

Clough House Residential Home Limited

Clough House

Inspection report

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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

The inspection visit took place on 17 October 2016 and was unannounced.

Clough House is registered to provide personal care and accommodation for 14 people. It is a small home situated in a conservation area in Leyland. Accommodation is provided in single bedrooms and one double room. There are sufficient bathrooms and toilets, and various aids provided to support people living in the home to maintain their independence. The upper floor can be accessed by two stair, lifts sited at each end of the building. There are outdoor seating areas for residents use.

A registered manager was in place. 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.

At the last inspection in 30 January 2014, we found the provider was meeting the requirements of the regulations inspected.

At this inspection we found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding adults training and understood their responsibilities to report any unsafe care.

We found recruitment checks were carried out to ensure suitable people were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members and looking at records of staff recruitment.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care. The registered manager and staff told us about important details regarding people's care and support that weren't always recorded in care plans. We have made a recommendation about this.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

During the inspection visit we observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. We observed the lunch time meal which was relaxed and organised. People who required support to eat their meals were supported by staff who were caring and patient. This was confirmed by talking with people who lived at the home. The cook had information about people's dietary needs and these were met.

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. No one we spoke with had raised a concern, but they were confident the registered manager would take appropriate action to resolve any issues.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, meetings and care reviews. We found people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

The provider had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The registered manager and staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to them.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities that were on offer at the home.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Improvements were made following audits to ensure the service continued to develop and improve.

Clough House

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 visit took place on 17 and 18 October 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection visit we reviewed the information we held on Clough House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also received the Provider Information Return (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the home. We spoke with three people who lived at the home individually. In addition we also spoke with a group of five people who lived at the home in the lounge. We also spoke with the registered manager, area manager and three staff members.

We looked at care records of three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Clough House.

Is the service safe?

Our findings

We spoke with people who lived at the home about the service they received from staff and if they felt safe at Clough House. Comments were positive from everyone we spoke with and included, "It's a nice place to be. The staff are always on hand and it's secure, that helps me feel safe." Also, "It's a nice comfortable place. The staff are all good and they have time for you."

We had a walk around the building and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. We tested the system and found staff responded quickly. This was confirmed by people who lived at the home we spoke with. One person who lived at the home said, "I just need to press the button and they come."

When we looked at information we received we found there had been no safeguarding concerns raised with the local authority. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. We found by talking with staff they were aware of the process for reporting safeguarding concerns. One staff member said, "I wouldn't hesitate to report something to the manager if I felt it wasn't right." We confirmed by looking at records and talking with staff that safeguarding training had been provided and updated when required.

Records were kept of incidents and accidents. Details of accidents we looked at demonstrated action had been taken by staff following events that had happened. If an accident occurred, a form would be completed and submitted to the registered manager. They analysed the information and completed any follow up action as required. We found by looking at documentation accident information led to an action plan to minimise its reoccurrence. Any serious incidents would be reported to the relevant authorities.

We found the home was clean, tidy and maintained. One person who lived at the home said, "It's always clean and tidy, no issues at all." Equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Workmen were on-site at the time of our inspection, installing a new shower room on the ground floor. Once in service, this would provide better facilities for people who were less able to access the first floor of the home.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. However at times people we spoke with felt staff were 'very busy'. One person who lived at the home said, "The girls [staff] are wonderful and they help if I need them. They do seem very busy during the day." We discussed staffing levels with the registered manager and the area manager. They confirmed staffing levels were monitored and that no-one had raised any concerns with them about there not being enough staff. The area manager commented they were in the process of reviewing how staffing levels were assessed at each home in the provider group and would ensure staffing at Clough House remained sufficient to meet the needs of people who lived there. Staff we spoke with confirmed they felt there were enough staff deployed at all times to meet people's needs safely.

We looked at three care records of people who lived at the home to look at how risks were identified and managed. Individualised risk assessments were carried out, appropriate to people's needs. We found care records contained instruction for staff to ensure risks were minimised, these had also been reviewed on a regular basis. For example risk assessments were completed for falls, mobility and fire safety. We found in care records of people who lived at the home staff recorded needs and plans to reduce risks and maintain people's safety.

We found the registered manager followed safe procedures to ensure suitable staff were recruited, including checks of gaps in their employment history. Records we reviewed included references and criminal record checks obtained from the Disclosure and Barring Service (DBS). Staff we spoke with confirmed the registered manager had obtained their DBS and references before they started in post. They said their recruitment and induction was extensive and thorough. One staff member said, "My induction was very good. [Registered Manager] made sure I had done all the training and I was confident before I could work on my own."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medicines administration records for several people following the lunchtime medication round. Records showed all morning medicines had been signed for. We observed staff and spoke with them about how they administered medicines. Staff described safe systems of administration and we observed safe practices. This meant people could be confident they had received their medication safely, and as prescribed.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example, one person who lived at the home said, "The staff are all great, they know what they're doing and they know how to help me."

We discussed training opportunities with staff and looked at individual training records. All the staff we spoke with told us access to training was good. The registered manager was in the process of signing staff up for the 'care certificate'. This covers all aspects of working in a care home environment. This ensured people who lived at the home were supported by staff who had the right competencies, knowledge and skills. A staff member we spoke with said, "I've done a lot of training and they are always providing more when we need it." Training records showed staff had undertaken a range of training to help them meet the needs of people who lived at Clough House. When we discussed training with the registered manager and the area manager, they confirmed training was continually under review and they had identified areas for further staff training. For example training on how to support people with diabetes because one person had recently been struggling to manage their condition. The registered manager hoped the training would help staff to better support the person.

Discussion with staff and a review of personnel records confirmed staff received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

Clough House had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People who lived at the home told us they enjoyed their meals. People told us they were offered an additional alternative meal if they did not like what was on the menu. We found staff were aware of the dietary needs of people who lived at the home. A person who lived at the home said, "The food is very good and we get a good assortment through the week."

Care records of people who lived at the home contained nutritional risk assessments and support requirements to protect people from the risk of malnutrition. In addition records included fluid and food charts and any special diet requirements. This showed the management team made sure people were monitored so that any risks would be acted upon to keep people healthy.

During the day we observed regular drinks and snacks being given to people who lived at the home. At lunch time we observed lunch being served in the dining room. There were staff around to support people if they required. The meal time experience was relaxed and unhurried with a pleasant atmosphere in the dining room. People could choose to eat in communal areas or in their bedrooms, if they preferred.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

Is the service caring?

Our findings

We spoke with three people who lived at the home about how caring they thought the service was. Comments we received from people included, "The staff are very nice and make sure we're all well cared for." And, "The girls [staff] are great. We've gotten to know each other pretty well." A staff member said, "People can choose how they spend their time, when they get up, when they go to bed and so on."

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans gave them information about people who lived at the home, and they had got to know people well over time, so they knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of the support people required.

Throughout the inspection visit we saw people who lived at the home please themselves how they spent their time. They were encouraged to make decisions for themselves. We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas. The home had a relaxed atmosphere. We observed staff were caring and treated people with dignity. Throughout our inspection we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who regularly asked if people were comfortable and if they needed anything. People we spoke with told us they received a good level of care.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name.

We found documentation in care records contained information about people's daily routines and any appointments for the day. These records were up to date and comprehensive. They described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. People told us they had been involved in planning their care and how staff were to support them. However, people's records did not show regular reviews took place with people or, where appropriate, those who knew them well. The registered manager and area manager explained they were in the process of implementing new care planning documentation which would enable them to better record reviews of people's care and show how people had been involved.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People we spoke with told us they could receive visitors at the home without restriction and could choose whether they received visitors in their bedroom or in the communal areas.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met.

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed, where possible, with each person and family members, to identify what support they required. People told us they had been consulted about support that was provided for them.

Care records we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. Care plans were person centred and developed around the individual who lived at the home.

During discussions with staff members and the registered manager about people who lived at the home and their needs, it became clear that staff knew details about how people liked to be supported which were not recorded in written plans of care. We discussed this with the registered manager and the area manager. They explained they were implementing new care planning documentation which would enable them to better record these individual details. The home employed a small and consistent staff team, with a very low turnover of staff. This meant staff knew people's needs and individual preferences well, even though some details had not been recorded. The registered manager assured us they would ensure any such details were recorded on the new documentation.

We would recommend the provider reviews their care planning system to ensure important details about people's preferences regarding how care and support is delivered are recorded in people's written plans of care.

We talked with people who lived at the home about social events and activities that went on at Clough House. People who lived at the home told us they were encouraged to participate in a range of activities that had been arranged. A weekly plan of activities was available to view in the entrance hallway at the home. The provider had recently bought a minibus in order to be able to better support people to go on trips outside of the local area. The area manager told us they were excited about the opportunities this would provide for people who lived at the home.

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed on the notice board in the reception of the home. Staff told us if they received any complaints, or if people were unhappy with any aspect of their care, they would raise this with the registered manager.

Contact details for external organisations including social services and the Care Quality Commission (CQC)

had been provided should people wish to refer their concerns to those organisations. This showed there was a procedure in place to enable complaints to be addressed and action taken to resolve them. No-one we spoke with had made a formal complaint. People who lived at the home told us they had confidence in the registered manager to resolve any issues they might have, no matter how trivial or how major they might be.

Is the service well-led?

Our findings

We found Clough House was well led by the registered manager. This was evidenced by different people we spoke with that included, people who lived at the home and staff members. For example comments included, "[Registered manager] is great. She runs a tight ship and makes sure everything is right." Another person who lived at the home said, "It's very well run. The manager is good and approachable. The staff are all excellent and they're well organised."

From our observations and discussions with people we found the registered manager was part of the staff team and supported staff in caring for people who lived in the home. One staff member said, "[Registered manager] is very supportive, she doesn't just stay in the office, she helps out on the floor with us too." During our discussions with them, it became clear the registered manager knew every person who lived at the home well, and that they also knew her well too.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. One staff member said, "We all work together. We have a great team here and a good manager."

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. Various topics were discussed at meetings, including activities, food, staff, any concerns and any changes that were happening with the home. People told us they were able to make suggestions about how the home was run and they felt these would be taken on board. The development of the new shower room on the ground floor, for example, showed how the service made changes as a result of feedback, to improve the service people received.

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

The registered manager had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people who lived at the home and their relatives. The area manager, who had only recently been recruited, told us they were also implementing changes to the quality assurance framework which was already in place. They showed us examples of audits they had implemented at another home within the provider group and would be implementing at Clough House in the near future. They told us that although systems were already in place to assess, monitor and improve the service, there was always room for improvement and they hoped the new audits would help them to better identify and address any area to improve at Clough House.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.