

M L George

Clovelly House

Inspection report

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22 May 2023
25 May 2023
27 September 2023

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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 ●

Summary of findings

Overall summary

About the service

Clovelly House is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The care home can accommodate up to 21 people, some of whom live with dementia.

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

Systems to monitor how well the service was running were updated and made more effective during our inspection. The registered manager needs to continue to review the systems they have in place to ensure they are effective.

The provider had some systems in place to manage risks and keep people safe from avoidable harm. We have made a recommendation that the provider keep updated with risk management requirements.

Staff followed good practice guidance to prevent the spread of infection.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People were involved in making decisions on the care they wanted.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at Clovelly House. Staff were given incentives to do their job well and keep their training requirements up to date.

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

Complaints and concerns were followed up to make sure action was taken to rectify the issue.

The manager was passionate about giving people a high-quality person-centred service. They ensured that people were afforded opportunities to have a presence in their local community and experience new and different activities.

The registered manager was receptive to areas of concern we found during the first two days of our inspection. They acted immediately to rectify these issues.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning

disability.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received about the safety of people living at the service. A decision was made for us to inspect and examine this risk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 January 2021).

The provider completed an action plan after the last comprehensive inspection to show what they would do and by when to improve.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clovelly House on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation that the provider consider the different guidance available regarding risk management in their service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Clovelly House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team was made up of 3 inspectors

Service and service type

Clovelly House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the service on 22 May 2023, 25 May 2023, and 27 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We reviewed care plans, medicine administration records and associated records for 6 people. We also reviewed service documents including governance audits, recruitment files, training records, supervisions, and minutes of meetings. We spoke with 1 person who used the service and 1 relative about their experience of the care provided. We spoke with 8 members of staff including the registered manager, nominated individual, head of care, senior care workers, care workers and administrative staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with a health care professional and sought advice from the local fire safety team.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Environmental risks had not always been identified and managed appropriately. For example, we found that windows did not have window restrictors and therefore did not conform to HSE (Health, Safety and Executive) standards. We raised this with the nominated individual on our first site visit. They ensured that before we left site the windows had been made safe with temporary measures. Before the end of our inspection all windows had been modified to ensure that they had the necessary safety mechanism in place.

We recommend the provider consider current guidance from the HSE website 'Health and safety in care homes' in understanding potential risks and how to manage them effectively.

- On our first visit to the service we found that the kitchen required further cleaning around the oven. We raised this with the registered manager, who immediately arranged for a deep clean to take place. Before our final inspection visit, the service was also inspected by the environmental health officer, who awarded the service a 5-star rating, which is the highest rating a service can be given.
- Risks to people were assessed before they moved into Clovelly House. Plans were put in place to manage and mitigate risks. The head of care completed a training course during our inspection to ensure that they had the knowledge and skill to complete care plans effectively.
- Risk management plans identified the risks posed and provided guidance for staff. Risks identified for people included falls, skin integrity, eating and drinking and risks associated with different behaviours.
- Measures in place to mitigate risks had not always been followed. For example, we reviewed a risk assessment of someone who was identified as needing to be weighed weekly. This had not been consistently completed. By the end of our inspection, we could see evidence that this was being done and a system in place to support more effective monitoring.
- The improvements which the provider had made to the service in the time between our first two visits and last visit gave us enough assurance that the service was safe.

Systems and processes to safeguard people from the risk of abuse

- Records showed that the manager had reported most potential safeguarding concerns to the relevant local authority and CQC in a timely way. There were however incidents which had occurred between service users that had not always been reported to us. The registered manager understood that this had been an oversight. Before the completion of our inspection, we saw the registered manager following the correct process and reporting all incidents to us appropriately.
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.

- A relative we spoke with felt that their family member was safe living at Clovelly House. They said, "[Relative] is safe here. They weren't safe at all before. The staff are very vigilante, always call with concerns."

Staffing and recruitment

- Staff we spoke with gave us mixed feedback regarding staff numbers on site. Staff told us that it changed depending on the needs of people at the service. We did not see anything which concerned us regarding low staffing numbers.
- The provider had put surveillance cameras in certain areas of the building as a measure to keep people safe. They explained that the areas had been chosen because at busy times of the day these areas may not have staff in them, however staff in the office can oversee these areas at those times.
- Safe recruitment practices were followed. Pre-employment checks were carried out before staff started work. Staff told us that they had not been able to start work until their employment checks had been completed.

Using medicines safely

- Medicine audits had not identified gaps in the administration of medicines, creams and ointments. We reviewed a medicine audit and found that although it had been completed accurately, there was no question within the audit which would identify that medicines had not been signed for. Before the end of our inspection the registered manager updated the medicine audit which included a specific check that would identify missed medicines.
- The registered manager implemented further assurances to mitigate the risk of missed medicines not being accounted for. This included both oral medicine and creams and ointments. Senior staff completed a visual check of both medicines and records during each handover and signed to confirm that all medicines had been signed for as being administered.
- We saw that the improvements the registered manager made to the medicine audit and recording systems to mitigate the risk of people not receiving their medicines had been effective. In the four months between our site visits, the changes implemented had been embedded, and we saw evidence that staff were following the new protocols in place.
- Medicines were stored securely in a locked room. The room was clean and clear from any unnecessary clutter. Temperatures of the room and the medicines fridge were recorded to ensure that medicines were kept at the correct temperature.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the care home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents involving people using the service or staff were managed effectively.□
- Outcomes from lessons learnt were shared with the team during team meetings, 1.1 meetings or appraisals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff and the registered manager knew the people living at Clovelly House very well. People had care plans in place and the service had promoted a senior member of staff to be the head of care. As part of this role, the head of care was responsible for reviewing and updating people's care plans.
- People's care plans contained a lot of information but we found that some information was no longer relevant to people. This was addressed with both the registered manager and head of care during the inspection process. In response to this, the registered manager is implementing an audit process to ensure that people's care plans are reviewed regularly, and information updated.
- The head of care was new to the role, and during the inspection process completed specific training which will support them to complete care plans effectively.
- Where people's needs changed, staff reassessed their needs and referred people to appropriate external professionals.

Staff support: induction, training, skills and experience

- On our first visit to the service we identified a number of gaps in staff members' training records. This included the registered manager. We raised our concerns and the registered manager actioned this urgently. Staff who had not undertaken training were taken off shift until necessary training was completed.
- The registered manager was able to provide us with enough evidence before the inspection process was complete, which assured us that all necessary training had been completed across the staff team.
- We reviewed daily records, which included documents detailing people's behaviour which presented as a concern to the service. The registered manager told us that training to support staff to manage such behaviours more effectively had not been provided. The registered manager identified training immediately after our visit and completed this first. Once satisfied it was appropriate and beneficial, they arranged for all staff to attend.

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

- People were supported to help maintain a balanced diet. Meals appeared appetising, and staff knew people's dietary requirements. People were offered a visual option of food at mealtimes, which assisted them to make informed choices.
- People were provided with fortified meals and drinks where they were assessed as requiring additional nutritional support.

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

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, dietician, chiropodist, dentist as well as specialists relevant to the person's condition, such as the tissue viability nurses.
- The staff team advocated for people's health on their behalf. For example, we observed a positive difference in the overall health and presentation of one of the people living at the service between our first and last visits. We spoke with the registered manager who informed us that they had been liaising with the GP regarding a change in the person's medicine. They were able to feed back the changes that had occurred following a medicine being stopped and the effects it had had on the individual. As a result, the GP agreed with the staff team and reintroduced the medicine. The registered manager reported that this had improved the person's overall well-being.
- A person living at the service attends a hospital outpatient appointment for their condition. They are supported by their relative to attend this appointment. In preparation, and so that the medical professionals can understand how this person presents on a daily basis, the staff had prepared detailed feedback.

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

- Clovelly House is an old building, however, is adapted to meet the needs of the people living there. Corridors have handrails in place to ensure people can walk safely and as independently as possible. The home was decorated well and kept in keeping with the style of property.
- There was a large well-kept garden which was used regularly by the people living at the service and used to host events. People had personalised bird boxes and areas outside their windows and bedrooms designed to meet their needs and personal preferences.
- People had personal items available and were able to personalise their bedrooms to their taste.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- Appropriate deprivation of liberty applications had been made to the Court of Protection for authorisation where appropriate.
- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process.
- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- The staff team worked hard to do the best they could for the people who lived at Clovelly House. There was a warm, friendly atmosphere throughout the home and staff were kind, caring and respectful. We saw numerous friendly and caring interactions between people and staff.
- Staff showed they knew people well. They treated each person as an individual and provided person-centred care.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and daily lives. We observed this in interactions through the day, such as staff asking for permission before entering rooms and offering support and choices at mealtime.
- Staff we spoke with were knowledgeable about the people they supported and could tell us about the decisions and choices people had made. For example, some people chose to spend most of their time in their bedrooms, including mealtimes. Staff told us that they always offered and where appropriate would encourage people to join the communal areas, however respected the persons choice to decline.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence by encouraging them do as much as they could for themselves. We observed staff supporting people patiently, allowing people the time to stand and walk between rooms. Staff told us, "It's really important to [person] that they continue to walk as much as possible."
- During our inspection we saw that staff always knocked on people's doors before entering.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.

Is the service responsive?

Our findings

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

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

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

At our last comprehensive inspection the provider had failed to ensure that people received person centred care. They had failed to ensure that people's care plans were fully person-centred, contained people's preferences and were kept up to date. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation

- All staff we spoke with understood the importance of people being given choice to meet their needs. People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences.
- A relative we spoke with confirmed that staff knew people well and were responsive to people's individual needs and preferences, for example a relative told us, "They give [family member] a glass of sherry every day at 4pm".

End of life care and support

- The service supported people at the end of their lives and staff had received training in end-of-life care.
- Staff worked with people, their relatives, and external healthcare professionals to ensure people's needs and wishes were met.

Meeting people's communication needs

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

- Staff provided people with information in formats and ways that supported their individual communication needs. People had information regarding their individual communication needs in their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The service provided people with the opportunity to take part in a varied schedule of activities. During our inspection we saw two different activities taking place in-house, which were led by external professionals. People we saw taking part in the activities were visibly enjoying the experience and were laughing and singing along with staff.
- The provider showed us photographs of events which had happened throughout the last year. These included garden parties, trips to the seaside and visits from people and animals into the service. The registered manager was passionate about ensuring people were given different opportunities to take part in activities.
- The registered manager and staff ensured that the service had a positive community presence and had built a number of community links.

Improving care quality in response to complaints or concerns

- The management team had investigated and responded to complaints. This included information about any action they had taken to reduce the risk of recurrence.
- Staff followed the provider's complaints procedure which was available in the service.
- Relatives confirmed that they had been able to raise concerns with both the registered manager and nominated individual. A relative told us, "Every time I have spoken to them [management], they have listened and given an explanation."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Audits were undertaken to monitor the quality of the service provided. Some of the audits however had not been as robust as they could have been, and we found that as a result some shortfalls had not been identified. These included medicines being missed, and environmental risks not being identified.
- The registered manager was aware of their responsibility to notify the Local Authority and safeguarding team of notifiable incidents. They had however made an incorrect assumption that certain incidents did not meet the same criteria.
- Before the end of our inspection we spoke with staff and asked if there had been any notable differences in the service. We received mixed feedback: Some staff did not feel that any changes had been made, whereas other staff did. One member of staff said, "I know that CQC pointed out things we could do differently, and everyone took responsibility. Mostly about care records not being completed properly. Staff are now doing it better and it's being checked after."
- Before the end of our inspection the registered manager provided evidence that they had acted quickly on our feedback and rectified the shortfalls we identified. We are however aware that had these issues not been identified during the inspection process they may not have been rectified in a timely manner and the risks could have continued to be unmanaged.

We recommend the provider consider the guidance available on risk management from the Care Quality Commission, HSE and Skills for Care in order to ensure that all risks associated with providing care in a care home can be mitigated.

- Care plans contained a lot of information, but when new information had been added, not all information no longer relevant was removed. Due to staff knowing the needs of people so well this had not had any impact. However, we raised this concern with the registered manager during our inspection. The registered manager provided assurance that they were in the process of introducing a more robust care plan auditing system to rectify this.
- The nominated individual and registered manager had implemented different recognition schemes to support the staff team and improve both morale and outcomes. For example, if staff were identified as performing well they would receive a monetary recognition.

- Staff were also awarded an increase in their hourly pay on completion of their mandatory training. Staff had to ensure their training was up to date in order to remain 'compliant' and receive the additional pay.

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

- We reviewed a number of compliments from relatives regarding the quality of the service. We also spoke with a relative who told us, "It was a mighty relief [family member] got a place here. We visited 5 homes altogether. This place stood out."
- We asked a relative if they felt there was anything the service or staff could improve, and we were told, "Nothing, I think [family member] has just the right amount of involvement with privacy as well."
- Staff were passionate and enthusiastic about the care they delivered and the service. One member of staff said, "I choose to stay here. I just love the residents and staff are friendly – we find a way to make things fun. I just feel it's like home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us that they used staff feedback to make decisions and changes within the service. This also included how staff were supported. For example, staff supervision had previously occurred as group supervision and team meetings. Feedback to the registered manager was that staff would prefer more 1-1 time, so this has been introduced, alongside the existing appraisal and team meetings.
- Staff we spoke with were also positive about the support provided from the nominated individual. Staff felt they were approachable and appreciated the support.
- The manager and staff worked hard to engage with the local community.

Working in partnership with others

- We spoke with a health care professional who visited Clovelly House regularly to meet with a person living there. They provided positive feedback regarding the care and support being offered.
- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, social workers, other health care professionals and the local authority to ensure that people received joined-up care.