

# Aegis Residential Care Homes Limited

## The Clough Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The Clough Care Home provides accommodation and personal care for up to 32 people, located in a quiet residential area in Bolton. On the day of our inspection there were 29 people living at the home.

The inspection took place on the 20 July and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

At our last inspection in October 2014 we saw improvement was needed around people's mealtime experience. At this inspection we found this experience had improved.

We saw some areas at the home which needed improvement from regular cleaning to reduce the risk of infection. The management team had completed environmental checks, however these had not identified the areas for improvement. We discussed this with the registered manager and they agreed the areas needed improvement. Staff infection control procedures were in the process of being updated to ensure people were not put at risk. The management team were looking at ways to improve the patio area to ensure people remained safe.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People told us they were supported in a safe way and had their medicines as prescribed.

People and their relatives told us staff knew how to meet their needs. Staff had up to date knowledge and training to support people. Staff respected people's rights to make their own decisions and choices about their support. People's permission was sought by staff before they helped support them. Staff gave people choices in a way they could understand by using appropriate communication methods. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and had been authorised to do this.

People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. People said they had access to health professionals when they needed to. Relatives were confident their family member was supported to maintain their well-being.

People said they were happy living at the home and were supported by patient and kind staff. Relatives told us they were happy with the care their family member received. They told us staff were caring and promoted people's independence. People living at the home were able to see their friends and relatives as they

wanted. We saw staff treated people with dignity and respect and had a good knowledge of people's rights. They knew people well, and took people's preferences into account and respected them.

People and their relatives were included in how care was provided. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had a complaints process in place to ensure people were listened to and action could be taken if required.

The management team had identified people needed more interesting things to do. They had asked for ideas from people, families and staff and were in the process of making the improvements. People and their relatives were encouraged to attend regular meetings, to share their views about the quality of the service. The management team had actioned suggestions made by people, their families and staff where possible, and were making improvements.

The provider had systems in place to monitor the quality of care and treatment people living at the home received. These were not always effective at identifying improvements such as ensuring bathrooms were clean. Where improvements had been identified there was a plan in place which was regularly reviewed to ensure they were made in a timely way.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not consistently safe

People were not always protected from the risk of infection through thorough cleaning of areas of the home, and staff's infection control practice. People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to meet their needs in a timely way. People were supported with their medicines by staff who had been trained.

### Is the service effective?

Good 

The service was effective

People's needs were met by staff who had up to date training and skills. People were supported to make their own decisions wherever possible. Staff had a good understanding of how to support people who needed help to make some decisions. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

### Is the service caring?

Good 

The service was caring

People were supported by staff who were patient and caring, and provided care and support in a warm and friendly way. Staff took account of each person's personal preferences. People were treated with dignity and respect and their diverse needs were met.

### Is the service responsive?

Good 

The service was responsive

People received personalised care which was responsive to their changing needs and preferences. The management team were reviewing what interesting things people had to do with their time. People who lived at the home and relatives knew how to raise concerns and were confident these would be handled

effectively. People were regularly asked for their opinion on how they were supported.

**Is the service well-led?**

The service was not consistently well-led

People did not always benefit from management systems which identified where improvements needed to be made. The provider had systems in place to monitor the quality of the service and some improvements had been identified; however, we found the systems were not robust enough to identify all areas requiring improvement. People, their relatives and staff were encouraged to voice their opinions and views about the service provided.

**Requires Improvement** 

# The Clough Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 July 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. The expert had experience with older people residential care.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authority are responsible for monitoring the quality and funding for some of the people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 12 people who lived at the home, and four relatives. We looked at how staff supported people throughout the day.

We spoke with the registered manager and ten staff. We also spoke to an assistant practitioner with the mental health team, who regularly supported people at the service. We looked at six records about people's care, including their medicine records. We also looked at complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered

manager and provider completed.

## Is the service safe?

### Our findings

We found that some areas of the home were not cleaned on a regular basis. For example, we saw bathrooms and toilets had not been deep cleaned and there was a malodour in some areas of the home. We spoke with the registered manager and she agreed that these areas needed improvement; however previous audits and provider visits had not identified this concern. She explained she would arrange for additional equipment and additional staff support to ensure all areas of the home were deep cleaned on a regular basis. The registered manager had identified some carpets were soiled and was in the process of replacing them, we saw there was a plan in place to ensure this was completed to improve the environment for people living at the home. Two relatives said there was room for improvement with the environment and had discussed this with the registered manager. They were aware she was taking action in replacing heavily soiled carpet. At the time of our inspection people were not ensured their environment was as clean as it needed to be to keep them safe. People were potentially at risk of infections because of the lack of a sanitary environment for their personal care.

We saw staff did not consistently comply with standards for infection control. For example, we saw staff wearing jewellery and not consistently changing their protective equipment. We spoke with the registered manager, they had previously identified these concerns which potentially put people at risk of infection, and was taking action with staff. Staff we spoke with said the registered manager had raised the concerns at the staff meeting the day before our inspection. We saw in the Provider Information Return (PIR) the registered manager was committed to attending regular meetings with the infection control team. However, at the time of the inspection these issues had not been resolved.

We found risks were not consistently identified to ensure people remained safe. For example, we saw people regularly accessed the patio area at the home. This area had open access to the car park and road outside. We saw one person had been assessed as needing supervision when leaving the building. However this person could access the patio area and there were not always staff available to support them safely. We raised this with the registered manager and she agreed there was a potential risk to the person; however staff did endeavour to monitor the person to keep them safe. We saw at least one occasion when this person was outside and the inspector had to intervene. The registered manager said they would look at what steps could be put in place to ensure people remained safe in a timely way.

We found the provider had not ensured people had received care and treatment in a safe way. This was a breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe because staff supported them when they needed them to. One person said, "I have never felt so safe, secure and happy, they (staff) have been wonderful." Another person told us, "I feel safe, it couldn't be better." We saw people were relaxed and confident during their exchanges with staff. Relatives we spoke with said their family member was safe. One relative told us, "[Family member] is really safe and happy, I can't fault them."

People told us there was sufficient staff on duty to meet their needs. One person said, "Yes, I feel safe, there



are plenty of staff at night." Relatives we spoke with told us there was always staff available when they visited and their family members needs were met. One relative said, "Its safe here, they have enough staff." Staff we spoke with said there was sufficient staff on duty to meet the care needs of people living at the home. The registered manager explained whilst there were sufficient staff to meet the care needs, they needed additional staff to ensure the environment was safe.

We spoke with staff about what actions they took to ensure people were protected from abuse. Staff were aware incidents of potential abuse or neglect should be reported to the local authority. They explained they knew people well and were confident they would know if a person was distressed or worried about anything. One member of staff said, "We know people well, we are always on alert to check if there are any problems with anyone." The registered manager was aware of their responsibility and had raised concerns to the correct authority when they needed to. There were procedures in place to support staff to appropriately report any concerns about people's safety.

People we spoke with said they had their needs assessed and risks associated with their care and support identified. Staff said they knew about people's risks and how to manage them. For example, one person who lived at the home required a specific piece of equipment to reduce the risk of sore skin. We saw the person consistently had the piece of equipment available to them. Staff explained how they regularly reviewed people's risks to ensure people were supported in a safe way.

Staff we spoke with told us the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable staff were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines when they needed them. One person said, "I had to wait this morning, but that's unusual." Another person explained how they managed some medicines themselves, which supported their independence and well-being. Relatives told us they were confident their family member had the medicines when they should and received appropriate support. All medicine records checked showed people received their medicines as prescribed by their doctor. We saw staff explain to people as they administered their medicines, what they were taking and sought their consent before they administered them. Staff were trained and assessed to be able to administer medicines. They were aware of what to look for as possible side effects of the medicines people were prescribed. There was suitable storage and disposal of medicines in place.

## Is the service effective?

### Our findings

At our last inspection in October 2014 we found improvement was needed around people's experience during mealtimes. The registered manager had addressed the concerns identified in our report and we found the service had improved at this inspection. We saw people were able to manoeuvre around the dining room and people received their food within a reasonable time.

People we spoke with told us they had a choice about the food they ate and the food was good. One person said, "The food is very good." Another person told us, "I am sure I could have more if I wanted." We saw people were offered choice by staff before they had their meals. Relatives we spoke with said the food was good and their family member had choice. One relative told us their family member had put on weight because they enjoyed the food so much. Staff we spoke with said people were supported to maintain a healthy diet with both food and drink.

We spoke with kitchen staff and they showed us how people's nutritional requirements were met. They were aware of people with special dietary needs and how they needed to meet them. We saw staff provided support for people when they needed it with their meals. There was a drinks dispenser in the lounge which staff encouraged people and their families to access when they wanted to.

People we spoke with said staff were knowledgeable about their support needs. One person said about staff, "They are so good, they really know what they are doing." Relatives we spoke with were confident that staff had the skills to support their family member.

Staff told us they had received an induction before working independently with people. This included training, completing the care certificate, reading people's care plans and going through the provider's policies and procedures, as well as shadowing a more experienced member of staff. Staff said they met all the people living at the home initially to get to know them. One staff member told us, "We are really well supported, even on nights we always can call for help."

All the staff we spoke with said they received regular training to keep them up to date with their skills when supporting people. Staff told us they felt well supported and had regular supervisions and opportunities to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. The registered manager told us they had a rolling program in place to ensure all staff remained up to date. They also were encouraged to undertake vocational training in health and social care. Staff we spoke with explained that their training included Mental Capacity Act 2005 (MCA). They went on to say this was discussed at staff meetings to ensure they understood the impact for people living at the home.

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 we spoke with said staff consistently asked for their consent before supporting them. Staff told us they were aware of a person's right to refuse their support and explained how they managed this to ensure people's rights were respected. Staff explained that most people living at the home were able to make day to day decisions, and they were aware of who to include when other decisions needed to be made. The registered manager was aware of their responsibility to ensure decisions were made within this legislation. We saw the appropriate people were involved when a best interest's decision was needed.

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.

Staff and the registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager had made applications to the local authority to ensure people were not restricted unlawfully. The registered manager had sought advice from the local authority when needed and kept the process under review. We saw there were leaflets available for staff to share with relatives to support their understanding of DoLS.

People told us they had access to their GP, dentist and optician when they needed to. We spoke with an assistant practitioner who was visiting the home during our inspection. They explained how staff were very proactive and always contacted them appropriately. They also said staff communicated effectively and had worked well with people they were supporting which had improved their well-being. Staff would ask for clinical advice when they needed to and fully action the advice given. Relatives told us their family member's received support with their all aspects of their health care when they needed it. One relative said, "They [staff] always keep me updated and in the loop with everything including health." Staff we spoke with told us how important it was to monitor the health of each person. They explained how they had involved other health agencies in response to people's needs. For example, we saw one person had support from the speech and language team when they needed it.

## Is the service caring?

### Our findings

People we spoke with told us staff were kind and caring. One person said, "The staff are very kind, they are very nice," and, "Everyone treats you well." Another person told us, "The night staff are excellent, we share any problems." A further person said, "The staff are caring and fun." We saw staff supporting people living at the home in a caring way.

Relatives told us they were happy with their family members care. One relative said about staff, "All the staff are caring." Another relative told us, "We really love it here; it's like a kind and compassionate hotel." Relatives explained they felt involved and included in the care for their family member. They said they felt welcome to visit the home at any time, and always offered refreshments when they visited.

One relative explained how staff had supported their family member through a very anxious period of time. They said staff had been patient and supportive to their family member, who had improved their health and well-being since they had lived at the home. They said their family member was more confident and happy. They told us, "[Family member] loves it here they don't want to go out."

We saw staff gave people as much choice and control over their lives as possible. Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, one member of staff explained they needed to speak in plain words for one person to aid the person's understanding, and support them to make their own decision.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example, we saw a member of staff reassure one person by chatting about their family with understanding of their circumstances. We saw staff supported people to mobilise at their own pace which gave each person the time to be as independent as possible.

People we spoke with said staff always called them by the name they preferred. People explained how they chose the clothes they wore and how they looked. One person went on to say how much they enjoyed their regular manicure from staff. They explained this was important to them and improved their well-being. People told us their rooms were personalised and they had a choice of different communal rooms to spend time in.

People we spoke with said they were treated with dignity and respect. One person told us, "I always feel listened to and important." Relatives we spoke with said staff always maintained their family member's dignity and treated them with respect. One relative told us, "They are like family, and respect us all." Staff said maintaining people's dignity was very important to them. They showed a good awareness of people's human rights, explaining how they treated people as individuals and always listened to people's views. For example, we saw one person encouraged to change their eating utensil, however when they declined this was respected.

Staff knew about the local advocacy services and would use these to support people if they required independent assistance to express their wishes. Advocates are people who are independent of the service and who support people to communicate their wishes.

## Is the service responsive?

### Our findings

People we spoke with said their needs were met. One person said, "The staff support everyone well, I am totally happy with my care." Another person told us, "I can go to bed when I like," and, "I can have a shower when I want, the [staff] will help me." A further person told us they were involved in their care plan. They said, "They [staff] have always involved me." Relatives we spoke with said they were involved with sharing information about their family member, with their agreement, to enable staff to meet people's needs. One relative explained this helped staff support their family member and improve their well-being. Another relative told us they were involved with their family member's care plan and reviews.

Staff were aware of everyone's interests, history and preferences that lived at the home. This involved people and their families sharing information. We saw an assessment was completed before people arrived at the home to ensure they could meet people's needs. Staff told us they continually added to this information so they knew as much as possible about the person and their history. Staff told us they knew people well and were able to meet their needs through their knowledge of them. For example, we saw in one person's care records and staff explained how they responded to the changing needs of this person. For another person we saw risks had been re-assessed and the appropriate equipment provided to ensure their well-being.

People we spoke with said they chose where they spent their day, either in the communal areas or in the privacy of their own room. They also chose whether they wanted to engage in organised social events or not. People told us these included events such as a birthday party, and walking outside when the weather was suitable. One person said staff would spend time with them on a one to one basis, for example having their nails done. A further person told us they did not like to take part in activities, they said, "I like reading, I like me time."

One person explained how they enjoyed sitting in the lounge with the 'night set,' this was a group of people living at the home who like each other's company and socialised later in the evening. This person told us they enjoyed late night TV of their own choice and had enjoyed watching the US elections together.

Two people told us there could be more interesting things to do at the home. We saw there had been a survey of people living at the home asking what sort of interesting things people liked to do. This was completed in May 2017. One person told us they had a particular hobby they really enjoyed; another person had favourite films they liked to watch, however they told us these had not been arranged by staff. We spoke with the registered manager and the member of staff who co-ordinated interesting things for people to do. They explained that they had completed collating the information about people's interests and were now in the process of matching the activities to people's interests. We saw this was a work in progress and had not been completed at the time of our visit.

Relatives told us their family member had some interesting things to pass their time. One relative said their family member was very happy, they could socialise when they wanted to or spend time in their room when they chose. They told us this had improved their family member's well-being. Other relatives said they were

aware the registered manager was making improvements to the planned activities and were looking forward to the improvements.

We attended a meeting with staff at the beginning of their shift, where information was shared about the people living at the home. Staff explained how this ensured they were aware of any current concerns about each person's health and wellbeing. One member of staff explained how this provided continuity with the support people living at the home received. Staff told us immediate concerns would be discussed and they would take action straight away. For example, we saw when professional healthcare advice was needed appropriate action was taken.

Relatives told us there were meetings arranged with families and people living at the home. This was to look at improvements at the home and ideas for scheduled events. These meetings had been implemented recently and the relatives told us it was early days because not many had attended. We spoke with the registered manager and she said the meetings were to provide a more inclusive approach and she hoped more relatives would be involved over time.

People we spoke with said they would be happy to speak to staff or the management team about any concerns. One person told us, "I'd complain if things weren't right." Another person said, "The manager is approachable, I don't think I've had any complaints." Relatives told us they were happy to raise any concerns with the registered manager, or staff. One relative said, "There are no problems now, there was a little problem but it was put right." They went onto say, "They are only too willing to assist with any issues." We saw there was a complaints procedure in place in accessible formats for people and their relatives. We saw there were no complaints recorded at the time of our inspection. People and their relatives said they felt listened to and were happy to discuss concerns if they had them with any of the staff team at the home.

## Is the service well-led?

### Our findings

The registered manager and the provider completed regular audits to look at the quality of the care provided. These audits were not consistently effective at highlighting areas for improvement. For example, the cleanliness of bathrooms and toilets had not been identified as an area to improve. We saw there had been a walking the floor audit completed on the 17 July 2017 and no concerns had been identified. A walking the floor audit was when the registered manager walked through the building checking set criteria to ensure standards were met. The provider also visited regularly and had not identified this concern. The systems in place were not consistently effective at ensuring people received quality care and a safe environment. The registered manager said she would ensure she had additional staff support and order equipment to ensure the bathrooms were regularly deep cleaned.

Staff told us the registered manager had identified there was improvement needed in their infection control procedures. They said this had been discussed in the staff meeting the previous day to the inspection. However, we saw staff had not fully taken action to comply with these concerns. The registered manager was aware and was taking on-going action to ensure people were safe from the risk of infection.

We saw the provider visited regularly and had identified further areas for improvement. There were plans in place to improve the environment such as flooring, and activities for people living at the home. The registered manager was looking at funding to improve the safety of the patio area and garden. She told us she was supported by the provider and could take actions to make the improvements. We saw there were plans in place and some actions had been completed by the management team. The provider regularly reviewed these plans with the management team to ensure improvements were made in a timely way.

People told us they were confident to talk to the management team at the home. One person told us, "The manager always stops for a chat; she will sort anything I need." Relatives we spoke with said the service was well managed and they spoke regularly to the management team and felt comfortable with them. We observed people speaking with the registered manager throughout our inspection; people appeared relaxed and confident throughout the exchanges.

Staff told us they had access to the management team and the provider when they needed to. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the registered manager or the deputy manager. One member of staff said they were confident they could always speak to the management team if they had any worries. They said they felt listened to and if they had an idea they could share it with the registered manager and she would listen. For example, suggestions about improvements around the home had been listened to and actioned. Another member of staff said it was like being part of a family, and they all communicated well.

Staff told us there were regular staff meetings they were encouraged to attend and voice their opinion. This also ensured that all staff received the information they needed and were given an opportunity to voice their opinions and these were accepted. Staff we spoke with said they felt these meetings were useful and they



felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

Staff told us there was an established staff team and this supported people to receive continuity in meeting their care needs. People said they knew staff well and benefitted from regular staff. One person told us they were confident with staff because they knew them so well. The provider information return stated there was a regular staff team, and how important this was for people living at the home.

The registered manager had identified on the provider information return, relatives needed to be able to speak with her when at different times of the day. She had arranged to work late every other week to improve their access for those that could only visit in the evening. Relatives we spoke with said they had good access to the registered manager and were confident she would listen if they needed to speak to her. One relative told us that they had met with the registered manager regularly and any little concerns were resolved in a timely way.

The registered manager attended regular meetings with other managers to share best practice and keep skills updated with in the local authority forum. She also worked with the clinical commissioning group with areas relating to infection control. For example she had attended recent training which she was cascading to staff through their team 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found the provider had not ensured people were provided with care and treatment in a safe way. The provider had not demonstrated they had done everything reasonably practical to provide safe care and treatment.</p>