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 January 2018
09 January 2018

Date of publication:
03 April 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 8 and 9 January 2018 and was unannounced. Clovelly House Residential Care Limited is a 'care home' and provides accommodation for up to 48 older people living with dementia. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 47 people living at the service on the day of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were well treated at the home and risks to their safety had been identified and ways to mitigate these risks had been recorded in people's care plans.

Staff were aware that the people they supported were vulnerable and they understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained adequate staffing levels to support people.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and reviewed regularly.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People were supported to engage in regular activities.

Quality assurance processes were in place to monitor the quality of care delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service is now responsive. People and relatives told us the service was responsive to their care needs. Care plans were detailed, person centred and updated on a regular basis.

People had access to a variety of activities.

There were complaint procedures in place and people and relatives told us they were satisfied that any complaints would be acknowledged and responded to.

Is the service well-led?

Good

The service remains good.

Clovelly House Residential Home LTD

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 took place on 8 and 9 January 2018 and the first day of the inspection was unannounced.

Before the inspection we reviewed relevant information that we had about the provider. We checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

This inspection was carried out by two inspectors. The inspection team was supported by two experts by experience who obtained feedback from people and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 22 people and seven relatives, the registered manager, deputy manager, head of care, head chef, cleaner and 10 care staff. We also spoke with one visiting health professional. We obtained feedback from a second professional involved with the service following the inspection.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on

their well-being.

We looked at 10 people's care records, six staff files, Medicines Administration Records (MARs), training records, staffing rotas and other records related to the management of the home.

Good

Is the service safe?

Our findings

This inspection took place on 8 and 9 January 2018 and was unannounced. Clovelly House Residential Care Limited is a 'care home' and provides accommodation for up to 48 older people living with dementia. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 47 people living at the service on the day of our inspection.

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People told us they were well treated at the home and risks to their safety had been identified and ways to mitigate these risks had been recorded in people's care plans.
Record-keeping had improved for people with specific health risks, however there were instances of daily records not being completed for people.

Staff were aware that the people they supported were vulnerable and they understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained adequate staffing levels to support people.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and reviewed regularly.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks

carried out.

People were supported to engage in regular activities.

Quality assurance processes were in place to monitor the quality of care delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

Good

Is the service effective?

Our findings

People's needs continued to be met effectively. People were supported by trained and competent staff. Comments received from people included, "I feel that they are very knowledgeable" and "Staff seem well trained, kind and caring." A relative told us when asked if they felt that staff were trained to meet people's care needs, "Staff cope very well. Staff are very industrious and [registered manager] is extremely industrious to make sure people get seen."

Staff told us that they received regular training to ensure they were skilled to meet people's care needs. Newly recruited staff received an induction and underwent a period of shadowing. Examples seen of mandatory training included fire safety, food hygiene, manual handling, health and safety, infection control, safeguarding, medication, MCA & DoLS, managing challenging behaviour and first aid. In addition we saw that staff had received additional training around areas such as pressure ulcer prevention, best interest's assessments, nutritional awareness and thickening fluids, allergy awareness and end of life care. Staff attended regular supervisions and had an annual appraisal with the registered manager or head of care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and that any conditions on authorisations to deprive a person of their liberty were adhered to. Where people were deprived of their liberty the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation. Records confirmed that where appropriate, people consented to their care and where people lacked capacity a best interests decision had been taken with the involvement of their relative.

Training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been provided. The staff we spoke with had a clear understanding of the principles of the MCA and how it was applied. Staff were seen to offer choice and seek consent from people about their daily routines. A staff member told us, "The MCA is about supporting people make their own choices."

The provider ensured that a pre-admission assessment was completed prior to the person arriving at the home so that the service could assess and confirm that they would be able to effectively meet the needs of the person. This assessment noted people's needs, choices, wishes, likes and dislikes on how they wished to be supported. The assessment identified where people needed specialist input, such as a dietician. The person's care plan was then developed from the information contained in the pre-assessment. Care plans contained guidance for staff on how to support people with their daily living activities such as eating and drinking, personal care needs and support with managing health conditions. Care plans were updated following changes to people's care needs or when there was review from a health professional.

We received mostly positive feedback from people and relatives regarding the food and choices of food on offer. Comments received from people included, "Yes I like the food, and I have plenty to eat" and "Food satisfactory on the whole. Staff have learnt a lot in the last ten days e.g. that I don't eat meat but eat cheese and eggs." A relative told us, "They ask what they want to eat. [They] get a real choice as staff think it's important to eat". People were supported to maintain a balanced diet and meals were arranged in two sittings to ensure there were enough staff to support those with additional needs. Some people requested an alternative to the food on offer and this was accommodated. We saw that one person was given a puree meal although there was no mention of this in their care plan and they had not been assessed as having swallowing difficulties. Staff said the person had lost a lot of weight following a hospital stay in the summer and since then had been offered pureed food to encourage them to eat. The person had since gained weight which was now stable and staff said their nutrition support plan would be reviewed.

Records showed that people were seen by other healthcare professionals, including speech and language therapists, physiotherapists, dieticians, and chiropodists when required. There was guidance from healthcare professionals and this was followed through with reviews in care plans. People and relatives told us that they could access medical assistance if needed. One person told us, "The GP and dentist comes to us. I saw the dentist last week. If you want your hair, nails done, everyone comes to us." A visiting health professional told us that staff at the home were very proactive when concerned especially around people's skin integrity.

People were supported to receive effective care because care was delivered in line with current legislation, standards and evidence based-guidance. Feedback from all staff we spoke with indicated that staff worked well together as a team and could communicate any concerns with the management team. The service had achieved a 'Gold Standards Framework' in Dementia in 2015 and at the time of inspection was in the process of completing the programme. 'Gold Standards Framework' is a training programme to enable staff working with people living with dementia to better understand their care needs to reduce hospital admissions, improve pain management and promote advance care planning.

The home was decorated in a homely manner and people were encouraged to personalise their bedrooms with ornaments and photographs. One person told us, "I have been given a special chair to use, that lift up my legs. I have my own picture on the wall in my room. Photo of family, and I am able to lock my door." A relative told us, "My only criticism is that there are lots of corridors but [relative] can manage it and uses the lift."

Good

Is the service caring?

Our findings

People appeared to be happy at Clovelly House and were treated with kindness, respect and compassion. One person told us, "Yes the staff treat me with kindness and they care. They make me laugh." A second person told us, "Yes they are very caring and kind." A relative told us, "My mother is treated very well." A number of compliments about the service were seen. A recent letter from a relative stated, "Thanks again for having such lovely staff and giving them the freedom to behave in such a helpful manner."

We observed many kind and caring interactions between staff and people who used the service and their relatives when they visited. For example, one person became very upset when they spilt their tea and made a mess on the dining table and floor. Staff dealt with this in a kind way and provided reassurance to the person. Staff checked with another person how they felt and if they wanted staff to make an appointment with the doctor. Overall, people were well presented and staff told them they looked nice.

Staff told us people got good care and explained why. For example, one member of staff said, "People get good care and staffing is arranged so that continuity for people is promoted." Staff said that as far as possible they were allocated to the same lounge regularly to do this. Relatives told us that they found the staff team stable with little use of agency staff which enabled staff to build meaningful relationships with people and their families. A relative told us, "There has been no staff changes in four months [living] here."

People's communication needs were detailed well in care plans and support was provided in accordance with people's needs. For example, one person's communication plan stated that staff should check their glasses and hearing aid. Staff were seen to do this during the day.

Examples were seen of how staff promoted people's privacy, dignity and independence. A person told us, "Yes I feel that my privacy is respected. A relative told us, "[Staff] pull the curtains when they take her to the loo or do anything. She has a bath whenever she wants it. They cream her afterwards. She once had bed sores in hospital. Here they cream her after visits to the toilet." People were supported promptly with requests to go to the toilet. Staff promoted people's independence with walking and eating and provided encouragement.

Staff we spoke with had a good understanding of people's individual backgrounds, ages, likes and dislikes. Care plans also detailed people's cultural and religious preferences and whether people practiced a faith and whether members of the local religious community visited the home on a regular basis. People were addressed by the staff using their preferred names. Staff told us they had read peoples care plans. People and relatives told us they had been involved in planning their care and were consulted about their choices and preferences. One person told us, "The priest will come to visit and I can have mass and communion if I want."

The service used a software package called 'simply unite' which is an accessible software incorporating Skype, email and photo sharing and encouraged people to pursue hobbies and interests online. We saw examples of how the service had started to use this with people. For example, one person from Bulgaria was

able to access pictures of Bulgarian food and food and photographs of Bulgaria.

People had been supported to keep in contact with their family and friends. Relatives told us they were free to visit and keep in contact with their family members. They said they were made to welcome when they visited. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person's own bedroom.

Good

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff responded to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would report these changes and concerns. Relatives told us they were kept up to date with any issues. A relative told us how the service had worked with a healthcare professional to review the person's medicines which had a positive effect on the person. They told us, "They have now reduced some drugs. It's kept [person] calm. Its enabled her to relax and she gets more rest now." A second relative, "Mum's health is better than it was before she came here, and they deal well with health problems and keep me informed."

Care records were kept on an electronic care management system, however, senior staff had printed care plans and risk assessments for ease of access. When we last inspected the service, we found that daily care monitoring records were not always completed. We found that improvements had been made and daily recording in areas such as fluid and food monitoring and repositioning for people at risk of pressure ulcers or malnutrition and dehydration had been completed.

However, we found that for people who required regular checks at night time to ensure their safety, records had not always been completed to evidence that these checks had taken place. We also found instances of staff completing one night time record entry at approximately 3am or 4am stating that the person slept well throughout the night which would have been in advance of completion of the night shift. We also found two instances of where a daily record had not been completed at all for one person. We fed this back to the registered manager and deputy manager and were shown diaries completed by staff to show document that people had taken part in activities, however these records were not individual to the person. Following the inspection, the registered manager submitted information to assure us that they had addressed the concerns with staff involved and implemented additional safety checks at night.

Prior to the inspection, we received information of concern regarding people being woken up very early in the morning. We commenced the first day of the inspection at 6:30am. On arrival, we found ten people sitting dressed across the three lounges. We checked people's care records which mentioned people's preferred morning and evening routine and some records indicated that people preferred to get up earlier in the morning. We asked people were woken up early against their preferences. People and relatives raised no concerns and staff told us no one was made to get up against their wishes. Comments received from people included, "I don't usually get up early, because I do most things for myself", "I go to bed when I like – about 10.30pm and they get me up sometimes at 8am, sometimes later" and "I get up between 6.30am and 8.30am and that is usually my choice. I go to bed earlier here than in my own home. It's not my choice, it's the way they operate, but it does not bother me. I start the day earlier and close it earlier." The registered manager told us that some people woke during the night and posed a risk to themselves and others, therefore, it was safer to take the person to the lounge where they could have a drink and snack and be seen by care staff.

We observed some people remain in bed until late morning before being supported to get up. Feedback from people reflected that this was their preference and staff knew that certain people liked to remain in

bed and therefore they were supported to get up later in the morning.

Care plans documented that advanced care planning and end of life care was discussed with most people and their relatives. People's choices and wishes were recorded in relation to planning the way in which they wanted to be cared and preferred funeral arrangements.

A variety of activities were offered to people across all of the lounges and people were seen to engage. For example people enjoyed the musical entertainment in one lounge and were encouraged to get involved. The song lyrics were displayed on a screen which helped people. Staff stimulated people during the day for example with cards, board games, books and newspapers. It was positive to see all staff take responsibility and engage people with activities. On one of the days of the inspection, a music entertainer came to the home with a dog. One person who at times during the inspection was anxious and distressed enjoyed sitting beside the dog and patting the dog whilst listening to the music. People told us they were supported to attend activities if they chose to do so. Comments included, "I love the musician that comes in. I go to the sing along", "Yes I go to some of the activities. I especially like the young musician that comes to put on a show. I like the sing along. I go out with my family. We have day trip out" and "I do not do activities, all sitting round asleep, so I don't sit down there. I come upstairs and talk to family and friends on the I-pad. I read a lot."

A complaints policy was available and processes were in place for receiving, handling and responding to comments and complaints. Information about how to make a complaint was on display in the home and the majority of people and relatives we spoke with told us that they felt able to complain if they needed to and were confident that their complaint would be dealt with appropriately. Relatives gave examples of when they raised concerns or suggestions, changes or improvements were implemented as a result. One relative told us, "I have never complained but they are responsive when you make suggestions. For example, they took a rug and extra chairs out, they got an optician in and they encourage mum to walk every day so she walks once when I visit and once with them." A second relative told us that they had made suggestions around food choices which had been acted upon.

Good

Is the service well-led?

Our findings

The provider had a registered manager in place who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager and head of care.

Staff, people and relatives spoke positively of the registered manager and the management team. Staff told us they felt supported and were encouraged to raise any concerns they had regarding the people who used the service. Staff also told us they were encouraged to raise suggestions. Senior staff had a visible presence throughout the home and good working relationships were observed.

People and relative we spoke with spoke positively of the overall experience of living at Clovelly House and felt any concerns they had would be addressed. One person told us, "I know the manager, [registered manager]. I would tell her if I had a complaint. Never had one." A second person told us, "I think that [registered manager] is very nice and caring." A relative told us, "Essentially. It's a good place."

There were systems in place to monitor the safety and quality of the service provided. The registered manager, deputy manager and head of care carried out regular audits of various aspects of the service such as medicines, care plans, infection control, health and safety, training and maintenance of the building. Where areas for improvement had been identified, we saw that actions had been taken to resolve the issue.

Resident meetings took place regularly and were recorded which meant that people were supported to express their views about the service. Typically, about 15 people attended and topics such as entertainment, menus and home improvements were discussed. Routine satisfaction surveys were undertaken with staff, residents, relatives and visiting professionals. Feedback from surveys undertaken during 2017 was positive. For example, all residents that had responded felt that Clovelly House was a good place to live with most reporting that staff were able to understand and meet their needs. Similarly positive responses were seen from relatives and visiting professionals.

The service had good links with the local community. The service had also been proactive in working with health professionals. The visiting health professional told us that they worked well with the service and considered them to be good at identifying risks to people and seeking advice. A second professional involved with the home told us that the provider attended local provider forums and acted on advice given, for example staff training and record keeping.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them; ensuring people's personal information could only be viewed by those who were authorised to look at records.