Aitch Care Homes (London) Limited

Cloverdale House

Inspection report

19 Vallance Gardens
Hove
East Sussex
BN3 2DB
Tel: 01273 733757
Website: www.

Date of inspection visit: 24 April 2015
Date of publication: 10/08/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected Cloverdale House on 17 April 2015. This was an unannounced inspection. Cloverdale House is a care home providing social and residential care for 11 young people with learning disabilities and additional diverse and complex support needs, including autism, epilepsy, Downs Syndrome, mental health issues and behaviour that may challenge others. On the day of our inspection there were 11 people living in the home, who required varying levels of support.

The service supported people with diverse conditions, personalities and often complex care and support needs.There was a high turnover of managers and staff which had resulted in some inconsistency in the level of individual support provided. People received care from staff who were not always appropriately trained or confident to meet their individual needs. People were not always compatible with one another and often expressed behaviour which challenged others and created tensions within the service.

There has been no registered manager in post since December 2014. An acting manager, who was experienced and knowledgeable in the care of

Summary of findings

people with learning disabilities, had recently been appointed in December 2014. They confirmed that their application to register with CQC was currently being processed. 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 2008and associated Regulations about how the service is run.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans we looked at were person centred and contained appropriate risk assessments. However the plans were disorganised and the lack of structure meant that information was not always readily accessible. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs.Staff told us they had completed training in safe working practices. However we had concerns that some staff lacked the necessary skills and knowledge to meet people's diverse care and support needs. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including written references, Disclosure and Barring Service (DBS) checks, and evidence of identity had also been obtained.

Medicines were stored and administered safely and handled by staff who had received appropriate training to help ensure safe practice.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. The manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. Following individual assessments, the manager had recently made DOLs applications to the local Authority, for 10 people, and was awaiting responses.

Activities reflected people's individual interests and preferences. We saw people were enabled and supported to access facilities and amenities in the local community.

There was a formal complaints process. The provider recognised not all people could necessarily raise formal complaints and their feedback was sought through other means, including regular involvement with their keyworker. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

The organisation's values were embedded within the service and staff practice. The manager told us they monitored awareness and understanding of the culture of the service by observation, discussion and working alongside staff. Staff said they were encouraged to question practice and changes had taken place as a result.

The manager assessed and monitored the quality of service provision through regular audits, including health and safety and medication. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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.

There was sufficient staff and people were protected by robust recruitment practices, which helped ensure their safety.

Effective systems were in place to manage potential risks to people's welfare.

Medicines were stored and administered safely and accurate records were maintained.

Good

Is the service effective?
The service was not always effective.

There was a high turnover of staff which resulted in some inconsistency in the level of individual support provided.

People received care from staff who were not always appropriately trained, skilled or confident to meet their, often complex, individual needs.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).This meant there were safeguards in place for people who may be unable to make decisions about their care.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good

Is the service responsive?
The service was responsive.

Care plans were personalised and detailed how people wished to be supported and their care reflected their current needs, preferences and choices.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

Good

Summary of findings

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Requires improvement

The service was not always well led.

There was no registered manager in place.

Staff said they felt valued and supported by the manager. They were aware of their responsibilities but some felt expectations put on them were sometimes unrealistic.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

Quality monitoring helped drive improvement and ensured people were satisfied with the service and support they received.

Cloverdale 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.

The inspection took place on 17 April 2015 and was unannounced. The inspection team consisted of an 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. The expert by experience had experience of caring for a person with a learning disability.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people, two relatives, one senior support workers, two support workers, the deputy manager and the acting manager. Throughout the day, we observed care practice, including the administration of medicines as well as general interactions between the people and staff. As part of the inspection process, we also spoke with two contracts officers from the local authority contracts and commissioning team.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily progress notes. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

The service was last inspected on 16 October 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

There was sufficient staff on duty with the necessary awareness and skills to keep people safe. People who were able to communicate verbally with us said they felt safe and staff treated them with kindness. People and relatives spoke positively about the service and considered it to be a safe environment. When we asked one person if they felt safe at Cloverdale House, they told us "Yes, I like it here." Despite some people's limited mobility and verbal communication we saw they were generally relaxed with each other, happy and responsive with staff and comfortable in their surroundings.

We looked at the care plans, including risk assessments, for three people and saw that where specific risks had been identified; appropriate management strategies had been put in place to help keep people, staff and visitors safe. Some people had been identified as occasionally expressing behaviour that may challenge others. For these individuals we saw guidance for staff contained in their care plans which carefully detailed procedures to be followed in response to certain behaviours. The manager explained that this helped ensure people were kept safe as staff dealt with such challenging situations in a structured and consistent manner. They told us that responses were 'tailored' to the individual as one anxious person may just want to be left alone while someone else might prefer to spend time in the garden or go out for a walk.

We saw an example of this during our inspection when we observed one person who became visibly upset in a communal living area, where there were three other residents. A member of staff noticed signs of escalating tension and anxiety in the resident and asked other staff members to vacate the living area and take the other residents away. This then escalated into a potentially challenging situation when the upset resident ran off shouting loudly and clearly agitated. The member of staff sensitively reassured and calmed the individual down. They were given space and patiently supported while the other residents were encouraged to come back into the living room.

There was enough staff to meet people's care and support needs in a safe and consistent manner. On the day of our inspection, in addition to the manager, there was the deputy manager on duty, along with a senior support worker and four support workers, one of whom was an agency worker. The manager told us that staffing numbers were closely monitored and were flexible to reflect people's assessed dependency levels and changing needs. This was supported by duty rotas that we were shown. We saw staff had time to support people in a calm unhurried manner. One member of staff told us "Staffing levels are good here so people can go out whenever they want." Another support worker confirmed that staffing levels were increased when necessary to enable people to be appropriately supported with their chosen activities, including out in the community.

The provider operated a safe and robust recruitment procedure and we spent time looking at three staff files, including recruitment records. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. All staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers ensure that people they select are suitable to work with vulnerable people who use care and support services.

People were protected from avoidable harm as the provider had comprehensive safeguarding policies and procedures in place, including whistleblowing. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training, they had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

Care and support plans contained personal and environmental risk assessments, which were regularly reviewed. The manager explained that assessments were carried out to identify and minimise a range of risks for the individual, whilst encouraging and promoting their independence. We noted that assessments and actions that needed to be taken to manage these risks were closely

Good

Is the service safe?

monitored and updated on a regular basis. This ensured that people's care and support reflected relevant research and Department of Health guidance and that risks to people's wellbeing were assessed and managed safely.

We looked at the provider's policies and procedures for the storage, administration and disposal of medicines and relevant staff training records. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show when people had received 'when required' medicines. The deputy manager confirmed that people had annual medication reviews. These were carried out in consultation with the local GP and ensured people's prescribed medicines were appropriate for their current condition.

Requires improvement

Is the service effective?

Our findings

The service supported people with a wide range of diverse medical conditions and often complex care and support needs. The diagnosed conditions included mild to severe learning disabilities, autism, Downs syndrome, physical conditions including alternating hemiplegia, registered blindness and mental health issues, including anxiety and depression

There was a high turnover of mangers and staff and a lack of appropriate and specific staff training which resulted in some inconsistency in the level of individual support provided. People's personalities were not always compatible and they often expressed behaviour which challenged others.

We received widely contrasting comments regarding the effectiveness of the service and the level of care and support their relative received. One relative felt that staff were inexperienced, untrained and had "little or no knowledge" of their daughter's condition and were therefore unable to support them effectively. They also commented on the high turnover of staff. They told us "There are new faces over and over... and my daughter doesn't like change. The last time I saw a care plan was over two years ago and I have never been invited to contribute to a care plan... no, my views are not listened to."

However another relative considered Cloverdale House was providing an effective service and staff understood the needs of their relative. They said they attended annual reviews and were always sent a copy of the report. They felt their communication with staff was good and views were listened to and had been included in the care plan. They told us "My views are listened to and they have put them in her care plan." They also said "The activities they provide there are appropriate. She also goes to a centre but doesn't do much... she just likes watching. Her room is always clean and tidy."

Concerns about the diversity of the resident group at Cloverdale House, and the ability of the staff team to effectively support people at the service, was also discussed at a multidisciplinary 'Providers of Concern' meeting. One outcome stated 'It is the view of the CLDT (Community learning disability team) that the diversity of need within the unit is not compatible for one service'.

Other issues of concern related to poor communication amongst the staff team, lack of appropriate staff training, skills and knowledge. It was also noted that there were inconsistencies in the approach of different members of staff.

Care and treatment needs of people must be assessed or met by staff with the required levels of skills and knowledge. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area of practice that requires improvement.

We saw on the updated training plan that although staff had received all essential training, there were many gaps in the specific training provided. This included training on dysphagia, recommended by SALT, which only one member of staff had received in February 2013. Makaton training, that had been recommended by OT, to improve communication with people who were unable to speak, was not recorded on the plan. Staff confirmed they had not received training on either of these topics. We also saw that in the case of 13 members of staff who had been appointed within the last 12 months, only three had received training on epilepsy, five on autism and seven on challenging behaviour and MCA and DoLS.

Care plans were disorganised and poorly maintained, which resulted in information often being difficult to access and not always accurate or up to date. We saw three care and support plans, including needs assessments, a health action plan, emergency protocols and evidence of reviews. In each of the plans, there were comprehensive personal and environmental risk assessments. We also saw behaviour support guidelines for staff, which included areas of personal care needs and specific help and support required. The manager told us this helped to ensure the planning and delivery of care met individual needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the manager. They told us that where appropriate, applications for DoLS had been submitted. We saw that a DoLS authorisation was already in place for one person.

Although not all staff had received training on the MCA and DoLS, the majority of those members of staff we spoke with had an understanding of the importance of acting in a

Requires improvement

Is the service effective?

person's best interests. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

A varied rolling week menu plan was in place that reflected people's individual preferences. Staff were aware of the importance of good hydration and during the inspection we observed people had access to a range of hot and cold drinks. We saw good natured interaction in the kitchen and people being very clear with staff about their preferences regarding the food and drink they wanted. We also observed people being encouraged and supported by staff to prepare their own lunchtime meals.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the kindness and caring approach of the staff. Staff routinely involved people in their individual care planning and treated them with compassion, kindness, dignity and respect. One relative described the care provided at Cloverdale House as "Good." They were happy with the key-worker supporting their daughter and told us "She understands my daughter's needs." They felt the service supported home visits well and described how their daughter "always runs into the home in a happy mood when she is taken back."

We observed positive and respectful interaction between people and members of staff and saw people were relaxed with staff and happy and confident to approach them for support. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff speak with and respond to people in a calm, sensitive and respectful manner.

Although because of the high turnover of staff we did not see many examples of positive caring relationships that had developed with people. However one member of staff described their role as a key worker and the importance of "really getting to know a person" and regularly spending "some quiet time" with them, usually in their room. They told us during this time, they discussed with the person their daily activities, checked their bedroom, toiletries and clothing. They liaised with families, where appropriate, and advocated on their behalf. They would also monitor their support plan and risk assessments, arrange any appointments and update their health action plan, as necessary.

The manager told us the service promoted independence. Staff encouraged and supported people to do as much as possible for themselves. We also saw from the minutes of meetings that people's individual activities and dietary requirements were discussed and monitored at team meetings. We saw that people were encouraged and supported to do their own laundry. However when it came to individuals with higher levels of learning disability, a member of staff told us "They don't always want to engage." They went on to try and explain this lack of communication with one particular person by saying "She likes living in her own little world - that's how she is." Lack of engagement is a common feature in autism and this was an example of where the lack of awareness and understanding of the condition prevented staff from supporting people more effectively.

People told us that staff were caring and respected their privacy and dignity. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. During the inspection, we observed staff speaking respectfully with people calling them by their preferred names, patiently waiting for and listening to the response and checking that the person had heard and understood what they were saying. We also saw staff knocking on people's doors and waiting before entering.

People had their own rooms, all with en-suite facilities, and could be private when they wanted to be and everyone was encouraged to respect each other's personal space. People were treated as individuals and personal care support was managed discreetly. A member of staff told us that, as far as practicable, people were encouraged and supported to make decisions and choices about all aspects of daily living and these choices were respected.

Good

Is the service responsive?

Our findings

Key workers worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. People told us about the things that interested them and the activities they liked to spend time doing. They said they spent time with their key worker who asked them about the things they wanted to do and helped plan activities with them. They said if anything made them unhappy they would speak with staff.

People's care and support plans were personalised to reflect their identified wishes, preferences, goals and what was important to them. Plans contained details of people's interests and preferences as well as individual programmes of personalised activities, together with staff support guidelines, both inside and out in the community. Behavioural support plans identified key triggers and how to reduce them, taking into account people's history, preferences and personalities. In addition to monthly updates, annual reviews were held, often involving social workers and representatives from the local community learning disability team. We saw reviews and updates were signed by staff and by relatives or representatives when applicable.

People had been able to decide on colour schemes and had personalised their own bedrooms, with staff support, as necessary. All the bedrooms were personalised; each one was decorated differently to the others, reflecting individual choice and preference. One person had a particular interest and this too was reflected in the pictures, posters and general décor of their room. Staff told us people were actively involved in making decisions about how they wanted both their bedroom and the communal spaces decorated.

We saw several examples of how the service has listened and responded to people's individual needs and choices. One person had a 10 day 'activity' planner which they completed with the support of their key worker and which included their individual choices of what they were interested in doing and where they wanted to go. Another person had complained about feeling uncomfortable in their room during the summer, as they "struggled with the heat." As a result an air conditioning device was installed in the room and they are now "very happy." We also spoke with one person who was being supported by staff to find a job in the community and was clearly very pleased about this. They also confirmed they had been directly involved in developing their weekly activity programme and were happy with what they were doing.

The manager would like to increase the activities taking place in the home so that people could spend more meaningful time with each other and hopefully "reduce tensions." An art club has recently been introduced on a Tuesday, with a different subject such as painting picture frames each week. There was an interactive activity and food menu in the dining room about activities that was in written and pictorial format. A member of staff explained that people could choose the activity or food that they preferred. The manager is also hoping to create an allotment in the garden, to encourage and enable people who are interested to grow their own vegetables. They would also learn about healthy eating and nutrition by being supported to prepare and cook their own vegetables. There was a fully equipped sensory room in the summer house, which was decorated with murals and artwork by people with "help and encouragement" from staff. There was also a computer in the sensory room that can be used by staff and residents. The sensory room, which also incorporated a computer for general use was also used for private meetings or as a useful 'chill out' space, should someone become agitated.

The manager acknowledged that there was currently a "very broad range" of conditions and individual needs. They said that while their priority was meeting each person's assessed needs in a safe and structured way, the diverse "client group" and a largely inexperienced staff team brought "many challenges."

Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had had their care plan reviewed and that care worker had received further support and supervision. Staff told us they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Requires improvement

Is the service well-led?

Our findings

Although there was no registered manager in post on the day of the inspection, an acting manager, who was experienced and knowledgeable in the care of people with learning disabilities, had been appointed in December 2014. They confirmed that their application to register with CQC was currently being processed. The previous manager went off on maternity leave in October 2014, and cover was provided by a registered manager from a sister service, within the group. In January 2015, the deputy manager was appointed acting manager, with regular support provided by the locality manager.

People and their relatives spoke positively about the manager and felt that "things have improved here" since they started. They confirmed they were asked for their views about the service and said they felt "well informed." Staff had confidence in the way the service was managed and described the manager as "approachable" and "very supportive." We observed the manager engaging in a relaxed and friendly manner with people, who were clearly comfortable and open with him.

We discussed the culture and ethos of the service with the manager, who told us "We are here for the residents, it's as simple as that and hopefully everyone understands that and will tell you the same. Staff here have good listening skills and we all support each other. I have an open door policy and anyone is able discuss anything with me at any time."

Staff also spoke to us about the open culture within the service and said they would have no hesitation in reporting any concerns they had. They were also confident that they would be listened to and any concerns acted upon, in line with the provider's policy. The manager confirmed that whistle blowers were viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice.

Staff were aware of their responsibilities to the people they supported. One member of staff told us "I love it here and enjoy supporting people and helping them to, hopefully, enjoy their life more." Another member of staff told us "Things are better than they were." They said they were encouraged to question practice and "think for yourself" and they felt confident in the manager and the support they received. "He's brilliant."

The manager told us they had recently completed an advanced diploma course in counselling and psychotherapy, a large part of which focussed on person centred care and support. They spoke enthusiastically about the importance of personalised services for people and told us they were introducing new ideas and sharing their skills and knowledge with the support staff.

The manager had recently introduced 'professional discussions' as a meeting with staff before having to go down the formal disciplinary procedure. This was intended to be an informal meeting that would be recorded and put in their personal staff file. It gave a chance for any concerns or shortfalls to be discussed without formal procedures. The manager said they found that this had worked well, in the case of some bank staff who had been missing training courses. Following such discussions, the issue was resolved within a week.

The manager notified the Care Quality Commission of significant events, as they are legally required to do. They promoted a good relationship with stakeholders. For example, the manager took part in safeguarding meetings with the local authority to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare.

There were systems in place to record and monitor accidents and incidents. We saw copies of the 'incident and accident form, which incorporated the ABC template (Antecedent, Behaviour and Consequence) The manager stressed the importance of learning lessons from such incidents and described the 'serious incident debrief' that was held in the service following any major or traumatic incident. They told us this meeting had been introduced to enable staff to calmly discuss what had taken place, to "deconstruct" the incident to establish exactly what had happened and how it could possibly have been handled differently.

Staff spoke of the benefits of this type of debrief and said they felt it had been very reassuring and had also sometimes identified 'triggers' that led to changes in people's support plans and management strategies.

There was a system of quality assurance to monitor the overall quality of the service and identify the needs for improvement. The manager told us they were responsible for undertaking regular audits throughout the service. Records showed such audits included health and safety,

Requires improvement

Is the service well-led?

which incorporated fire safety, electrical checks and updating environmental risk assessments. Other audits included medication and care plan reviews. Where shortfalls had been identified, actions were put in place including agreed timescales, ensuring any necessary improvements could be monitored effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.** **The registered person had not ensured that the care and treatment needs of people were always assessed or met by staff with the required levels of skills and knowledge. Regulation 9(3) (a).**