

The Clavadel (Guildford) Co. Limited

The Clavadel

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection was carried out on the 19 August 2016. The Clavadel is a 32 bed, purpose built, short stay care centre specialising in post-operative rehabilitation and convalescent care. They cater for all types of orthopaedic rehabilitation, with an expertise in post-operative knee and hip replacement. At the time of our inspection the service provided care to 27 people; however three of these people had been at the service longer term.

There was a registered manager in post and at the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were not always protected from being cared for by unsuitable staff because robust recruitment was not in place. There were documents missing in relation to pre-employment checks. On the day of the inspection there were not appropriate plans in place in the event of an emergency and the building needed to be evacuated. However the registered manager did provide us with evidence of people's personal evacuation plans.

There were no pre-admission assessments for people and the people's records lacked any detail around the planned care for the person. However the care that people received was effective and staff understood their needs. There was no activity provision for those people who had been at the service longer term.

Systems were not in place to make sure the service assessed and monitored its delivery of care. However people and staff told us they were happy with the running of service.

People told us that they felt safe at the service. One person said "There are always staff around which helps me feel safe." Staff had knowledge of safeguarding adults procedures. There were enough staff deployed at the service to meet the needs of people. Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring.

People's medicines were managed safely and people understood the medicines that they received.

People received care from staff that had the training and experience to meet their needs. Staff's competencies were assessed regularly with staff and staff had support from senior members of staff.

People at the service had the capacity to make decisions we observed staff asking people for consent before they provided care.

People said that they enjoyed the food and were given choices. One person said, "The food is very good, if you don't like what they have got they try their best to accommodate you." Staff were all aware of people's

dietary needs and preferences and those that required support to eat where provided this by staff. Health and social care professionals were involved with people's care.

Without exception people said that the staff at the service were caring and respectful and people were involved in the decisions about their care. People were supported to be independent. Visitors were welcomed into the service.

People's compliments and complaints were recorded and complaints addressed appropriately.

Staff understood the values of the service and said that they felt supported.

The registered manager had notified CQC about significant events and records were kept securely to protect people's personal information.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 always safe.

Staff were not always recruited appropriately and there was no business continuity plan in the event the building had to be evacuated.

There were enough qualified and skilled staff at the service to meet people's needs.

Staff knew about risks to people and managed them. People were receiving all of their medicines as prescribed and medicines were stored correctly.

Staff understood what abuse was and knew how to report abuse if required.

Is the service effective?

Good 

The service was effective.

People had capacity to make decisions and consent was always sought from people.

Staff felt supported and had received up to date training to make sure people were receiving the correct care.

People were supported to make choices about food and nutrition and hydration was monitored.

People had access to healthcare services to maintain good health.

Is the service caring?

Good 

The service was caring.

People said that staff were caring and willing to help with anything they needed.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People said that they were asked about the care that they wanted and this was delivered.

Visitors were welcomed to the service and supported to visit their family members.

Is the service responsive?

The service was not always responsive.

Care records were not always centred on people's individual needs and people's records did not always have detailed guidance for staff to follow.

Activities were not available to suit everybody's individual needs for those people that lived at the service long term.

People knew how to make a complaint and who to complain to. We saw that complaints were responded to in an appropriate way.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were not appropriate systems in place to monitor the safety and quality of the service.

People's and staffs' views were not gained and used to improve the quality of the service.

People and staff thought the service was well run and staff said that they felt supported.

Requires Improvement ●

The Clavadel

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 was an announced inspection which took place on the 19 August 2016. The inspection team consisted of two inspectors and a nurse specialist.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. 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 reviewed this information after the inspection.

During the visit we spoke with the registered manager, eight people and nine members of staff. We looked at a sample of four care records of people who used the service, medicine administration records, four recruitment files for staff, and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

This was the first inspection of the service.

Is the service safe?

Our findings

People were not always protected from the risk of being cared for by unsuitable staff because robust recruitment procedures were not in place. According to the service policy there needed to be two references for staff however in two members of staff files there was only one reference. There was no evidence of one member of staff's identification and there was no previous convictions (DBS) check for one member of staff. We were also informed after the inspection by the registered manager that the references obtained for this member of staff were references obtained by another employer. They told us that they reviewed the member of staff's DBS from their previous employment but had not recorded this. The DBS confirmation has since been provided by the registered manager who acknowledged that these documents should have been in place. Other documents that were in place included a full employment history for staff.

As there were not robust recruitment procedures in place this is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe at the service. Comments included, "I feel safe being amongst other people here", "If I was unhappy about staff treatment I would say something", "There are always staff around which helps me feel safe."

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Comments from the staff included, "If I had a concern I would report it to the nurses or manager or go further if I needed to" and "I would report any concerns to the matron, if needed I would contact the social services." Staff said that they knew about the whistleblowing policy and would have no hesitation in reporting concerns. There was a safeguarding adults policy and staff had received training in safeguarding people. There had not been any safeguarding incidents at the service.

People's needs were met because there were enough staff deployed at the service. People told us that there were enough staff. Comments included, "There seems to be an awful lot of staff", "I can push the bell and staff will come quickly, I would say they have more than adequate staff", "You never have to wait for staff, the staff are not clock watching, they have time to chat."

We observed that staff provided support to people when they needed it. The staffing provision was reviewed regularly based on the amount of people that had been admitted. One member of staff told us, "In the morning I am allocated three to four people for personal care, if I was given more I would say something as that is too many." During the morning people were receiving personal care in time for any physiotherapy appointments. One person used the call bell whilst we were there and staff responded to this quickly. The manager told us that there needed to be six carers and two nurses during the day. We had noticed that the number of carers reduced in the afternoon. One member of staff told us this was because there were not as many people that required personal care in the afternoon. We saw from the rotas that the staffing levels were always met. One member of staff told us "There are enough staff, we are not pressured or rushed."

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. Due to

the short stay of most of the people who used the service the incidents and accidents were minimal. However those that had occurred were recorded with detail of how they occurred and what steps had been taken. One member of staff said, "If I witnessed something they I would press the bell and the nurse will come." They told us that the nurse would then complete the incident form. However we did raise with the manager that it may be more beneficial for the member of staff who witnessed the incident to complete the report to avoid any discrepancies.

On the day of the inspection there were not appropriate plans in place in the event of an emergency, such as the building being flooded. There was a policy stating that a service contingency plan was required but this had not been completed. The registered manager told us that there was no contingency plan in place but acknowledged that this needed to be done. At the time of the inspection there were no personal evacuation plans (PEEP) in place for each person. There was a list detailing how many people were at the service with their room number but no information detailing what support the person needed to be evacuated. The PEEP has since been provided to us with the appropriate information.

We recommend that appropriate plans are put in place in the event that the service has to be evacuated.

People's medicines were managed safely and people understood the medicines that they received. People told us that they were given the option to manage their own medicine or for the nurse on duty to administer their medicines to them. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. We saw one member of staff administer medicines, we heard them explaining to people what the medicine was and gave them time to swallow the medicine before they left them.

There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included: "When I came here I wasn't eating properly and staff supported me with this", "They (staff) are very attentive, they take my pulse when needed" and "Staff know what they are doing"

People received care from staff that had the training and experience to meet their needs. Staff said that the induction they received was detailed and helped them feel confident in their role. One member of staff said, "I shadowed a member of staff until I felt confident enough, we were also provided with a training manual with additional information which was really helpful." Staff were kept up to date with the required service mandatory training which included areas specific to the people who used the service. The training included fire safety, moving and handling, health and safety, safeguarding and infection control. Staff told us that the training provided was effective and helped them in their roles. Clinical training was also provided to ensure that nurses were up to date with the appropriate guidance. Care staff told us that they were provided training around the needs of people who were post-operative including how they should provide personal care, how people needed support to move and the types of surgical stockings people needed. The nursing team were supported by a clinical lead that observed practices with staff and recorded any development needs. We observed good practice (including clinical) by staff on the day of the inspection, particularly in relation to wound care and post-operative care.

Staff's competencies were assessed regularly however these were not always recorded as one to one meetings with staff. The registered manager told us that they had recently introduced a system of allocating staff a mentor and that there was a plan to formally record supervisions with staff. Staff confirmed that they had been allocated a mentor; one told us "We have mentors and we can ask them anything, the mentoring we get is really useful, I feel really supported." Staff said that they regularly met with their mentor. There were also systems in place to appraise staff that had been at the service for more than one year.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. 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. At the time of the inspection everybody at the service had the capacity to make decisions. People were able to make their own choices and decisions about their care and we observed staff asking people for consent before they provided care. One person said, "Staff, usually the nurse will always ask me before they take my blood pressure."

People said that they enjoyed the food and were given choices. Comments from people included, "The food is ten out of ten, the best thing is being brought a cup of tea when I want it", "The food is very good, if you don't like what they have got they try their best to accommodate you", "The food here is the best I have had for a very long time, home cooked and very well presented, like a five star restaurant."

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's needs, likes and dislikes. People had the choice of eating in their rooms or in the dining room. The meal time was an enjoyable experience with staff on hand for people if they required support to eat particularly if they had concerns with their arm movement after their operations.

People's care records showed relevant health and social care professionals were involved with people's care. There was a team of physiotherapist on site with treatment rooms, a small gym and a hydrotherapy pool. We saw this being used on the day of the inspection. People were positive about the health care that they received. Comments included, "The GP will visit me, or sometimes I will go to the surgery and a carer will come with me", "I have just had my exercises (with the physio) and it is really helping." People who were at the service longer term had access to other health care professionals including an optician, chiropodist and dentist. People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Our findings

All the people we spoke to were very complementary of the caring nature of the staff at the service. Comments included, "Staff will do anything, they are bright and cheerful, they don't hesitate to do things for you", "People (staff) have been so kind", "The staff are very nice indeed, the physios are delightful" and "Lovely people (staff), they do anything I ask of them."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During the inspection we saw several examples of staff responding to people in a caring way. One member of staff said to a person, "Do you want to rest? You have managed more than yesterday, well done." Staff offered reassurance to people when they walked through the service and reminded them to be cautious. One person wanted to use the lift and we saw a member of staff offer to go into the lift with them for support. Staff said that they liked working at the service, one told us, "I like it here, I like helping people to get better, it's a rewarding job" whilst another said, "I love it here, it's a lovely atmosphere, you meet lots of people and nothing is the same."

Staff spoke with people in a respectful manner and treated people with dignity. One person told us, "Staff always knock on my door before they come in." We saw this in practice several times during the inspection. Another person told us that staff ensured that they were introduced to people in the dining room so that they had people to talk to. One person told us that staff would ensure the door was closed when they used the bathroom and would knock to make sure that they were ok. People said that they were called 'Mr' or 'Mrs' by staff and that staff didn't assume to call them by their first names unless the person asked them to. One person said, "They treat me with complete dignity."

People were supported to be independent. Comments from people included, "Staff walk with me to my (family members) car and we went out yesterday. Staff do anything I ask them to", "They (staff) helped me think about what I need at home" and "Staff help me wash and dress if I need it. They help me keep as independent as possible."

It was clear from observations that staff knew people despite people only being at the service for a short amount of time. We heard one member of staff say to a person, "I was going to check to see if you wanted to come downstairs, but you are here in your favourite place." One person said, "Staff know me well, there is nothing they don't know about me. They are great fun." We saw interactions between staff and people that indicated that staff knew the people well; there was laughter and chatting between people and staff.

People were able to make choices about when to get up in the morning, what they wanted to eat and drink and when they wanted to have their meals. People who were encouraged to bring in personal items to make them feel more comfortable during their stay. People told us that they were asked about their preferences during their stay.

Visitors were welcomed into the service, one person told us, "Family visit me, there are no restrictions, and my daughter comes sometimes after her late shift." Another person said that their family was welcome

whenever they wanted.

Is the service responsive?

Our findings

People told us that before they were admitted in to the service an assessment of their needs was not undertaken by staff at the service. One person said, "My consultant dealt with this (spoke to the manager at the service), a pre-assessment wasn't done." Another person told us that they had arranged to be admitted to the service after their operation but that an assessment of needs was not completed until after they had been admitted.

The documents that we reviewed for people lacked detailed care planning, there was no pre-admission information recorded and there was no record of general care needs, wants and wishes before they moved in. We were told by a member of staff that the current system of admission concentrated on the person's post-operative needs and that the plan of care utilised information taken from the person's discharge information provided by the hospital. For example it stated in their records that one person had a knee replacement and that they needed to be nursed in hospital for seven to ten days. The longer term proposed outcomes all related to post-operative care needs and Physiotherapy needs however there was no information around any other needs the person may have. Although the needs of people who used the service were being met in the short term there were people who had been using the service longer term. These people did not have agreed longer term plans in place. One person said, "I don't have a care plan" whilst another said, "I don't know what is in my care records."

For those people who were there longer term there was no information to guide staff around other identified needs. One person had a wound on their leg and there was no guidance around the wound care for staff to follow. Other conditions for the person had been identified and there was no care planning around these conditions. Another person had been identified as having a mental health diagnosis however there was no guidance for staff around how the best to provide care to this person both emotionally and physically. The registered manager told us that they were aware of the lack of detailed care plans and were taking steps to address this however there was a lack of actions plan to identify when this would be done. One member of staff said, "It would be useful to have more information for people in the care plans."

There was no activity provision for those people who had been at the service longer term. The registered manager told us that as the service was set up as a short term provision and there were no facilities for activities. However one member of staff told us, "There are no activities here, two of the people who have been here longer term will just sit in front of the T.V." People did not say that they did not have enough to do but did say that if they wanted something to do this could be arranged provided they funded this themselves.

As care, treatment and support plans were not always personalised this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite our findings other aspects of the care that people received was responsive to their needs. We did see that once a person had been admitted that further assessments of their needs were assessed around skin care, nutrition and what medicines they were receiving. One person told us, "I feel I have had excellent care"

whilst another told us, "Staff are very good here; it's an incredible place for recovery." People told us, and we saw, that when they left they were provided with a report from the physiotherapist around the exercises that would be beneficial to them which they appreciated. For those people who were at the service short term their days were filled with attendance to physiotherapy sessions. None of the people that we spoke with who were at the service short term felt that there was not enough to do.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. We observed the handovers being undertaken. One member of staff told us, "Communication is good here, nurses do the handover and this information is shared to all staff." Another member of staff said, "Sister (the nurse in charge) does people are ok and staff get told at handover what we need to do." Daily records were completed by staff and detailed the support people received throughout the day.

People's concerns and complaints were encouraged, investigated and responded to in good time. There had only been one recorded complaint since the service opened. There was a copy of the response to the person and the concerns had been discussed with staff and used as an opportunity for learning and improvement. There was a complaints policy and people told us that they would not hesitate to make a complaint if needed.

Compliments had been sent in to the service from people, comments included, "I would like to thank you and the Clavadel for making my stay a most wonderful and positive experience", "A heart felt thank you to all the staff at the Clavadel, coming to the Clavadel was the best thing I could have done", "I just wanted to thank you for all the kindness and support you gave the last week." These compliments were shared with staff.

Is the service well-led?

Our findings

People told us they were happy with the running of service. Comments from people included, "I really can't fault anything, the manager is very charming", "I've met the manager, he is very charming."

People's and staff's experience of care was not monitored. We asked the registered manager to provide us with evidence of how they quality assured the care that people received. They told us that surveys with people and staff were not undertaken and that they had not considered doing this. On the day of the inspection people told us that they would have liked to have been asked their opinion and would have been happy to complete a survey. People were able to feedback to the staff that provided care but there was no system of recording this. One person said that this would have been an opportunity to advise the manager about the lack of hand-rails in the shower. Another person said that the other people's call bells were loud at night which prevented them from sleeping well. One member of staff said "I would like to be asked my opinion on the service; it would help me feel part of it (the service)."

The registered manager told us that audits were also not routinely undertaken other than around medicines so there were no means of identifying any possible shortfalls. During the inspection we identified shortfalls including the lack of robust recruitment procedures, lack of handrails, the lack of personalised care plans and lack of activities for people who had been at the service longer term. All of the people at the service were paying for their care. We established that prior to people being admitted there was no contract for the person to review and sign that ensured that they understood the costs involved. One person told us that they were not sure whether the costs included any physiotherapy sessions. We reviewed the letters sent out to people and found that they were not clear around what exactly was included in the care package. The registered manager told us that they could see that this could leave the person or the provider vulnerable if there was any issue raised with the payments. Although the registered manager advised us that they were aware of the lack of handrails and care plans there was no evidence of actions plans that identified when these were going to be addressed.

Systems were not in place to make sure the service assessed and monitored its delivery of care. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were complimentary about their colleagues and felt supported. Comments included, "Staff get on great, there are staff social events. Good team, staff enjoy what they do. It's a fun atmosphere", "Physio team is supportive; everyone gets on and helps out" and "I get support from my colleagues and my manager. It's a relaxing atmosphere." There were regular staff meetings where reflective practice was discussed. In one meeting nurses discussed an incident around allergies not being present on a person's records; steps were taken to reduce the risk of this happening again.

Staff understood the values of the service, one member of staff said, "We care for the people, look after them. Make them feel comfortable" whilst another told us, "I think it's a great idea giving people convalescences and rehab." Another member of staff told us that they appreciated seeing people's improvement in their health when the person left.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. We found that records were kept securely to protect people's personal information.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had not ensured that care and treatment was provided that met people's individual and most current needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured that there were effective systems to assess and quality assure the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had not ensured that there were robust recruitment practices in place.