

Mr & Mrs V M Patel

# Cloyda Care Home

## Inspection report

227 Malden Road  
New Malden  
Surrey  
KT3 6AG

Tel: 02089491839

Date of inspection visit:  
02 October 2018

Date of publication:  
06 November 2018

### Ratings

Overall rating for this service

Good ●

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

Cloyda Care Home is a residential care home that provides personal care and support for up to 35 older people, some of whom had dementia. There were 29 people using the service at the time of our inspection.

The bedrooms are based on two floors and each floor has shared bathroom facilities. Eight bedrooms had their own toilet and all bedrooms had a small sink for washing. There are two lounges, one attached to a dining area and a small lounge, both overlooking a large garden. There are kitchen and laundry facilities on the ground floor. The home is close to local amenities including shops, cafes, and churches and had good transport links to the local towns and London.

At our inspection in November 2015 we rated the service as Good overall and Well-Led as Requires Improvement, with one breach of regulations because the provider did not have effective systems to assess, monitor, and improve the quality of the services provided.

We inspected against this breach of regulation in March 2016 and although the provider had met the breach we did not change the rating for Well-Led because to do so would require consistent good practice.

At this inspection we found the service remained Good and we changed the rating of Well-Led from Requires Improvement to Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People remained safe at the home. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well. There were enough staff at the home to meet people's needs. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. People could choose the activities they liked to do. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

We observed during our visit that management were approachable and responsive to staff and people's needs. Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The provider had continued to assess, monitor and audit the service that people received.

We have changed the rating of Well Led from Requires Improvement to Good.

# Cloyda 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 checked 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 was a comprehensive inspection. The inspection took place on 2 October 2018 and was unannounced. The inspection was carried out by a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for example elderly, dementia and palliative care.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with 17 people who used the service and one relative. We also spoke with the registered manager, the deputy manager and care staff. We looked at a range of records including four staff files, four people's care plans and other records relating to the management of the home. We also observed people in the main lounge/dining area during meal and activity times.

# Is the service safe?

## Our findings

People continued to be safe at the home. People at the home were happy to speak with us. People commented "Of course I'm safe," "I wear a pendant alarm around my neck but I don't use it very often," "It's nice here, staff look after me well" and one relative commented "I've never seen anything of concern."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm.

People had appropriate risk assessments in place. Staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified management plans were in place. This included risk assessments for people's mobility, communication and nutrition.

Where a person would need assistance to evacuate the building in an emergency we saw they did not currently have a comprehensive personal emergency evacuation plan [PEEP] in place. The information the provider had may not be sufficient to help the emergency services assist people in the most effective way. The registered manager explained they had had a recent routine visit from the London Fire Brigade who had recommended they change people's PEEP's and this process had been started.

The registered manager had also arranged for an independent fire risk assessment of the home to help ensure people's safety. The number and type of fire drills were also being increased to ensure staff were fully aware of the steps to take in an emergency to keep residents and themselves safe. The contingency plans that were in place should the home become unusable were to use another care home on the same road, which may not be suitable if the whole area needed to be evacuated. We recommend the provider ensures suitable contingency plans are drawn up to cover several scenarios.

The registered manager and staff continued to manage the risks associated with the premises and equipment well. A range of checks were in place including those relating to the safety of gas and electrical installations. The Food Standards Agency (FSA) inspected the kitchen in May 2017 and gave a rating of 5, where 1 is poor and 5 the highest rating.

The housekeeping and cleaning staff continued to ensure the home was very clean and free from mal odours. They took the appropriate steps to help prevent the spread of infections. We looked at the infection control audits for May, June, July and August 2018, which showed the home was being kept safe from the spread of infections.

Maintenance issues were reported by staff and repairs carried out promptly. However we did see two areas of the building that were in urgent need of refurbishment to ensure the environment where people lived was safe and efficient, these were the kitchen and laundry room. Despite the FSA rating of 5 for the kitchen, we found that tiles were coming off the walls and other areas needed updating and replacing, such as cupboards, work surfaces and flooring. The laundry room was in need of suitable flooring and wall coverings

to help ensure the area could maintain an infection free zone. We spoke with the registered manager about these issues and they told us the provider was aware of the need to refurbish these area but they were not aware of the timescales for the work to be started.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. There were 29 people living at Cloyda on the day of our visit. We observed that many people were independently mobile and could choose where they wanted to be in the home or garden.

Recruitment practices remained safe. The home had a consistent and stable staff team, several who had worked at the home for many years. We looked at the files of four staff and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. People and relatives told us "Sometimes the carers help with my medication, they are very good" and "Staff help me with my medicine, I know what it's for but cannot remember what it's called." One person also told us about a pain medicine they no longer had but they were still in pain. We spoke with the registered manager about this and they were able to tell us what was being done to ensure the person was not in pain.

People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were kept. The MAR's we looked at were up to date and accurate. Medicines were stored securely. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines. The supplying pharmacy conducted an audit in May 2018 and any errors found were addressed in a timely manner.

The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults. Staff were aware of how to report any accidents or incidents that may occur. The actions taken showed staff had learnt from the incidents which helped to prevent future occurrences.

# Is the service effective?

## Our findings

People were cared for by staff who continued to receive appropriate training and support. People spoke positively about the staff and agreed they knew what they were doing with regard to supporting them. One person said "I can question them [staff] if I feel things are not right and they take time to talk to me about my concerns." We observed that staff knew people well and that the atmosphere in the home was friendly, happy and relaxed.

Staff continued to have the skills, experience and a good understanding of how to meet people's needs. The provider had identified a range of training courses that were refreshed yearly or every two to three years as required. These included fire safety, safeguarding adults, health and safety, manual handling and behaviours that may challenge. Staff were encouraged and supported to complete the 'Care Certificate.' This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

In order for staff to understand what it was like to be assisted by other person, the registered manager held training sessions where staff fed one another, where the person being fed was blindfolded. They also cleaned other staff members' teeth and brushed one another's hair. This all help to give staff a good understanding of their role in supporting people. The provider had a team of 26 staff and records confirmed one to one supervision took place every eight to 10 weeks and staff had a yearly appraisal.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. We saw that people could access all areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge and garden. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had arrangements in place to assess people's capacity in regards to making specific decisions. We saw that people's capacity to consent to their care had been assessed and the provider had made relevant applications to the local authority for authorisation to deprive people of their liberty where necessary.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. People commented "If there is something on the menu I don't like, they make something else for me," "Lunch was nice today, I had curry," "You have a choice of what to eat, its excellent food, top of the pops," "I'm vegetarian and they make special meals for me" and "We're very lucky, we have a very good cook." A relative said "The food is fantastic; they cook little treats for my relative. [They explained why this was to us] and they have put on weight since living at the Home." Meals were planned on a four week basis and could be changed to accommodate peoples changing needs.



We observed the lunch time meal and saw that staff helped people in a dignified and respectful way. Drinks were available throughout the meal and people could change their mind of what they wanted to eat. We saw one person not eating and staff asked if they'd like something else and this was brought to them.

Staff continued to take appropriate action to ensure people received the care and support they needed from healthcare professionals. Detailed records of the care and support people received were kept.

## Is the service caring?

### Our findings

The service continued to be caring. People commented "Staff help me get up and wash and they treat me with respect, they're very nice. The main thing is that I can talk to them," "Workers [staff] are very nice and work very hard," "This is one of the better ones [homes]." People consistently used similar terms to describe the staff, 'nice' 'lovely' and 'good.' A relative commented "Staff are exceptional. Everyone is well looked after, clean and tidy. The staff are so friendly, really cheery and they know how to respond to residents."

People's care plans continued to be well written and informative, giving details of people's background, their skills and their challenges. People had a variety of support needs and abilities, with some people being more independent than others. We saw that one person like to help in the garden and with small maintenance jobs and staff were happy to help them do this. Another person liked to sit with staff in the main office and a chair was always available for them.

Many of the people at Cloyda had dementia and had differing communication needs. We saw staff gave people time to express themselves and were able to understand what they were requiring. One person spoke a language other than English and we saw staff spoke to the person in the own language when needed.

The majority of staff had worked at the home for many years, which meant people and staff knew one another very well, this was evident in the conversations we heard. Also in the confidence people showed in being able to speak with staff about any matter or concern they had.

People's privacy and dignity was maintained by staff asking people how they would like to be treated, including when giving or prompting people in their personal care. The bathroom and toilet doors could all be locked to help maintain a person's dignity and privacy.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs before they came to live at Cloyda. This information was used to plan the care and support they received.

We looked at the care plans of four people who live at the home, these were comprehensive and informative and gave staff the information they needed to support people effectively. Care plans were written in the first person, they described who the person was, their background, knowledge and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were up to date and reviewed regularly. We saw people where possible people had signed their care plan and that relatives had been involved in the care planning process.

Each care plan had a photo of the person and a front cover with important information on next of kin contacts, allergies and their GP. There was a section on a person's background, where they were born, brought up, education and employment. This gave staff good information about a person, including their likes and dislikes.

People continued to choose the activities they would like to do and staff helped them if required. The current activities co-ordinator was about to retire and a new person had been employed and was working alongside the retiring co-ordinator. This would help with consistency of service and for people to get to know the new person. We observed two people having a good chat with the activity co-ordinator, which clearly showed they had a good relationship with her.

People commented "I enjoy playing cards and jigsaws. I asked if I could play darts but they said it was too dangerous - which is fair enough." (We later saw a magnetic darts game had been bought so this person would be able to play their favourite game in safety.) "I enjoy the gentle exercises," "I like playing dominoes." We observed two people playing dominoes and another two doing a jigsaw puzzle. In the afternoon of our visit, people and staff were singing and dancing and there was lots of laughter.

At times the dining/lounge area could become very noisy but there was another lounge, which was quieter that people could use at any time. We also spoke to one person who preferred to stay in their room, studying and praying. Staff were very respectful of this, but also ensured they continued to ask the person if they would like to join in with meal times or activities, which they did occasionally.

There were quarterly residents meeting to discuss plans for the home, activities, staffing and meals We saw the notes for the last three meetings, which were informative and gave individual people the chance to have their say. We took the following quotes from the minutes which were about the activities on offer. "I like the boy who plays dominoes with me, he always loses," "I love it all; I just wish I could dance again" and "I love it, it keeps me happy."

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. The complaints file showed people's concerns had been addressed in a timely manner and to

the satisfaction of the complainant.

## Is the service well-led?

### Our findings

Cloyda had a registered manager who was supported by a deputy manager and senior staff. 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.

The provider continued to assess and monitor the quality of the service. They conducted weekly and monthly health and safety checks of the home including the environment, people's rooms and equipment. Audits were also conducted of people's risk assessments, care plans and MAR's. The different audits generated action plans detailing what actions needed to be taken and were signed off once completed.

We observed and heard people talking freely with all the staff, including the registered manager. It was clear that staff and people knew one another very well. The registered manager told us "I have an open door policy and staff and residents can come in and speak with me at any time." We saw this in action during our visit and could see that staff, management and people were comfortable with one another.

People commented about the registered manager, "The manager is 'very good, she often asks if we are alright," "The manager is very conscientious. She says if there is anything you want just call me over" and "The manager is very kind. Sometimes she works at night." People also commented kindly about the deputy manager, one person said "She [name of deputy manager] works long hours, she sometimes goes out to buy residents special shopping."

All the people we spoke with were positive about the staff and management. People could speak in private to staff when they needed to. Team meetings were also held every three months and the notes from these meetings were disseminated to those who were unable to attend.

The provider conducted annual surveys for people and relatives. The last was in December 2017. The registered manager told us the response had not been very good and they were looking at different ways of getting feedback from people and their relatives. Including asking people a few short questions each month or gaining people's feedback about the food on offer during the meal times.

Several people told us they had been asked about their opinion of the service. We asked people if they had any improvement suggestions they would like to make about the home or the care they received. Five people responded "No, it's a nice place," "I'm quite happy with what they do. It's a lovely place, nice people. I love it here," "No not really, this home is top of the tree," "Not really, they are doing the best they can" and "Nothing that I can see they could do." A relative commented "Maybe more outings. They don't seem to take the residents out." We spoke to the registered manager about this comment and they agreed that taking people out was not always possible. But they were continuing to look at ways of going out and about to places people would like and feel happy to go to.

From our discussions with the registered and deputy manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.