were procedures for monitoring and assessing the quality of the service. However our findings showed that the provider's approach to quality assurance was fragmented and we found that some audit processes were out of date or ineffective. There were further improvements required to quality assurance and monitoring to ensure that processes were robust and effective.

You can see what action we told the provider to take at the back of the full version of the report.

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 were supported by sufficient numbers of staff

The risks to people's safety and welfare were assessed and managed effectively

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People who used the service were not assessed under the Mental Capacity Act 2005 where this was needed.

We have made a recommendation about staff training on the subject of dementia

Is the service well-led?

Requires Improvement ●

The service was not always well-led

The provider used audits to check on the quality of the service but these were not robust and were not effective as quality assurance.

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

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. We undertook an unannounced focused inspection on Clova House on 26 November 2015. This inspection was to check that improvements after our comprehensive inspection on 4 February 2015 had been made.

We inspected the service against three of the five key questions we ask about services: is the service 'safe', is the service 'effective' and is the service 'well-led'. This was because the service required improvements to meet the legal requirements.

The inspection team consisted of one inspector.

We spoke with four people who used the service, two staff members, the deputy manager and a visiting training professional. We reviewed a range of records about people's care and how the service was managed. This included three peoples' care plans, two staff files and records in relation to the management of the service. We observed care and support in communal areas. We looked at the environment including bedrooms, bathrooms and communal areas.

Prior to the inspection we reviewed the information we had about the provider. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

Is the service safe?

Our findings

At the last inspection of 4 February 2015 we found that risk assessments were not always carried out to assess risk and unexpected staff absences created difficulties in meeting people's needs at weekends.

We looked at staffing levels in the service. We spoke to people who used the service. One person told us "There is always someone to help here. I only have to press my buzzer and they (the staff) come to help me." Another person told us "Staff can sometimes be slow to respond to the call system but I do get the help I need." People who used the service spoke positively about the new deputy manager and told us that they found them to be approachable and took the time to listen to them.

We looked at staffing rota and arrangements for covering staff absences. We saw that the deputy manager had introduced a system for monitoring staff absence and that most staff absence was covered through permanent staff with only occasional use of agency staff who were familiar with the service. This meant that people who used the service received consistent support from a staff team who were known to them.

Staff told us that they felt there were sufficient staffing levels on during the day, though some staff felt that staff could be more effectively deployed to support the evening meal which could be very busy. We saw that staff had raised this during recent staff feedback and that the provider was monitoring and reviewing staffing levels during tea time to assess if staff could be deployed more effectively.

During our inspection we observed that care staff had time to socialise with the people using the service and support them with their needs. Throughout our inspection staff were visible and went about their duties calmly. Staff were seen to work as a team and liaise with each other as necessary to provide safe care. For example, if one person needed two care workers to support them to transfer, there were enough staff on duty to enable this.

We looked at how staff managed risk to people using the service. Records showed that risks to people's health and well-being had been identified, assessed and managed in an appropriate way.

During the inspection staff were seen to protect people from avoidable harm or injury. For example, we saw one staff member assisting a person to transfer from their armchair to a wheelchair. The staff member verbally prompted the person to use safe transfer techniques to support themselves safely and made sure the wheelchair footplates were in place to support the person once they were seated in their wheelchair.

Records showed that risk assessments were completed and measures to manage risks were detailed in care plans. Some people's care plans and risk assessments had recently been reviewed and transferred into a new format to enable staff to more easily reference and record information about people's needs. If a new risk was identified this was assessed and prompt action taken. For example, records showed that one person was seen to be losing weight and was at risk of poor nutrition. Records showed that the service had completed a nutritional screening tool for the person and a referral was made to their GP and dietician. Following this a new care plan for their nutrition was put in place to ensure they received sufficient food and

drink to meet their needs. The deputy manager told us that they were reviewing all care plans and risk assessments so that all care plans would be written in the new format.

We spoke with a visiting training professional who was observing staff practice in manual handling. They told us they had observed staff supporting people with their mobility, with transfers and using equipment. They saw that staff had the right skills and competence to support people safely.

People who we spoke with told us that they felt safe in the service. One person told us "I feel safe here, especially at night when they check on me every hour." Another person said "I feel safe here, the staff are very good and very helpful.

We saw that the provider was making improvements to the building environment to keep people safe. This included new flooring and fitted locks to windows with access to balcony areas to reduce any potential risk to people who used the rooms.

Is the service effective?

Our findings

At our last inspection we found that the provider had made improvements in assessing people's capacity to make decisions and choices but information was not stored with the main care plan. At this inspection we looked in detail at care records for three people. People did have their capacity to make day-to-day decisions assessed but this information was only stored on the care plans that had been reviewed and transferred into a new format. This meant that staff may not have access to all the relevant information about a person's abilities to make choices and decisions. There was no evidence that people had been supported to make significant decisions about their care or well-being, such as changes to the way their care is provided and the level of supervision they required each day. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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, 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 are called the Deprivation of Liberty Safeguards (DoLS).

We were told that the provider had not submitted any DoLS applications to a supervisory body although some of the people living in the home were under constant staff supervision and may not have capacity to make decisions in their best interests. This meant that people living in the service may have decisions made for them that may not be in their best interests and could have their liberty deprived. We discussed this with the deputy manager who told us that staff were booked onto training in Mental Capacity and DoLS and that arrangements would be made to undertake mental capacity assessments for all people who used the service and DoLS applications where appropriate.

Staff we spoke with felt that they were supported by the registered manager and the deputy manager on a daily basis. We looked at staff training records and the training matrix which showed that staff had attended recent mandatory training in areas such as first aid, safeguarding, health and safety and fire. We observed that staff did not always demonstrate a consistent approach when supported people who were living with dementia. For example, we saw one staff member collude with a person who was distressed to comfort them and another staff member use distraction techniques to support the same person. Some staff who we spoke with told us that they struggled to understand and respond to the behaviours shown by people living with dementia. We raised this with the deputy manager and recommended that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia. Staff told us that they were beginning to receive regular formal supervision from the deputy manager and had found these to be helpful and supportive in addressing their concerns and identifying their development needs.

People who used the service told us that they thought most staff were well trained and knowledgeable. One person told us "There are some people (staff) here who are very good at their jobs and there are others that are not." Another person told us "Most staff are very kind and treat us with respect."

Is the service well-led?

Our findings

At our last inspection the provider had not ensured that systems or processes were established and operated effectively to ensure compliance with requirements. They had also not ensured that all records were appropriately maintained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

At this inspection we found that the provider had made some improvements but further development was required to ensure systems and processes were robust and effective. For example, under the revised management structure, one staff member has designated responsibility for carrying out regular audits on the storage and administration of medicines. We looked at medicine audits and records and found a number of errors which included missing signatures on medicine administration records and missing protocols for when (PRN) as required medicines to alert staff to the signs and symptoms which could mean this needed to be administered. This meant that audits undertaken on the management and administration of medicines were not effective in identifying and addressing errors in record keeping.

We looked at other audits and found that these were not carried out consistently. For example, there were regular audits on the contents of the first aid box but not on the building or environment. The service is in the process of upgrading some fixtures and fittings. Work included replacement of flooring, new side door and new window locks. However current risk assessments did not reflect interim arrangements in place during the upgrade works, for example bare flooring pending new carpets in bedrooms. This could potentially place people at risk.

Surveys were carried out about the quality of care in 2015. We were told that the provider kept the completed surveys on file. However, although we were provided with a summary of the results, there was no action plan or evidence that the results of surveys had been analysed and shared with the people who used the service, their families or staff members. This meant that it was difficult to identify how the provider responded to feedback and used it to improve and develop the service.

We found that the providers quality assurance system continued to be fragmented. For example, the provider kept a log of key events and conversations each month, including any concerns expressed by people who used the service and/or their relatives but these did not feed into any improvement plan. We raised concerns that open windows and doors had a profound impact on temperatures within communal areas. For example, during the daily cleaning of bedrooms and communal areas, windows were left open in lounges and bedrooms. We were told that all windows and doors were closed after cleaning. However when we checked, windows and doors were still open making some communal areas too cold to sit in. This concern had been raised during the local authority quality assurance visit but had not been addressed. People who used the service told us they were either too cold or too hot and during our inspection we observed people asking for blankets as they were cold. We raised this as a concern with the deputy manager who agreed that achieving a consistent temperature within the service was a problem at present and

maintenance works were on-going to address this. They assured us that they would ensure windows are closed in all rooms after cleaning with immediate effect.

Regular staff meetings had been introduced for all staff. We looked at the minutes for these. The meetings were well attended and provided those present with up to date information and guidance on how to carry out their roles. For example, topics such as respect and dignity, timekeeping, training opportunities and outcomes of external audits were shared with staff and discussed. Staff told us that they felt involved in the service and that things were starting to improve in terms of the level of support they received. We looked at information from staff feedback and saw that where staff had raised concerns or issues, these had been acknowledged by the registered manager and action had been taken where appropriate.

There were policies and procedures in place to support people if they needed to raise a concern. We saw from records in care plans that some people were able to approach the deputy manager with concerns and that these were listened to and acted upon. Some people told us that they did not know how to make a complaint. We raised this the deputy manager who told us that they would reinforce the complaints procedure in resident and relative meetings.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users must only be provided with the consent of relevant people. If the person is unable to give such consent because they lack capacity to do so, then the provider must act in accordance with the 2005 Act.</p> <p>The provider had not acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards by carrying out appropriate mental capacity assessments: sought information in relation to best interest decisions made and kept under review.</p>