

Clovelly House Residential Home Limited

# Clovelly House Residential Home LTD

## Inspection report

81-89 Torrington Park  
Finchley  
London  
N12 9PN

Tel: 02084456775

Date of inspection visit:  
08 February 2022

Date of publication:  
01 April 2022

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Clovelly House Residential Home LTD is a residential care home providing personal care and accommodation up to a maximum of 48 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 28 people using the service.

Clovelly House Residential Home LTD is a large care home comprising of separate residential houses linked together. Upper floors are accessed via a lift. The home has access to a large and well-maintained garden and has access to a nearby high street with shops and cafes.

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

There had been significant improvement since the last inspections in April and August 2021. We saw improvements in safeguarding and incident reporting procedures, risk management, staffing levels, ensuring people received person centred care and overall governance.

We have made a recommendation around ensuring the environment is suitable for people's assessed needs.

There were now enough staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were assessed as suitable to work in the home.

People told us they were happy with the care and support they received. Staff said they were happy working at Clovelly House and felt well supported by the management team. They received appropriate training for their roles.

Medicines were managed and administered safely.

Care plans provided appropriate guidance to enable staff to deliver person centred care in line with people's preferences.

People were protected from the risks associated with the spread of infection. The service was clean, and action was being taken to prevent a new outbreak of COVID-19.

People were supported to have maximum 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.

There was an increased oversight of quality of care at Clovelly House and the provider was working closely with external parties such as the local authority to implement and sustain improvements. A new registered manager was in place.

Good practice had been developed throughout the service, but further time was needed for the service to demonstrate that the improvements that had already been made had been fully embedded and could be sustained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 30 July 2021) and there were multiple breaches of regulations. A further targeted inspection took place on 17 August 2021 to check on specific concerns. No change was made to the rating following that inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 1 April 2021. Breaches of legal requirements were found. Enforcement action was taken and conditions were imposed on the provider's registration around safeguarding, assessing risk, person centred care and governance. We also imposed a condition to restrict admissions without written agreement from CQC.

We undertook this inspection to check that the conditions had been met and to confirm they now met legal requirements.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Clovelly House Residential Home LTD

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection team consisted of two inspectors, one nurse advisor and two Experts 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. One Expert by Experience supported the inspection team on site by speaking with people and visitors. A second Expert by Experience contacted families by phone for feedback after the inspection visit.

#### Service and service type

Clovelly House Residential Home LTD is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clovelly House Residential Home LTD is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A new manager commenced employment at Clovelly House in September 2021 and they registered with CQC in December 2021. One of the current registered managers is also the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. For the purposes of this inspection report, we will refer to that registered manager as the Nominated Individual.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service. We contacted the local authority safeguarding and commissioning teams for feedback and looked at information sent to us since the last inspection. This included information the provider is required to send about incidents at the service. We reviewed information the provider submitted as part of the enforcement action issued following the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and one relative. We spoke with 13 members of staff, including the nominated individual, registered manager, deputy manager, senior care staff, care staff, activities co-ordinator, kitchen and domestic staff. We spoke with one visiting healthcare professional.

We looked around the home to review the facilities available for people and the cleanliness of the service. We also looked at a range of documentation including six people's care files and medication administration records for seven people. We looked at six staff files and reviewed documentation relating to the management and running of the service, such as audits and complaints.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to an additional seven relatives by phone. We reviewed additional documentation sent to the inspection team by the registered manager.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has improved to requires improvement. This meant that improvements had been made to ensure people received safe care, however further time was needed to ensure improvements were embedded and sustained

Systems and processes to safeguard people from the risk of abuse

At the last two inspections in April and August 2021, the provider had failed to ensure that people were protected from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Following the last inspection, staff and the management team had completed safeguarding training specific to their roles. Topics such as safeguarding, abuse and whistleblowing had become standing agenda items in staff meetings.
- Staff told us they were confident that if they reported any concerns they had about people to the management team, they would be appropriately responded to. One staff member told us, "I received all the mandatory training and I know about reporting abuse. I also know about whistleblowing and I will do this if I need to."
- The registered manager had, through their own quality assurance procedures, identified incidents which constituted safeguarding concerns. These were promptly reported to the local safeguarding authority and CQC.
- Outcomes and learning from safeguarding referrals were documented, shared with the staff team and used to make improvements to how care was delivered.
- Posters providing guidance on safeguarding, reporting concerns and whistleblowing were visible on notice boards and in staff and visitor bathrooms throughout the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last two inspections in April and August 2021, the provider had failed to ensure that people were receiving safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved their processes around ensuring the risks associated with people's mobility

and moving and transfer moving and transfer were identified, assessed and clearly recorded

- Risk assessments were in place which detailed the support people needed in areas such as skin integrity, falls, nutrition and hydration and with specific health conditions such as diabetes. Staff were knowledgeable around supporting people to manage risks, for example, staff told us about ensuring people at risk of pressure ulcers were turned at regular intervals and around the consistency of thickened fluids and pureed foods to manage the risk of choking. Records seen on inspection, such as food, fluid and turning charts were completed appropriately.
- We observed on the inspection, staff, when supporting people with moving and transfer, appeared competent and confident. We saw staff talked with and reassured people during transfers. One staff member told us, "I always transfer with two people and I have been trained. We have enough equipment and people have their own slings."
- Personal Emergency Evacuation Plans in place outlined people's specific support needs in an emergency and how they were required to be supported.
- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety. However, we found that some risk assessments around specific health and safety areas such as fire safety and legionella were completed by administration staff who had not been trained to risk assess these specific aspects of health and safety. Following the inspection, the registered manager confirmed that professional contractors had been booked to complete the risk assessments.
- At the time of the inspection, the provider was rolling out a new electronic records management system which would incorporate care plans and incident records. Improvements had been made to how incidents were documented and checked by the management team. However, we saw that on occasions it was not always clear what investigation took place to establish the circumstances of the incident, what learning points and actions were identified and who was responsible for ensuring completion.
- The registered manager told us that they were continuing to review how they documented accidents and incidents to best analyse and capture learning.
- Staff told us they felt confident in reporting any accidents and incidents to the registered manager. The registered manager had worked to improve the culture at the service whereby staff could report any concerns they had around people's safety and well-being.

## Staffing and recruitment

At the last inspection, the provider had failed to ensure there were enough staff deployed to ensure people's needs were met. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the time of this inspection, there were fewer people living at Clovelly House than in the April 2021 inspection. Following that inspection, a local authority embargo on admissions and a condition was placed on the provider's registration by CQC which meant that CQC authorisation was required to admit new people.
- The provider and new registered manager had reviewed staffing levels and the layout of the home which resulted in amendments being made to the staffing allocations and rota based on a regular review of people's dependency and needs. A staff member told us, "Over time it has got better, most staff know what needs to be done. There is structure in the day. Staff know what they need to do. Our residents are happier, they are seeing regular staff and they are getting used to the familiarity and building bonds."
- On the site visit, we observed that there were enough staff available to meet people's needs. Care staff



were seen spending time sitting and talking with people.

- Staff told us that they felt staffing levels had improved overall, however some staff felt that this was due to less people living at Clovelly House. Staff told us, "We are okay now. We have less residents now, so we have enough staff" and "When I first came here there were not so many staff. Now everything is getting very very good."
- Feedback from people and families also indicated that they had no concerns around staffing levels. Relatives told us, "There has been a change of staff again, from a few months ago. More staff than when [person] was first there. I don't know about the night staff, but during the day. More staff in the lounge area with them as well" and "Quite a number of staff always around. I have never seen anyone just left to their own devices."
- There had been significant staff recruitment recently at Clovelly House. Staff files evidenced that staff were recruited safely. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers.

#### Using medicines safely

- Medicines were managed consistently and safely in line with national guidance. People and relatives told us they had confidence in the staff who supported them with their medication. We observed staff administering medicines gently and supported and encouraged people to take their medicines by explaining what they were for.
- People received their medicines safely and as prescribed. Medicines Administration Records (MAR) were completed accurately. Medicines, including Controlled Drugs, were stored safely, and checks showed that medicine stocks matched records.
- A medication policy was in place and regular medicines audits were completed.
- Staff were knowledgeable about people's medicines and the specific ways they needed to be administered. One staff told us, "I take medication very seriously. It is a big responsibility and I am very careful. I have support and good training."
- Staff supporting people with medicines had received training and had their competencies to administer medicines regularly assessed.

#### Preventing and controlling infection

At the last inspection, the provider had failed to ensure people were protected from the risk of infection, including COVID-19. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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 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 somewhat assured that the provider's infection prevention and control policy was up to date. Some COVID-19 guidance posters and the COVID-19 risk assessment referred to older government

guidelines. The registered manager told us they would ensure all policies and guidance documents were reflective of current guidelines.

The provider was facilitating visits for people living in the home in accordance with the current guidance. Families told us they had been welcomed at the service and were required to follow current guidelines such as testing and wearing PPE.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

- Managers asked for evidence of vaccination before visitors such as workers and professionals entered the building.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- At the inspection in April 2021, we made a recommendation around ensuring the environment was dementia friendly.
- At this inspection, we saw some improvements had been made in this area. The registered manager told us that they had plans for further improving the environment to better support people living with dementia.
- We found that the physical environment was not always suitable for people with mobility needs. For example, the main corridor in the home was narrow, although a person using a wheelchair was able to move along the corridor, people had to stand aside to allow them past.
- Since the last inspection, there has been additional mobility equipment in use which meant that when staff were transferring equipment throughout the service, again, people and staff in corridors had to be aware of the potential trip hazards.

We recommend the provider ensures that when completing pre-admission assessments, they assess whether the physical environment at the service is suitable for the needs of the person potentially using the service.

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

- We were unable to fully assess the procedure to assess people's needs prior to admission as there had been no recent new admissions to the service. We will assess this fully at a future inspection.
- However, the registered manager told us they would work with local authority care quality colleagues to develop a robust pre-admission assessment.
- We found staff had good knowledge of people's needs as recorded in their care plans.
- At the time of this inspection, the provider was changing to a new care planning system, which meant that all people's care needs were being assessed and updated onto a new care plan. We will report on this further in the 'Is the service Responsive?' section of this report.

Staff support: induction, training, skills and experience

- People received care and support from staff who were skilled and trained to carry out their role. As reported in the 'Is the service safe?' section of the report, at the last inspection, we found aspects of the care at Clovelly House unsafe; such as safeguarding people from abuse, moving and handling and aspects of infection prevention and control. Since then, staff had received training in these areas which resulted in improvements to overall quality of care.
- Staff told us, and training records confirmed they completed a range of training to give them the skills and knowledge required to provide people's care effectively. A staff member told us, "Yes, many trainings.

Safeguarding, dementia everything everything!"

- Following the last inspection, the staff and management team had worked with the local authority who provided training support and staff workshops in areas such as safeguarding, Mental Capacity Act (MCA) and care planning.
- Staff had received refresher training in moving and handling. Newly recruited staff were unable to support people in this way until they had completed training as part of their induction and were observed as competent by a senior staff member. Some senior staff had undergone additional 'Train the Trainer' training which meant that the process to train new staff was quicker and less dependent on relying on external training providers.
- Improvements had been made to how newly recruited staff were supported, with training and shadowing provided prior to staff working alone with people. Some staff were also supported by the provider to study for and obtain nationally recognised qualifications in health and social care.
- Staff told us that they felt well supported in their role and received regular supervision and annual appraisals which allowed them to assess their performance.

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

- People and their families told us they were supported to eat and drink well. People were offered choices. We observed kind and caring interactions between people and staff during the mealtimes.
- At the last inspection, we observed that the mealtime experience for all people was a positive experience. Since the last inspection, changes had been made to the dining experience with the adaption of a lounge into a dining room to offer people a change of environment from the communal lounge.
- People told us, "The foods good here. Yes, I can't grumble. It's no problem I choose what I want the day before", "The lunches here are very good" and "We choose our lunch the day before but can change it, there's usually choice." Relatives told us, "Yes. The food is lovely. I have seen the food there; it's great quality and [Person] likes it. They get a choice."
- A variety of diets for people's specific needs were catered for, for example, chopped and pureed food, diabetic and low sodium. Improvements had been made to how pureed food was prepared and presented. Where people had a specific cultural or religious dietary need, meals were prepared in accordance with their wishes. One staff member told us, "We talk to people and try and see how to help them choose what they like to eat. We are very respectful of people's culture and their food preferences."
- People's nutritional needs were identified in their care plans. People at risk of not eating and drinking enough to maintain their health, had their intake monitored and weight regularly checked which reduced the risk of malnutrition, dehydration and associated illnesses such as urinary tract infections.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies, such as GPs and community nurses to ensure people's needs were met. External health professionals provided guidance to support people with ongoing health conditions.
- Staff knew people well and reported any deterioration in their health. Care records showed referrals were made to specialist healthcare services where a specific need had been identified. Relatives told us that staff informed them when their relative needed to go to hospital or was feeling unwell. One visiting professional told us staff were prompt to raise concerns.

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans documented people's assessed capacity and how that impacted on the care they required.
- Consent to care was appropriately documented and where people had decisions made in their best interests, this was clear from records seen.
- Most people living in the home required a DoLS authorisation which had been appropriately applied for. The management team kept an overview of DoLS authorisations and reapplied for renewals appropriately.
- Staff gave us examples of how they offered people choice in their day to day lives, for example, around clothes and food choices and activities. We observed this on inspection.
- One staff told us, "I respect the individual as a person. If I am respecting the person, I give them choice. I can give choice of clothes, if I have the cardigan blue or pink, I give a choice. If they don't have capacity, I try to help so it is appropriate, in their best interest."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the previous inspection in April 2021, we found that people were not always treated with dignity and respect. At this inspection, we did not find any evidence that this continued to be the case. There had been significant changes within the staff team since the last inspection with new staff recruited. They told us they were supported and given time to get to know people, their likes and dislikes.
- People and their families spoke positively of the caring nature of the staff team. Feedback included, "Very friendly, all of them I have met they are very nice" and "A feeling of warmth and care that came across for me. [Person] is very able to express themselves about how they are feeling, and they have been able to express how good it has been."
- We saw friendly and respectful interactions between people and staff. Staff knew people well and understood their needs and preferences.
- Assessments and care plans took account of people's protected characteristics and staff could describe how they used this information to support people to meet their needs. For example, people's cultural and religious needs were documented and being met by staff.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff knew people's communication needs well and were able to communicate effectively with them. A relative told us, "She [Person] feels able to speak to staff. She is constantly saying how nice to her they are."
- Staff had formed good relationships with people and engaged affectionately with people. We observed staff routinely offering people choices and listening to their response. Relatives told us, "[Person] has autonomy about what she chooses to wear. I realised they were being respectful to [Person]" and "They do take the time; they are always talking to him."
- Families told us they were involved in the care planning process and were always kept up to date on any events or incidents that affected their loved one. Families told us they always felt welcome to visit and spend time with their loved one. One relative told us, "I do get offered cups of tea when I go. On mum's birthday they made her a lovely cake and brought it in with tea. I always feel very welcome there. I have never felt I should not be there."
- People were treated with dignity and respect. Staff were able to describe how they protected people's privacy and dignity. We observed staff knock on doors and speak to people in a respectful, compassionate and dignified manner.
- People were supported to maintain their independence. Care plans detailed how staff should support people to support them to maintain their independence. The registered manager told us of a recent

instance where a person who they thought was unable to walk, was supported by staff over time to mobilise and regain some of their mobility.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection, the provider had failed to ensure people were receiving person centred care. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection, we found instances where people were receiving care that was not responsive to their needs or wishes. At this inspection, we did not find any evidence that this continued to be the case.
- People and their families told us that the service was responsive and people's care needs were met. Feedback included, "Yes the home is responsive to our and her needs", "It's the best I have seen him for quite a while. They are doing well; the home is looking after him as best they can" and "I'm getting on very well here."
- A new care planning system was being rolled out across the service which also included daily record keeping. At the time of the inspection, care plans were transitioning to the new system. There we looked at a mix of old and newer style care plans. Overall, care plans were detailed and included information about people's physical support needs, as well as histories and preferences to assist staff identifying what was important to each person.
- People and those close to them were encouraged to contribute to the assessment and planning of care which were recorded. For example, we saw information about people's families and their likes and dislikes noted in their care plans. One relative told us, "I filled in a form that included his hobbies, what he likes to eat."
- At the last inspection, we found instances where staff did not engage with people and activities overall were found to be lacking. Following that inspection, an activities co-ordinator role was developed and at the time of this inspection, the activities co-ordinator was making progress with a programme of activities based on people's interests and preferences.
- We observed staff engaged well with people throughout the day of the inspection. We saw group exercises taking place and a flower arranging activity. An activities planner was in place and on display in communal areas. Feedback indicated that there had been improvements to the activity provision, although some relatives felt that further work was needed in this area, particularly in relation to supporting people to go out and about if they wanted to do so to local parks and cafes, for example.



- Feedback included, "Mum gets told about activities. In the morning they will say what's on. She loves to sing and enjoys the music and piano playing", "Maybe to do a few hobbies for dad, which we have talked about. That's a work in progress" and "When mum first went in there was lots of singing, then things just stopped, but because I can go in regularly it's good to see it coming back. Singing in the lounge. She has newspapers now. For my mother, it suits her."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- Staff were observed communicating with people as per their support plan, for example speaking clearly and slowly.
- There was written information in place for people, this included in pictorial formats. For example, in relation to menus and facilities around the home, for example, dementia friendly signs on toilet doors.

#### Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously, and any concerns were documented. Outcomes and actions taken to address people's concerns were clearly evidenced.
- People and families told us they would report any concerns they had to the management team.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection.
- As the service did not provide nursing care. Staff and the management team worked with other professionals to meet the needs of people nearing the end of their life.
- Care plans documented people's wishes for care at the end of their lives.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had improved, however further time was required to ensure that improvements could be sustained in relation to the delivery of high-quality, person-centred care.

At our last comprehensive inspection in April 2021 we found effective systems were not in place to monitor the quality of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has been significant improvement to the overall delivery of care at this inspection. We saw improvements in how the service safely managed risk and staffing levels. Safeguarding processes have improved considerably. Both staff and management advised that they had worked hard as a team to make the improvements and were committed to sustaining the improvements and further improving the service.
- Since the last inspection, there had been significant changes to the management and staff team at Clovelly House. A new registered manager commenced employment in September 2021. New care and senior care staff had also been recruited.
- The provider and registered manager have worked closely with the local authority care quality team and health professionals to establish and develop quality monitoring and auditing systems, implement training and improve safety.
- Following the last inspection, enforcement action taken by CQC required the provider to submit monthly audits and an improvement plan. We also imposed a condition to restrict new admissions without CQC authorisation. All the conditions imposed were complied with. The rating from the last inspection was also on display within the home.
- At the last two inspections, we found that significant incidents of both a safeguarding and possible criminal nature were not reported to the relevant authorities which placed people at risk of harm. We have found that since those inspections, there is a more transparent culture at the service. The registered manager, through their own governance checks is making referrals to, if needed, to the appropriate professionals and notifying CQC.
- Staff told us they understood how to whistle blow and would do so if they had concerns around the safety and well-being of people living at the service. Staff knew where they could raise concerns to the relevant authorities.

### Continuous learning and improving care

- The registered manager and management team had implemented several new audits and checks on care delivery, including audits of the dining experience, CCTV checks and accidents and incidents. These audits had picked up areas for improvement and set out actions which were followed up.
- During the inspection, any concerns identified and discussed with the home management team, for example around documenting health and safety checks, were promptly acted on and evidence sent following the inspection to confirm this. This indicated that the service was continuously learning and improving care.
- Good practice had been developed, but further time was needed to address outstanding issues and for the service to demonstrate that the improvements that had already been made had been fully embedded and could be sustained.

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

- We received overall positive feedback from people and families around their experiences of living at Clovelly House. Feedback included, "I think the staff, the long-term staff, the warmth that comes through. I tend to just see the staff that have been there long term. Anyone I come across, there's a really genuine warmth. For example, the young woman who does the laundry, she is very respectful", "We are very pleased with [person] there. We moved her from a nearby care home because we were not happy with her care there. We have all been very happy. The staff are very nice, and she is more content, gets more attention" and "I have no issues, [person] is looked after very well, and there is good communication."
- We spoke to a mix of newly employed and longer established staff and asked how they found working at Clovelly House. We received positive feedback as follows, "We have now got a good manager. She has been very good. She is very strict, but she is good. She helps and teaches us more than before. She supports the staff. She is good. If I don't understand anything I can go, there and she helps us" and "She is a good manager, a lovely lady. She has changed many things!"
- We observed an overall improvement to the culture and atmosphere at Clovelly House. We saw staff engaged well with people and we found the atmosphere to be friendly and open. One relative commented, "But it looks as if they are really trying there. They seem happier, the staff, they are all smiling and bubbly, whereas before it was all miserable faces."
- The registered manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team wanted to hear their views.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives and people were more involved in the care planning process. Relatives told us that communication from the service was good and they were kept informed of any incidents or updates regarding their loved one's health and well-being. Relatives commented, "Every time there has been any incident, they have phoned me" and "I think because I am there weekly, I get a chat with the manager. If anything comes up, like the dentist, I will get an email and a phone call."
- Some families commented that it would be nice to have some more communication from the service about what was happening in general at Clovelly House, for example around activities, in the way of a newsletter or regular email. We raised this with the management team who told us that they would look at arranging this.
- Regular residents and staff meetings took place. We saw improvements to how these meetings were documented which reflected that meetings were a two-way discussion and where issues were raised by the

staff team or in a resident's meetings, these were taken forward. The registered manager had implemented new daily handovers and daily management team catch up meetings.

- The management team worked with the local authority's care quality team to implement improvements in the service.
- The provider had engaged with local health and care professionals to ensure that people had their mobility needs properly assessed and that the correct equipment was sourced and in place for staff to safely support people with transfers.