

M L George

Clovelly 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?

Requires Improvement 

Overall summary

Clovelly House is registered to provide accommodation and personal care for persons who require nursing or personal care for up to 20 people some of whom were living with dementia. Nursing care is not provided. There were 20 people living in the home when we visited.

This unannounced inspection was carried out on 20 January 2015. The last inspection took place on 14 October 2013, during which we found the regulations were being met.

The home did not have a registered manager in post. 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 felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any poor care. People were safely administered their medicines.

Summary of findings

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff who had been deemed suitable to work at the home were employed after all pre-employment checks had been satisfactorily completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. The deputy manager had submitted DoLS applications to ensure a person was only deprived of their liberty to ensure their safety. People who had limited capacity to make decisions were supported with their care and support needs in their best interests.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed, reviewed and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of health care professionals. This included a GP, hospital appointments

and visits from district nurses and community psychiatric nurses. People were consistently supported with their health care needs in a timely manner. Risk assessments were in place to ensure that people were safely supported.

People were provided with a varied menu and had a range of healthy options to choose from. People with complex care needs, including those people with diabetes, were supported with a diet that was appropriate. There was a sufficient quantity of food and drinks available at all times.

People's care was provided by staff in a social, caring and compassionate way. People were able to pursue their hobbies and interests and attend organised activities in the home.

The home had a complaints procedure which all staff were aware of. People were supported to regularly raise concerns before their concerns could turn into a complaint. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

People were provided with several ways they could comment on the quality of their care. This included regular contact with the provider, deputy manager, completing annual quality assurance surveys and attending meetings. The provider sought the views of a wide spectrum of other organisations as a way of identifying improvement.

Summary of findings

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 safe.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures.

People were safely supported with taking their prescribed medicines. Medicines were stored, recorded and managed by competent staff members.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

Good



Is the service effective?

The service was effective.

People made choices as to their preferences and were supported with these. Staff were skilled and supported in meeting people's assessed needs.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards DoLS. An appropriate request had been submitted to the local authority to lawfully deprive a person of their liberty.

Referrals were made to appropriate health care professional in a timely manner.

People had access to a regular supply of drink. People were supported to eat a balanced diet. Sufficient quantities of nutritious food and drink were always available.

Good



Is the service caring?

The service was caring.

People's care was provided with compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them. Sensitive communication was used to ensure that people's care was always dignified.

Good



Is the service responsive?

People, including their relatives, were involved in their care assessments and reviews of their care.

A wide range of social interest activities and hobbies were in place for people to access throughout the week. People were supported to prevent social isolation.

Good



Summary of findings

Regular reviews of people's care were completed to ensure that people's individuality was put first. Action was taken swiftly in response to people's suggestions and concerns before they became a complaint.

Is the service well-led?

The service was well led.

People were supported to access the local community or be involved in it.

The values of the home about always ensuring people came first and foremost were adhered to by all staff.

The home did not have a registered manager in place and an application for a person to be registered as the manager had not been submitted to the CQC

Requires Improvement



Clovelly 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 unannounced inspection took place on 20 January 2015 and was carried out by one inspector and an expert 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.

Before our inspection we looked at information we held about the service including notifications. A notification is

information about important events which the provider is required to tell us about by law. We also spoke with the service's commissioners, two health care professionals and received information from a local GP practice.

During the inspection we spoke with nine people living in the home, five relatives, the provider, deputy manager and four care staff. We also observed people's care to assist us in understanding the quality of care that people received.

We looked at four people's care records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as audits, policies, training and recruitment record and quality assurance records.

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Is the service safe?

Our findings

We asked people if they felt safe living at Clovelly House. None of the people we spoke had any concerns about their personal safety. One person said, "I couldn't be better looked after anywhere." A relative we spoke with said, "This is a really good place and. I know that [family member] is in safe hands."

Staff we spoke with had an understanding about safeguarding reporting procedures and safeguarding organisations so that they could escalate any concerns to protect people from harm. A person told us, "You don't need to worry about anything. The girls are just so careful." One staff member said, "I have received training in safeguarding and I would report any concerns to the owner or the deputy manager." Another member of staff told us that they were aware of how to raise a safeguarding concern and showed us the safeguarding procedures and information file that were kept in the staff room.

We saw that people's individual risk assessments had been completed and regularly updated. Assessments had been completed for a number of risks including falls, moving and handling and nutrition. We saw staff using equipment to support people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

People told us, and we saw, that there was sufficient number of staff available. The provider told us staffing levels were monitored on an ongoing basis and that additional staff would be rostered where a particular care and support need was identified. One person said, "The staff are very good and help is provided quickly." There was an alarm-call system in each room, positioned over or

alongside the person's bed. In the rooms we visited the call bell hand unit had been placed within easy reach of the person's chair. People told us that staff responded quickly when they used their call-bell. We observed that people's call bells were answered within a few minutes.

Staff told us that there was a good level of staffing and the provider told us that if staff rang in sick or were absent then it was possible to arrange cover with the use of 'bank' staff.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at a sample of three recruitment records and we saw that appropriate checks had been carried out. Staff confirmed that they had only started work after these checks had been completed. This showed us that the provider had only employed staff who were suitable to work with people living at the home.

We found that regular and up-to-date checks had been completed regarding equipment such as the home's water and fire safety systems. This helped ensure that the home was a safe place to live, visit and work in.

We observed care staff safely administer people's medication. We found that care staff had been trained so that they could safely administer and manage people's prescribed medications. We saw that medication was stored safely in a locked cabinet within a locked room. Temperatures in the medication room and refrigerator, used for the storage of medication, were recorded daily to ensure medicines were kept at the correct temperature.

Medication administration records showed that medicines had been administered as prescribed. This meant that people were provided with the support they needed with their prescribed medication in a safe way.

Is the service effective?

Our findings

One person told us, “They look after us well here really” and another person said that “I couldn’t be better looked after anywhere.” Relatives of people we spoke with told us that they were encouraged to be involved in reviews of their family members care and support. One relative told us that they were involved in discussions and decisions about her husband’s care. Another relative told us that, “The staff are very good in dealing with me, I could phone as many times as I like and they are always good at answering questions”.

Staff told us they had regular supervision and daily support. One staff member said, “The deputy manager organises training and we get refreshers throughout the year” This ensured that staff were kept up to date with any changes in current care practice. We were told that a specific training was being delivered via an NHS training initiative regarding dementia care to improve staff’s knowledge. New care staff received an induction which included training to ensure they were working safely. The care staff induction programme covered the common induction standards which were in line with ‘Skills for Care’ which is a nationally recognised training organisation.

Staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity have restrictions on their freedom where this is in their best interests to keep them safe. The deputy manager told us that applications for one person living in the home had been submitted to the relevant local authority and that they were waiting for these assessments to be carried out and completed.

We observed that lunch time was a very sociable occasion, with lots of interaction between the staff on duty and people having their lunch in the dining room and in their rooms. We saw that a menu was displayed in the dining

room and that people were offered choices of meals if they did not wish to have the main meal choice. We saw that people were offered choices of drinks. One person said, “The food is very good and If there was anything you really didn’t like they would find something else. There is a very varied diet.” Another person told us that “The food is good, the meals are nice and I’m glad to say they have plenty of vegetables and the food is always hot”. People told us that they had regular snacks and drinks provided to them during the day. We saw that meals at teatime were appetising and a homemade cake was available for people to enjoy.

We spoke with the cook who told us about the special diets including meals for people with diabetes, they had prepared. The cook also regularly spoke with people living in the home to gather views about the meals and to ensure that their preferences and favourites were included. People’s weights were recorded and any changes to normal weights were acted upon and nutritional advice from dieticians was sought as necessary. We saw that people’s care and support records were reviewed and daily care records were completed to record the care and support that people had received during the day including appointments with healthcare professionals. This showed that people could be assured that their health care was monitored and appropriate referrals and actions were taken.

There were records in place regarding visits and support from health care professionals including; GPs and community nurses which demonstrated that people were supported to access a range of health care professionals. On the day of our visit a community psychiatric nurse was visiting a person and they were positive about the care being provided. They said that “They look after people really well and the staff are well informed.” The local GP, a senior social worker, district nurse and contracts monitoring officer at the local authority, were positive about the care and support people received.

Is the service caring?

Our findings

People told us that the home was very comfortable, staff were very caring and sensitive in the way that care and supported was provided. One person said, “The staff are very good and very helpful.” And another person told us that, “I have never met a nicer a lot of staff ever.”

We observed staff interactions with people and found they spoke to people and supported them in a kind, unhurried and dignified manner at all times. Relatives that we spoke with were very positive about the care their family member received and one relative told us that, “My (family member) is really happy living at Clovelly House and his health has improved since living there.”

People were supported to take part in interests that were important to them including religious services, board games, crafts and visits from music entertainers organised by the activities coordinator. One relative told us that “People’s birthday is always celebrated and a birthday cake is made which is really good”. Another relative said they had attended barbecues and garden parties that had been organised in the gardens during the warmer months of the year.

During our inspection we saw a lot of positive and gentle interactions between staff and people using the service and noted any requests for assistance were responded to quickly. For example, we saw staff gently assisting a person who was unsure where to go to meet with the visiting hairdresser for a haircut. We saw staff complimenting the person after their haircut and they were pleased with the warm comments they had received. We observed that when people requested a drink, it was made as soon as

possible. We also saw that people were taken to the bathroom as soon as they requested assistance and were not kept waiting for long periods of time. One person told us, “I have nothing to complain about at all, they all treat me very well and make sure I have everything I need” Another person told us “I keep my door open in the day but closed at night and the staff always knock.”

We observed staff treating people with dignity and respect and being discreet in relation to assisting them with their personal care needs. We saw staff engaged with people in their rooms and communal areas and they always enquired whether people had everything they needed. Before entering a person’s bedroom or bathroom staff knocked and waited for the person to answer before entering. We saw a member of staff gently helping a person to go to their bedroom and carefully reassured them whilst assisting them to use the staircase. One person told us that “This place has a very happy atmosphere and the staff are kind and helpful.”

People were able to see their friends and relatives without any restrictions. One person said, “My daughter visits nearly every day and there are no time limits on visits.” A relative told us that “The staff are always welcoming and offer us lunch and drinks which is really good.”

The deputy manager told us that people would be provided with information as to how to access independent advocacy services where necessary.

A relative said, “The staff and owner always keep me aware of anything that affects or could affect my (family member). Another relative said that, “The care is top class and they give my (family member) a lot of attention.”

Is the service responsive?

Our findings

We spoke to people about the planned activities in the home which they said were good and varied but they were not always sure when they were available. A programme of activities was displayed in the hallway which recorded a number of events including, music sessions, professional entertainers and outings to the local town and pubs.

We were told by the provider that an activities coordinator provided activities on three days during the week and that staff also provided activities including walks and spending time socialising with people in their bedrooms. We saw that people were pleased to visit the hairdresser who regularly visited the home. We observed that people were free to use the communal lounge and to spend time in their room if they wished.

We observed the people living in the home and the visitors interacted very well with staff and offered encouragement. For example, we spoke with a friend of a person living in the home and they told us that they took them out on their regular shopping trips. A relative told us that, "The atmosphere in the home was cheerful and very homely." Another relative said that "We can visit whenever we like, and we are always made to feel very welcome. One member of staff described the home as, "One big happy family".

We saw that care plans included information about people's preferences, including how they wanted to be called, what time they wanted to get up or go to bed and what was important to them. Daily records showed that people made choices about their care to ensure that their personal care needs were met. A document entitled 'This is Me' was used in the home. This gave a personal profile of each person and provided staff with additional background information. We also found information about a person which included, for example their allergies, interests and family contacts. This helped to personalise people's plan of care.

People told us, and we found from records reviewed, that an assessment of their care and support needs was completed. This ensured as much as possible that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they really know me as a person."

Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

People's care plans had been reviewed regularly and changes had been made to people's care where this was required. An example of this was referrals had been made to the local mental health team regarding strategies to assist a person with behaviours that challenge. We also saw that nutritional assessments were recorded along with monthly weight records. This demonstrated the staff monitored and understood what helped to maintain a person's health, support needs and dignity.

A relative said, "We have never had the need to complain and if we have any concerns I would be confident that they would sort things out for [family member]." Another relative said, "The staff keep in touch with us and always check that everything for [family member] is what they want."

The provider had an effective complaints process and managed complaints to the satisfaction of the complainant. We saw a complaint that had been received in the past 12 months. We saw correspondence between complainant and the provider which had been appropriately responded to in line with the home's complaints procedure. The outcome of this complaint was still awaited. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and provider.

Is the service well-led?

Our findings

People and relatives we spoke with told us they knew who the owner and deputy manager was and that they frequently spoke with them during the day. One person said, “I feel I can talk to the staff and owner if there is anything I am not happy about. Another person said, “The deputy manager and staff always come to see if I am well or if I need anything.” ” A relative also confirmed that if they raised any issues or concerns these always promptly dealt with by the staff and owner.

The home has not had a registered manager in place since December 2013 and we did not see evidence to show that attempts had been made to recruit a manager. However, the provider told us that they were submitting an application to the Care Quality Commission to register as manager. We saw that there were arrangements in place to ensure that the day to day management tasks were being completed. We found the provider and deputy manager had submitted notifications to the Care Quality Commission when this had been required. This showed us that the provider and staff were aware of their legal responsibilities.

All staff we spoke with told us that they felt very well supported by the provider and deputy manager and that they were readily available for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the provider and deputy manager.

One member of staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the home. They said they found to be very helpful and reassuring. Many of the staff we spoke with had worked at the home for a number of years and one member of staff told us, “I love working here and it’s just like a big family and everyone pulls together as a team.”

Records viewed and staff we spoke with confirmed that regular checks and audits were completed in relation to; medicines administration and health and safety checks including water temperatures and fire safety checks. We

saw that the home had a current rating of five out of five from the food standards agency inspection which had been carried out in 2013. Part of this assessment includes the way the provider manages the standards of food. This demonstrated good management as well as high food hygiene and preparation standards.

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that “I can’t think of one thing that I am not happy about. I don’t think I would change anything.” All staff told us they enjoyed working at the home that they were supported by the provider, deputy manager and their colleagues. The deputy manager and members of staff were able to provide everything we requested in a timely manner during the inspection which showed that they were empowered and supported with their role.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw a copy of the summary of surveys, that had been carried out during 2014, which included areas highlighted for improvement. These included increased involvement of family members in the review process (upon the agreement of the person) and more structure and information with regard to activities within the home’ for people and their friends and family members.

One person told us that “They (staff) are always checking on me and (ask me) if there is anything I feel could be improved.” A relative told us how happy they were with the care and support provided to their family member and said they, “Felt lucky they were living at the home”. .

The management team and all staff told us that they were confident that if ever they identified or suspected poor care standards they would have no hesitation in whistle blowing and that they would be supported (whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work). One staff member said, “We are a good team if there was any bad practice this would be acted upon immediately.”