

The Regard Partnership Limited

Cloverdale House

Inspection report

19 Vallance Gardens
Hove
East Sussex
BN3 2DB

Tel: 01273733757

Date of inspection visit:
16 November 2021
17 November 2021

Date of publication:
14 December 2021

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

About the service

Cloverdale House is a residential care home that provides care and accommodation for people with physical and learning disabilities. It was registered for the support of up to 11 people. 11 people were living at the service on the day of our inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was registered before Right Support, Right Care, Right Culture was developed. The service has not been developed and designed in line with the principles and values that underpin right support, right care, right culture and other best practice guidance. The guidance ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

This service was able to demonstrate how they were meeting most of the underpinning principles of right support, right care, right culture.

Right support:

- The service was a large domestic property, that was bigger than would be considered in line with current best practice guidelines. However, the provider had made the service homely and welcoming. People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. This had been effective in supporting people to achieve goals and encouraged them to learn and grow as individuals. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture:

- Despite the need to keep people safe during the COVID-19 pandemic taking priority, the provider and staff

had worked hard to develop good leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One relative told us, "I'm more than happy, I think they are amazing. I work in the care sector and know how challenging it can be, but they provide brilliant care for [my relative]. I couldn't ask for more."

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles. People's nutritional and hydrational needs were met. There was regular involvement from health and social care professionals, who spoke positively about the support people received.

We observed a kind and caring culture. Relatives and people spoke positively about the support staff gave to people. We observed positive interactions between people and staff throughout the inspection.

People's care plans were personalised and gave staff the information they needed to support people. Staff received training and support from the provider's positive behaviour support team which ensured there was a person-centred approach to supporting people. Health care professional input was accessed when required and, we saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

Rating at last inspection

This service was registered with us on 21 September 2020 and does not currently have a rating.

Why we inspected

We carried out a targeted inspection of the service in March 2021 to look at infection control practices. However, we could not provide a rating, as we did not look at all five key questions. This was a planned comprehensive inspection to enable us to provide an overall rating for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cloverdale House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Cloverdale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 pandemic, we needed to limit the time we spent at the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We

looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person living at the service, and four members of staff, including the registered manager, the deputy manager and two care staff. Most people living at the service were not able to fully verbalise their views with us. Due to people's needs, we spent time observing people with staff supporting them.

We reviewed a range of records. This included three people's care records, medicine records, and further records relating to the quality assurance of the service, including audits and training records.

After the inspection

We spoke with three relatives by telephone to gain further feedback around the care delivered.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. People's specific circumstances which led to behaviours that challenged and signs of escalation were clearly documented.
- Staff spoke confidently about individual risks and how they employed recommended ways to reduce these risks. One told us, "We do provide safe and person-centred care."
- People had positive behaviour support plans that supported staff in understanding early warning signs of potential behaviours which challenged. Strategies to reduce the person's anxiety as well as potential risks to the person or others were clearly documented.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Staffing and recruitment

- Relatives told us there were enough staff to meet their loved ones needs safely. One relative told us, "I've not heard they are short of staff, it's not something I'm worried about." The registered manager said, "We are fortunate to have a core team of staff who support the home." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and were clear about when to report incidents and safeguarding concerns to other agencies.
- Most people were unable to verbally express their views. We observed the support they received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff.
- Staff had a good understanding of what to do to ensure people were protected from abuse. They referred

to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care.

Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them. One member of staff told us, "Medicines are my area of responsibility, we make sure we do things properly."
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed accurately. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Relatives we spoke with did not express any concerns around medicines.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Where there were authorised applications to deprive people of their liberty for their protection (DoLS), we found that the required paperwork was in place. Any conditions were being followed and kept under review to consider a reapplication when needed.
- Staff received training and information to help them understand how people were to be supported in line with the key principles of the Act. The registered manager and staff demonstrated a good understanding of the MCA.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy. The registered manager maintained an overview of staff training. A member of staff told us, "[Registered manager] is very hot on training. I'm confident with the skills I have."
- Staff completed an induction upon commencement of their employment. New staff shadowed senior staff until they were deemed competent and felt confident to support people.
- In respect to training, a relative told us, "The staff are great and very well trained, they completely understand what [my relative] needs."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed with people, their relatives or previous placements to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Care was provided in line with relevant national guidance. The registered manager kept up to date with

developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. This was of particular relevance during the COVID-19 pandemic.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People received support to maintain their health. The registered manager and staff worked closely with health professionals for the benefit of people in the service.
- Care plans documented people's healthcare requirements and clearly identified any involvement with healthcare services.
- The communal and kitchen areas were spacious. People had choice of how to decorate their bedroom and had access to sensory areas. People were seen to be relaxed and comfortable at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met. A healthy, balanced diet was encouraged, and people were regularly offered fresh fruit, vegetables and home-made meals.
- One person told us, "I choose out the book, I like the food."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Not all people were unable to be involved in their care and to make decisions about how they spent their time. However, staff ensured that families and professionals were involved in order to guide them on the best way to care for and support people.
- Throughout our inspection, we saw how staff attended to people when they sought their attention and interacted with them in the way best suited to their individual communication needs.
- A member of staff told us, "You get to know people. What they want, how they feel, how they ask for things."
- Staff used picture books and easy read documents to enable people to make choices around food, activities and how they spent their day.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and being attentive to people's needs.
- Not everybody could fully tell us how they felt about how they were treated and supported. However, we observed that people enjoyed being in the company of staff. One person told us, "I get on with the staff, they are happy and so am I."
- Relatives told us staff were caring and attentive. One relative told us, "The staff treat [my relative] so well, I'd be lost without them."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences.
- The provider and staff supported people's privacy and dignity and promoted independence. Staff spoke with people respectfully and attended to people's needs.
- We saw how staff had promoted someone's independence to buy a new DVD. The person did not have enough money to buy the new DVD they wanted, so they discussed ways to raise money. With support, the person decided which of their old DVD's they did not want anymore, and they set up a shop in the front of the service. Through selling their old DVD's, the person raised enough money to buy the new ones they wanted. We were shown pictures of the shop and how much enjoyment this had brought to people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs. These included easy read and pictures.
- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood. For example, to promote hand washing and the use of anti-bacterial hand sanitiser, staff had set up a practical experiment to show people how to sanitize their hands and why this was important in protecting them from COVID-19.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were person-centred and comprehensive providing information and guidance about people's health and care needs, and how best to support them.
- The registered manager told us how goals were developed with people. These were set within each person's level of achievement and included a diverse range for example, from basic personal care tasks to assisting with laundry and developing day to day life skills.
- People and their families were involved in developing people's care plans. A relative told us, "I'm always involved in [my relative's] care."
- The provider had a positive behaviour support (PBS) team who supported staff at Cloverdale House. PBS promotes principles and proactive management of behaviours that may challenge.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged with activities which included trips out to local events. There was also entertainment that went on in the service. On the day of our inspection people had visited day centres and were planning what they wanted to do in the evening.
- The registered manager confirmed activities were happening again as restrictions from the pandemic eased. For example, some people enjoyed using adapted bicycles, and others were involved in community events and their own personal interests.

Improving care quality in response to complaints or concerns; End of life care and support

- The home had a complaints procedure which was displayed for people's reference and was also available in an easy read format. A relative told us, "I've never needed to complain, I'm very happy, but I'm sure they would act on any complaints."
- At the time of our inspection no one using the service required end of life support. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff told us about the positive impact the service had on people's lives and how much they enjoyed working there. One member of staff told us, "I love working here, there are no restrictions on what people can do. We empower them to live their lives, it's great to see" This was echoed by the registered manager who told us, "I really believe that we give people the chance at life that they would not always get because of their disability."
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a positive atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic.
- We received positive feedback in relation to how the service was run, and our own observations supported this. One relative said, "I'm more than happy, I think they are amazing. I work in the care sector and know how challenging it can be, but they provide brilliant care for [my relative]. I couldn't ask for more."
- The service liaised with organisations within the local community. For example, local charities, the Local Authority and the Clinical Commissioning Group. This helped staff to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including; the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.
- Relatives told us staff contacted them about any changes in their relative's health or wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

