

Clover Residents Limited

Clover Residents - 63 Kingsley Road

Inspection report

63 Kingsley Road
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Middlesex
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Tel: 02084224277

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 February 2017 and was unannounced.

The last inspection took place on 22 January 2015 where we found no breaches of Regulation and rated the service as "Good".

Clover Residents – 63 Kingsley Road is a care home registered for up to three people. At the time of the inspection two people were living at the home who had learning disabilities. The service was managed by Clover Residents Limited, a private organisation who ran two other care homes in London.

The registered manager left the organisation in August 2016. There was a new manager in post at the time of the inspection. She provided us with evidence to confirm that she was awaiting the results of her criminal check before making an application to register with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

We found that there were aspects of the care provided that were not safe. The arrangements for ensuring that people living at the home and staff were kept safe in event of a fire were not adequate. The home had failed to carry out fire drills and regular fire alarm checks. We found a breach of Regulation in respect of this.

During the inspection we looked at the arrangements for medicines. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. However we found that medicines were not always stored at the appropriate temperature and that some of the MARs we looked at had not been completed with all necessary information. We found a breach of Regulation in respect of this and reported this to the manager who said immediate action would be taken to improve the proper and safe management of medicines.

During the inspection we observed that care staff did not appear rushed and were able to complete their tasks. Care staff we spoke with told us there were enough staff. However we noted that there were occasions where care staff worked long hours and discussed this with the manager who advised that she would carry out a risk assessment to ensure that care staff were fit to safely care for people and meet their needs.

Risk assessments had been carried out which detailed potential risks to people and how to protect people from harm. People's care needs and potential risks to them were assessed.

People's care plans lacked information about what support people wanted and how they wanted the home to provide the support for them with various aspects of their daily life. We found that care plans contained limited information about the healthcare needs of people. We found a breach of Regulation in respect of this.

Staff spoke positively about their experiences working at the home. They said they felt supported by management within the home and said that they worked well as a team. However, we noted that there were gaps in staff training. For example, there was no evidence that staff had received basic life support and food safety training. Staff also required refresher training in various areas which included safeguarding and medicines administration training. There was a lack of evidence to confirm that all staff had received an appraisal since the last inspection.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that where people were potentially being deprived of their liberties, the home had taken the necessary action to ensure that these were authorised appropriately.

The arrangements for the provision of meals were satisfactory. We saw that there was a weekly menu. Staff confirmed that they asked people what they wanted to eat and then prepared meals based on this. We looked at the menu for the week of the inspection and noted that there was a variety of meals available. On the day of the inspection we observed one person prepare their lunch with the support of a member of staff.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted with people, showing them patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. They spent some of their time in the communal lounge and some time in their bedroom.

People who lived at the home told us that they would like to go out more during the day. There was a formal activities timetable, however we observed that it did not correctly reflect what activities were available on the day of the inspection. We spoke with the manager about this and she explained that there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. We saw evidence that people went to a day centre twice a week and also went out with staff. On the day of the inspection, we observed that people spent the morning watching television in the lounge and in the afternoon one person was doing a puzzle with the support of a member of staff and another person was knitting. We spoke with the manager about the feedback received from people who lived at the home and she explained that they were looking to introduce new activities within the home. We made a recommendation in respect of this.

We noted that there was a lack documented evidence to confirm that regular audits were carried out by the provider. We saw no documented evidence of recent health and safety checks in respect of the premises, housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals. We found a breach of Regulation in respect of this.

We found four breaches 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 the full version of the report.

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 home was not always safe. The arrangements for ensuring that people living at the home and staff were kept safe in event of a fire were not adequate.

Medicines were not always managed appropriately. We found that medicines were not always stored at the appropriate temperature and that some of the MARs had not been completed with all necessary information.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Requires Improvement ●

Is the service effective?

The service was not always effective. There were gaps in staff training and areas where refresher training was due. Staff had not received an appraisal in the last year.

People were provided with choices of food and drink. People's nutrition was monitored.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by kind, caring and polite staff.

People's privacy and dignity were respected.

Good ●

Is the service responsive?

The service was not always responsive. There was a lack of activities available in the home to ensure people were provided with mentally stimulating activities.

The home had a complaints policy in place and there were

Requires Improvement ●

procedures for receiving, handling and responding to comments and complaints.

Care plans lacked information about people's healthcare needs.

Is the service well-led?

The service was not always well led. There was a lack documented evidence to confirm that regular audits were carried out by the provider. We saw no documented evidence of recent health and safety checks in respect of the premises, housekeeping, infection control policies and procedures and staff training, supervisions and appraisals.

The home had a management structure in place with a team of care staff, senior care staff and the manager. Staff told us that they felt supported by management within the home and felt able to have open and transparent discussions.

Requires Improvement 

Clover Residents - 63 Kingsley Road

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 checked whether the provider was 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 2 February 2017 and was unannounced.

The inspection visit was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

During the inspection we met and spoke with two people who lived there. Whilst they were able to communicate with us, this was limited. We therefore observed how they were cared for and supported by care staff. We spoke with the manager and three other members of staff. Following the inspection we spoke with one relative and one care professional who had recently visited the home.

At the visit we looked at the care plans and records for two people, records of staff recruitment for two members of staff, support and training for four members of staff, records of complaints, accidents, incidents and other records the provider used for monitoring and managing the service. We also looked at the environment and how medicines were managed and stored.

Is the service safe?

Our findings

We asked people who used the service if they felt safe in the home and around staff. One person said, "I feel safe here." Another person nodded when asked this and told us, "It is nice". One relative told us that they did not have concerns about whether their relative was safe in the home and around staff. One care professional told us that people were currently safe in the home.

During the inspection we found that there were aspects of the care provided that were not safe. The arrangements for ensuring that people living at the home and staff were kept safe in the event of a fire were not adequate. During the inspection we found the service were unable to provide us evidence that they had carried out regular fire alarm tests and fire drill checks. We spoke with the manager who confirmed that since August 2016, the service had not carried out a fire alarm test or fire drill.

This was a breach of Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the manager and she informed us that the home would immediately commence fire alarm tests and fire drill checks. There were personal emergency evacuation plans for people who lived in the home which detailed how care staff needed to support them in event of a fire. The manager explained that an independent fire organisation had carried out a visit and inspected the fire alarm. We were provided with evidence which confirmed that this took place on 30 September 2016.

People received their medicines as prescribed. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. The home had a medicines storage facility in place. The facility was kept locked and was secure. However, on the day of the inspection we observed that the area where the cabinet was situated was warm and the thermometer stated that medicines cabinet temperature was 25.5 degrees Celsius. We looked at the medication cabinet temperature records for January 2017 and noted that there were occasions where the temperature was between 25 and 27 degrees Celsius. High temperatures could affect the potency of medicines. We discussed this with the manager who confirmed that they would move the cabinet to a cooler place in the home.

We looked at a sample of medicine administration records (MARs) and noted that there were no unexplained gaps and saw evidence that care staff counted and checked medicine stocks at each changeover of staff. However, we noted that important information at the top of MARs was not consistently completed. For example, two MARs we looked at did not clearly state the month and year that the MAR related to. It was therefore not clear which month it related to. We discussed this with the manager and she confirmed that it related to January to February 2017 but acknowledged that such information should be clearly detailed on MARs.

The above is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines should be stored at the appropriate temperature and MARs completed with all necessary information. We reported our finding to the manager who said immediate action would be taken

to improve the proper and safe management of medicines.

On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks. There was consistency in terms of care staff so that people who lived in the home were familiar with them and care staff familiar with each individual's needs. We looked at the staff duty rota between 9 January 2017 and 5 February 2017. We noted that during the day there were two or three members of care staff on duty with the manager who moved between the three Clover Residents Ltd homes. The manager manages all three care homes.

During the night shift, the rota showed there was one sleep-in staff on duty. The rota indicated that on some days, some care staff worked long hours. For example, one member of staff worked from 8am until 10pm twice a week. We discussed this with the manager and she explained that care staff requested these hours. She explained that care staff were required to take 15 minute breaks and an hour lunch break during the day and we saw this was detailed on the duty rota. Following the inspection, we discussed the length of the shifts with the manager. She explained that she was working to change the culture of the home and reduce the number of hours care staff worked. She confirmed that she would carry out a risk assessment to ensure that care staff were fit to safely care for people and meet their needs. Care staff we spoke did not raise concerns with us in respect of the hours they worked.

Records demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, personal care and behaviour that challenges. These included preventative actions that needed to be taken to minimise risks as well as measures for care staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the (CQC). The home had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were appropriate arrangements in place for managing people's finances which were monitored by the manager. We saw people had the appropriate support in place where it was needed.

The staff recruitment records we looked at showed that the provider had made the necessary checks on staff suitability to work with vulnerable people. For example, they had asked the staff to complete an application form with their employment history, they had carried out checks on their criminal records, they had received references from previous employers and they had checked their identity and eligibility to work in the United Kingdom.

Is the service effective?

Our findings

People who used the service spoke positively about the home. One person said, "I am happy here. Everything is ok." Another person told us, "Staff are nice." One relative told us, "They look after [my relative] fine. [My relative] never complains. [My relative] is happy."

During the inspection, we asked the manager for details of what training staff had completed. The provider was unable to provide us with confirmation detailing what training each member of staff had undertaken. Following the inspection, the provider sent us details of training staff had received. We noted that staff had received training in safeguarding, infection control and medicine administration in 2014 and 2015. However, we observed there were gaps in training and there were areas where refresher training was required. For example, care staff had not received training in basic life support and food safety. Staff required refresher training in safeguarding, health and safety, medication administration, the Mental Capacity Act 2005 and Deprivation of Liberties safeguards. There was a lack of certificates to confirm what training staff had completed.

We saw evidence that supervision sessions had taken place and care staff we spoke with confirmed this. However, there was no documented evidence to confirm that care staff had received an annual appraisal about their individual performance. Staff therefore had not had an opportunity to review their personal development and progress. We spoke with the manager who confirmed that she had not yet carried out appraisals for staff since she had taken up post at the home but confirmed that all care staff would receive an appraisal in 2017.

We did not see evidence that staff were supported to fulfil their roles and responsibilities through training and appraisals. This is a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us that they felt supported by their colleagues and management. They told us that there had been a change in management at the home in August 2016 and said that the new manager was supportive. One member of staff told us, "The manager fits in well. She is good, excellent and helpful." Another member of staff said, "The manager is very helpful. She is down to earth and approachable. She works with us and helps us."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We noted that there was a MCA policy. There was some information about people's overall capacity. However, capacity to make specific decisions was not recorded in people's care plans and there was a lack of information about consideration of specific decisions they needed to make. There was a lack of best

interest meetings to ensure decisions made were in people's best interest. We discussed this with the manager and she confirmed that care plans would be updated to include such information.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) for all people. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The manager confirmed that they had made a DoLS application people living in the home.

The arrangements for the provision of meals were satisfactory. We saw that there was a weekly menu. However, the manager explained that there was flexibility in relation to the weekly meal menu and often people decided when and what they wanted to eat on the day itself. Staff confirmed that they asked people what they wanted to eat and then prepared meals based on this. We looked at the menu for the week of the inspection and noted that there was a variety of meals available. On the day of the inspection we observed one person prepare their lunch with the support of a member of staff. When asked how the food in the home was, one person told us, "The food is nice." Another person said, "The food is fine. I get different food."

At the time of the inspection, the kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date. People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, "Staff are nice and kind." Another person said, "It is my home." One relative told us, "I am satisfied with the care." One care professional told us, "There is a caring staff team who are trying to get it right."

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted with people, showing them patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. They spent some of their time in the communal lounge and some time in their bedroom.

Staff we spoke with were knowledgeable about people's likes, dislikes and preferences. Care plans included information about people's interests and their background and staff used this information to ensure that equality and diversity was promoted and people's individual needs met. People who observed specific religious practices were supported to do this. One member of staff explained that one person liked to visit the church and they supported this person to do this. We also observed that another person did not eat pork or beef for religious reasons and the home supported this person in respect of this.

Staff had an understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes.

Bedrooms were for single occupancy and had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People's care plans contained some information about them and their health needs. However, we found that this information was limited. Care plans lacked information about what support people wanted and how they wanted the home to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. We found that care plans contained limited information about the healthcare needs of people. One person had complex healthcare needs and we found that there was limited information in their care plan in respect of their healthcare needs and how to support them in respect of this.

This was a breach of Regulation 9(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager explained that since she had started working at the home she had introduced new format care plans for people which focused on providing person centred care. We observed that the home had implemented a "behavioural plan" for people in the home. This included some information for staff on how to support people with various aspects of people's care as well as details of ways to encourage people and improve communication and relationships with people.

The manager also explained that they had introduced daily log books for people in December 2016. These included information about personal care, meal intake, finances, daily living skills, behaviour and medication. The manager explained that the purposes of the daily log books were to enable staff to monitor people's progress and identify any changes immediately. We noted that these had been completed consistently since they had been implemented in December 2016.

People who lived at the home told us that they would like to go out more during the day and would like to do more activities in the home. One person said, "I would like to go out more often. There is not much to do at home." There was a formal activities timetable, however we observed that it did not correctly reflect what activities were available on the day of the inspection. We spoke with the manager about this and she explained that there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. We saw evidence that people went to a day centre twice a week and also went out with staff. On the day of the inspection, we observed that people spent the morning watching television in the lounge and there was a lack of activities for them to participate in. In the afternoon one person was doing a puzzle with the support of a member of staff and another person was knitting. We spoke with the manager about the feedback received from people who lived at the home and she explained that they were looking to introduce new activities within the home.

We recommend that the provider reviews the provision of activities at the home to ensure people are provided with mentally stimulating activities.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the local

authority, CQC and the Local Government Ombudsman. The manager confirmed that the home had not received any formal complaints since she had taken up her position. However, we noted that a number of safeguarding notifications had been received by the local safeguarding team and the home had had co-operated with the investigations carried out.

When speaking with care staff, they said they were confident to approach the manager. Staff felt matters would be taken seriously and the manager would seek to resolve the matter quickly. People told us that they felt comfortable raising issues with staff and management. One relative told us, "Staff listen. The new manager is really nice. I can talk to her if I have any questions. She is polite." Care staff told us that that if they had any concerns or queries, they did not hesitate to speak with the manager.

The manager explained that since she started working at the home, satisfaction questionnaires had not been carried out. However, she explained due to the small size of the home, she carried out quarterly review meetings with people who lived at the home looking at various areas such as general health, health appointments, medication, personal care, activities, religion/culture and finance. These enabled her to ensure she obtained feedback from people who lived in the home.

Is the service well-led?

Our findings

People who used the service and one relative we spoke with did not raise concerns about the management at the home. One relative told us that they found management at the home approachable and felt comfortable raising queries with them. One care professional we spoke with told us, "The manager has good intentions and is enthusiastic. The manager is focused and wants to get it right."

The home had a quality assurance policy which provided information on how the service monitored the quality of care it provided. However, we found that the home was not consistently monitoring the quality of care it provided through regular audits and checks. We found that the home did not have a medicines audit in place and had failed to identify the concerns we raised during the inspection in respect of MARs and temperature checks. There was also no documented evidence to confirm that regular checks in respect of housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals were carried out. The home had also failed to identify their failings in respect of fire drills and fire alarm tests. It was not evident how the provider was monitoring its service in order to better demonstrate how the service was ensuring that people were protected against the risk of unsafe or inappropriate care.

We noted that the home carried out a monthly health and safety check, however we found this check lacked information of what action had been taken to resolve issues raised as part of the checks.

The above is a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was not evident how the provider is monitoring its service to demonstrate how the service is ensuring that people are protected against the risk of unsafe or inappropriate care.

There was a management structure in place with a team of care staff, a senior care staff and the manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and there was an open and transparent culture. They said that they did not hesitate about bringing any concerns to the manager.

Care staff told us that they were kept informed of changes occurring within the home through staff meetings. They told us they received up to date information and had an opportunity to share good practice and any concerns they had at staff meetings. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily with the manager and colleagues.

The home had a system for recording accidents and incidents and learning from these to prevent them reoccurring.

The new manager had made an application for their criminal records check and showed us evidence of this. She explained that she was waiting for this to be completed before then being able to apply to be registered with the Care Quality Commission (CQC). The previous registered manager left the organisation in August 2016 and cancelled their registration with CQC in October 2016. The service is required to have a registered

manager in post.

We looked at the home's policies and procedures and noted that the majority of these were in need of updating and had not recently been reviewed. We spoke with the manager about this and she advised that she would review the policies and procedures and update these where necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 Care plans lacked information about support people required and contained limited information about the healthcare needs of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment was provided in a safe way to service users because they had not: - ensured the premises was safe to use for their intended purpose and in a safe way Reg 12 (2) (d) - ensured the safe and proper management of medicines Reg 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of documented evidence to confirm that effective systems were in place to monitor and improve the quality of the service specifically audits. Reg 17(2)(a)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There was a lack of evidence that staff were supported to fulfil their roles and responsibilities through regular training and appraisals. Reg 18(2)(a)