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Clayfield Care Home

Inspection report

3-4 Clayfield Villas
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Tel: 01271374066

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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?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 21 March 2016 and was unannounced. The inspection took place over two days. The team consisted of two adult social care inspectors on the first day and one on the second day.

Clayfield Care Home is registered to provide accommodation for 16 older people who require personal care. The home was full on both days of our inspection.

At the last inspection on 29 April and 13 May 2015, we found six breaches of regulation. These were because: people's care plans were not personalised and up to date; risk assessments were not in place; medicines were not safely managed; not enough staff were deployed; people's rights under the Mental Capacity Act 2005 had not been adhered to; the correct procedures had not been followed to deprive people of their liberty, and systems were not in place to ensure the safe management of the service. The provider wrote to us with an action plan to say what they would do to meet the breaches of regulation by 15 September 2015. At this inspection, we found they had followed their action plan and now met the legal requirements.

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

People received care suitable for their needs. Staff knew people well, understood them and cared for them as individuals. People were relaxed and comfortable with the care staff who supported them. Care staff spoke to people in a respectful and kind way. Two people said, "They (care staff) are very kind, nice and friendly … they are very careful with me" and "I am so happy … I love it here … all of the staff are lovely, all of them."

Care staff were safely recruited. They were trained, motivated and enjoyed their work. They received regular supervision and felt supported by the registered manager. Two care workers said, "There have been lots of changes made … it is a better place to work now … it's all positive" and "The service has improved … it's all for the best … (the registered manager) looks after us."

Care staff had a good understanding of safeguarding and knew how to recognise the different types of abuse. They knew the correct action to take and who to report any concerns to.

Each person had a care file and suitable risk assessments in place which were clear and up to date. Health and social care professionals were involved in people's care and their advice acted upon. Mental capacity assessments had been carried out and applications made to the local authority if people were deprived of their liberty.

Safe practices ensured people received their medicines in a safe way. People were encouraged to eat a well-

balanced diet and make healthy eating choices. People lived in a home which had undergone significant updating and refurbishment with further improvements planned.

The culture at the service was open, homely and friendly. People and their relatives were very complimentary of Clayfield, the registered manager and care staff. Two relatives said, "(My relative) was very happy here as soon as she came in … the staff have a sense of who they (people who live in the home) are and who they have been … we have already identified (my relative's) needs are improving since being here" and "I have to say that the staff here go above and beyond what their care job is, they are absolutely amazing. We are really happy."

There was a complaints policy and procedure in place with information about how to raise concerns or complaint. Systems were in place to assess the quality of the service and make improvements.

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.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Appropriate risks to people were identified and reduced as much as possible.

There was sufficient staff on duty to meet people's needs. Staffing was adjusted where necessary. Staff knew people's needs well.

People were supported to take their medicines on time.

People were protected by a safe recruitment process which ensured only suitable staff were employed.

Accidents and incidents were monitored, analysed and any trends identified.

Is the service effective?

Good

The service was effective.

Staff offered people choices and supported them with their preferences.

The Mental Capacity Act (2005) was adhered to and assessments carried out appropriately.

Staff received regular training relevant to the needs of the people they supported and had regular support through supervision.

Advice and guidance was sought from relevant professionals to meet healthcare needs.

People enjoyed a varied and nutritious diet.

People lived in a home which had been updated and was well-maintained.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate. They respected people and treated them with privacy and dignity.

Family and friends were welcomed. People and their relatives felt supported by staff who knew them well.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care and support plans were developed to meet people's needs and incorporate any assessments of risk.

Appropriate activities took place to meet the specific needs of the people who lived at Clayfield.

There was a complaints and concerns process which was accessible for people to use if necessary.

Is the service well-led?

Good

The service was well-led.

There was a defined management structure.

The culture was open and friendly.

The registered manager was accessible. People and relatives spoke highly of them.

Staff were motivated and felt supported in their work.

Quality monitoring systems were in place to improve the service.

Clayfield Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 21 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day and one on the second day of inspection.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports, action plans, records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us by law.

We met with all the people who lived at Clayfield. We spoke with six of them and seven relatives to gain their views of the service. We spoke with the registered manager, assistant manager, five members of care staff, the cook, the housekeeper and the maintenance person. We also spoke with three visiting healthcare professionals.

We looked at: four people's care files and medicine administration records; three staff files; all staff training records, and staff duty rotas. We looked at a selection of quality monitoring systems and policies and procedures relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection, there were three breaches of regulation. These related to risk assessments not being in place, medicines not being safely managed and not enough staff being deployed. At this inspection improvements had been made and these regulations were now met.

People and their relatives said Clayfield was a safe place to live. One person said, "They look after me really well here … I feel safe." A relative said, "What I like about it is the security … I like the fact that they have to come to the door and let you in and get you to sign." There were some people who were unable to tell us if they felt safe. From observation and body language, we saw they were relaxed, comfortable and interacted with staff.

Medicines were managed in a safe way. Senior care staff gave out medicines and had received the appropriate training. People received their medicines from a monitored dosage system (MDS) supplied by a local pharmacy. When medicines arrived at the home, the medicine administration records (MAR) showed they had been received safely and only the correct numbers of medicines were kept in stock. The MAR records had been signed to say medicines had been given. When people received 'as and when needed' medicines, it was clearly recorded why and when these had been given. Some people had prescribed skin creams. Care staff had recorded when these had been applied. This was on a separate chart kept in people's bedrooms. For those medicines with an expiry date, such as eye drops, an opening date had been recorded. This was so care staff knew when to discard them. Where homely remedies were given, there was guidance for care staff on what should be given. For example, "if headache, give paracetamol." Medicines were stored at the right temperatures. Policies and procedures provided up to date guidance for care staff.

People were protected from abuse. Care staff had received training on safeguarding and whistleblowing and understood what abuse was. Policies and procedures were in place to guide staff about the correct procedures to follow; this included the local authority guidance. Staff knew how to recognise abuse and the correct action to take if they needed to report any concerns. One care worker said, "We keep people safe here … if there was bad practice I would report to the owners first. If I needed to I would go higher, to social services or the Care Quality Commission." Another care worker said, "I would not hesitate to report any concerns … we need to make sure people are looked after properly." There had been no safeguarding concerns raised since the last inspection.

Individual risks to people's health and welfare were assessed and managed. These were in place for each person within the care records. For example, safe moving and handling, falls and nutrition. Where risks had been identified, the appropriate action had been taken to minimise the risk. For example, those people who were at risk of falls used the correct mobility equipment and had a pressure mat by their bed to alert care staff if they had fallen. For those people who were assessed as being at high risk of skin damage, they were referred to the community nursing team. The service provided pressure relieving mattresses for these people. However, one person had their air mattress at the wrong setting for their body weight; this was discussed and dealt by the registered manager immediately.

Care staff monitored people's weight regularly and these were recorded in their care records. If people had lost weight, the necessary action was taken. For example, one care record contained information of what advice and action the service had taken to address this one person's particular weight loss.

Care staff reported any accidents, incidents and falls which occurred The registered manager then analysed and monitored these to identify any trends or patterns. If any action was necessary, a plan was drawn up until the issue was resolved.

People were cared for and supported by a staff team who knew the person well. Care staff were employed in sufficient numbers to ensure care and support was given to people when they needed it. Staff rotas showed the levels of care staff at Clayfield matched those on duty. Numbers of care and ancillary staff had increased since the last inspection; the registered manager said this had improved the quality of care given as care staff were able to spend more time with people. Care staff said, "It can be stressful here but there is enough care staff on now to spend more time with service users" and "The service has improved … the care is very good and we get to spend time with the residents."

Three care staff were on duty from 8am to 2pm and 2pm to 8pm. Two care staff were on duty 8pm until 8am (one waking and one sleeping). The registered manager monitored staffing levels and matched them with the dependency of people's needs. For example, more staff were brought in when the service had a recent power cut. Some care staff rotated from day duty to night duty so they could experience how to meet people's needs at all times of the day and night. One care worker, who usually worked night duty, said working on days had allowed them to care for the people they only normally saw asleep.

A new cook and housekeeper had recently been employed. Both these people worked part-time and on their days off, care staff worked the extra hours. However, the registered manager planned to provide cover for cooking and cleaning seven days a week in the near future. They said this would allow care staff to focus on their primary roles. A maintenance person worked five days. The registered manager and deputy manager were also on duty; they worked a mixture of management and care shifts. People and relatives said there was enough care staff on duty and were very complimentary about the staff group. Two relatives said, "… always enough staff … they even have time to give you a cup of tea" and "You can't fault the staff here … they all do their best." One person said, "We are looked after properly by lovely staff."

Recruitment checks on prospective new staff were completed to ensure only fit and proper staff were employed at the service. Staff files contained police and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions. It prevents unsuitable people from working with people who use care and support services. Proof of identity and references for new staff were also obtained before they started work.

Each person had a personal emergency evacuation plan (PEEP) in place. This was regularly reviewed and readily available. It took into account the individual's support and assistance they required if they had to be quickly evacuated from the building.

Good

Is the service effective?

Our findings

At our last inspection, there were two breaches of regulation. These related to not following the correct procedures under the Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS). At this inspection improvements had been made and these regulations were now met.

People had their needs met by staff who had a good knowledge of their care and support. When new staff first came to work at the service, they undertook a period of induction which included training on subjects such as infection control, safe moving and handling and fire safety. New staff who had not previously undertaken training in care, undertook the 'Care Certificate' programme. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life' introduced in April 2015. No staff currently employed at Clayfield were on this programme as they had already achieved other care qualifications.

Induction training included working alongside more experienced staff for two weeks. This was so new care workers could get to know people's needs and how to support them in the appropriate way. Feedback was then sought from senior care staff. This was to make sure new care workers had obtained the required skills needed before they worked independently with people. All new staff had a probationary period of four months to ensure they met the home's standards of practice.

Care staff received on-going training through various methods; this included practical sessions held internally, by outside trainers and by e-learning. Training included subjects specifically to meet the needs of people who lived at Clayfield. For example, training to support people with diabetes and dementia. The training matrix showed staff were up to date with their training. All care staff had a National Vocational Qualification at either level two or three. Staff comments included, "I have loads of training to make sure people are looked after properly", "We have training to make sure people are looked after and are given everything they want."

All care staff had regular supervision and an annual appraisal. They said this helped them in their work. As well as one to one office supervision their care practice was regularly observed. Two care workers said, "I am supervised … I find it useful … I want to know what I am doing is correct and I like it as I can learn more" and "It's a challenge here … staff work well together … if staff do not pull their weight the registered manager acts on it … have lots of training."

People ate their meals where they chose. This included the dining room, lounge or their bedrooms. Care staff assisted people to eat where necessary. However, one person (who needed assistance) had to wait for their meal until the others had finished theirs. Another person received their meal which was not served in accordance with their care plan. We discussed these concerns with the registered manager who said they would take immediate action.

People were supported to maintain good health through nutritionally balanced meals. An experienced cook had been recently employed. Care staff encouraged people to eat a well-balanced diet and make health

eating choices. Menu plans were in place which showed people received varied and satisfying meals. The cook knew individual people's likes and dislikes. A local supermarket delivered shopping twice a week to ensure food was kept fresh. The main meal was served at lunchtime and a lighter meal served at teatime.

Care staff worked with local healthcare professionals, including the GP, community nurses and specialist professionals to ensure people's healthcare needs were met. For example, staff liaised with community psychiatric nurses to manage people's medicines appropriately. People had access to services, such as hearing and sight tests.

The 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. Where 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. We checked whether the service was working within the principles of the MCA. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

On our first visit, not all mental capacity assessments had been completed on those people considered unable to give consent about a particular decision. The registered manager had relied on previous statements contained in people's care records. As this assessment had not been carried out, formal best interests decisions had not always been undertaken. However, families had been consulted about how they wished care staff to look after their family member. On our second visit, the registered manager had introduced an appropriate 'Mental Capacity Assessment'. They had completed it for each person who required it. From this, the registered manager was in the process of reviewing any best interest decisions and taking the necessary action required. This involved all the relevant parties. We saw people were asked for their consent before they received any care and support. If this was refused, care staff returned later to try again. For example, one person chose to remain in their night clothes for the day which staff respected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and as least restrictive as possible. For those people who required it, suitable DoLS applications had been made to the local authority but had not yet been authorised.

Significant improvements had been made to make Clayfield a safer and more comfortable home for people to live in. This included upgrading the building both inside and outside. Repairs, redecoration, new carpets and curtains, new furniture, new bedding and new floorcoverings were now in place. The building smelt fresh and was clean and bright. This was confirmed by visiting relatives and health care professionals. The maintenance person had plans to start work on the garden area so people could enjoy sitting outside in the summer. There were plans for further development and on-going refurbishment. For example, there were plans to paint the outside of the building when consent was gained to erect the scaffolding required.

Good

Is the service caring?

Our findings

People and relatives gave positive feedback about the service and the staff who supported them. People said, "I couldn't find better anywhere, very nice people … she (care worker) gave me a lovely shower this morning", "They (care staff) are very kind, nice and friendly … they are very careful with me" and "I am so happy … I love it here … all of the staff are lovely, all of them." A relative said, "I have to say that the staff here go above and beyond what their care job is, they are absolutely amazing. We are really happy." Two health care professionals felt staff were caring and said, "Staff are polite and helpful … they have a good rapport with residents" and "The staff are kind and polite always."

There was a calm, friendly and homely atmosphere when we visited. There were positive and meaningful interactions between people and the staff who supported them. For example, one person enjoyed banter with a care worker about their hairstyle and another person enjoyed a joke with the maintenance person. People spent their days doing as they wished, spending time in their bedrooms or in the communal areas. One health care professional said, "All residents seem happy and cheerful."

Staff knew what mattered to people and how they liked to spend their days. They knew about people's lives and families. Staff recognised the importance of maintaining people's relationships with family and friends. One person's relatives visited, along with their two pet dogs. Relatives said they were happy pets were allowed in the home. Their family member spent time petting and stroking the dogs in their bedroom. One relative said, "The best thing about Clayfield is the staff … we knew this was the right place for (family member) as it felt right as soon as we came in … caring that's what matters the most to us." Another relative said, "The care staff are so attentive … they are concerned about us as well, are close to us all … they give cuddles and affection ... lovely, lovely staff."

People were given privacy and were treated with dignity in a respectful way. One person said, "All the staff are kind and treat me respectfully … they are all very nice even the male carer … I like it here, I really like it here." Another said, "They are always respectful to me … they keep me dignified when I am getting dressed … and they always knock on my door." A relative said, "It's very nice here … couldn't wish for anything better."

Care staff showed understanding, empathy and care when supporting the people they looked after. This was shown in the way they spoke and interacted with people. For example, a care worker gently and discreetly reminded one person to use the bathroom. Another care worker assisted a person to eat their lunch in a patient and caring way. They encouraged the person to eat by saying, "Would you like me to help you" and "Let me cut it (meat) up a bit smaller for you."

The service had received several thank you cards in appreciation of the care the registered manager and care staff had given to people recently. One relative wrote "… I wanted to say a heartfelt thank you to you and to your staff for the love and care of (family member) … also for the understanding you gave us, the family at a very difficult time … you made (family member's) last months comfortable and full of love and care." One person who had received respite care wrote, "You have been a real friend to me and I thank you

(not many like you)."

People were encouraged to bring their own furniture into Clayfield to personalise their own bedrooms. One relative had delivered and set up an extra wardrobe to accommodate their family member's clothes. This relative was very complimentary about how the registered manager and care staff had worked with them to make their family member feel 'at home'. Bedrooms reflected individual people's tastes and choices. For example, one person liked to have many photographs and sentimental items on display in their bedroom, whilst another person chose not to.

Good

Is the service responsive?

Our findings

At our last inspection, there was one breach of regulation. This related to person-centred care plans not being in place. At this inspection improvements had been made and this regulation was now met.

Relatives said they and their family members had been encouraged to visit the home and look around before they moved in. They described how they had met the registered manager and care staff. One relative said, "(My relative) really likes it here … we were shown round and as soon as we came in we knew it was the right place … nothing was too much trouble … everybody was very helpful." Another relative said, "(My relative) was very happy here as soon as she came in … the staff have a sense of who they (people who live in the home) are and who they have been … we have already identified (my relative's) needs are improving since being here."

Each person had a care plan in place within their care records. This incorporated assessments of risk. The care plans had been recently improved and a new format was in place. Care plans were personalised and individual to the person. They were easy to read, logical and comprehensive. They held all the information required with the exception of mental capacity assessments. From the information held within the care files, it was clear what care and support the person needed. This ensured care staff provided care in a consistent way. Care plans were reviewed regularly by senior care staff and information updated as and when necessary. Care staff liked the new format of care planning. Two care workers said, "They are much better now … we can read them a lot easier" and "Changes have been made in the care plans … they are clearer to use."

People's care plans included information about people's life history and care staff chatted to people about their past. For example, when music and singing took place in the lounge area, care staff asked what memories it made people think of. This enabled people to then chat about their past lives. Planned activities included ball games, art work, bingo, armchair exercise and hand and nail treatment. Musicians and representatives from a local church also visited. The activities plan was flexible and care staff changed it if people did not want to participate. Care staff enjoyed having the time to spend sitting and chatting with people. One care worker said, "People are looked after well … we do get time to spend quality time with people and sit talking to them." Activities took place for two hours each afternoon. These included activities for those people living with dementia. For example, dementia mats and a fiddle board (specific equipment to stimulate people's senses), memorabilia, musical instruments and adult colouring books. One care worker, who had recently started work at Clayfield, had taken responsibility for planning activities. They said they intended to develop them further by encouraging people to try new hobbies or interests they had not experienced before. As it was nearly Easter when we visited, people enjoyed taking part in an arts, crafts and painting session related to this.

Care staff responded to people's requests for help, support and assistance. One person said, "I couldn't fault the place at all … well I can't anyway … they went and got a TV for me yesterday." One person said staff came quickly if they pressed their call bell and another person said, "I just press my buzzer and they came straight away." The recently installed call bell system provided a record of how long care staff took to

respond to care calls. These records were looked at and analysed regularly to ensure people were responded to in a timely way.

Written information about how to raise concerns or complaints was available and accessible for people, relatives and visitors to use. No complaints had been recently received by either the service or the Care Quality Commission (CQC). Relatives said they would not hesitate to speak with the registered manager about any problems. They were confident they would be listened to and any concerns resolved. One relative said, "If there is anything wrong, I just have to ask (the registered manager). There had been some anonymous issues of concern raised about the service to the CQC. These were discussed with the registered manager at the inspection. We found no evidence to substantiate the concerns. There was a suggestions box in the hallway where people were encouraged to give feedback anonymously.

Good

Is the service well-led?

Our findings

At our last inspection, there was one breach of regulation. This related to quality assurance systems not being in place. At this inspection improvements had been made and this regulation was now met.

There were effective quality assurance systems in place which reflected all the aspects of the service. For example, monthly audits relating to care plans, risk assessments, medicines, accidents, health and safety and the kitchen. If the registered manager found an area which needed improvement, they discussed this with the staff involved. An action plan was then put together and routinely monitored until the issue was completely resolved. Maintenance records were up to date; equipment was serviced in accordance with their individual contracts.

The providers monitored the service. Staff said they visited regularly and completed further audits. The registered manager updated them about the service in between these visits and they were able to access some systems electronically, for example the call bell system. If they noted a person had to wait longer than they expected, the providers contacted the registered manager to discuss why this had happened. The registered manager also faxed audits to them if required, such as the pharmacy and accident log.

There was a registered manager in post. The providers and registered manager had revised the management organisational structure of the service. The registered manager now had a more clearly defined management role, was more visible and delegated work to the staff team where necessary. It was clear from conversation, observation and systems, they were managing the service effectively. People, relatives and staff were positive about their management style. One person said, "(The registered manager) is absolutely lovely … she can't do enough for you, she's been off the week-end but I saw her before." Two relatives said, "(The registered manager) … she's amazing" and "(The registered manager), she's approachable, oh my goodness yes, and supportive … helped me with all the paperwork." Two care workers said, "There have been lots of changes made … it is a better place to work now … it's all positive" and "The service has improved … it's all for the best … (the registered manager) looks after us."

The registered manager was supported by an assistant manager. Staff rotas showed a senior care worker was on duty at all times. This meant there was always a senior staff member available to manage the service in the absence of the management team. The registered manager and assistant manager provided an on-call service for care staff, should they needed advice or guidance out of hours. The providers were also available to be contacted in an emergency.

The registered manager was motivated to learn new skills. They attended local forums run by the local NHS care home teams to keep themselves updated and share good practice. They had enrolled on two development courses. These were a leadership and management course and an end of life course run by the local hospice. The assistant manager was also undertaking the end of life course.

All staff spoken with said they enjoyed working at Clayfield and communication was good. They said they felt supported and listened to. Following recent changes and improvements in the service, the registered

manager said, "I am proud of all the staff taking on board all the new changes." Staff meetings took place but these had not taken place on a frequent basis which the registered manager was aware of. They said they intended to plan these to take place regularly. Staff comments included, "We all work as part of a team … can be stressful but most of the time it's lovely" and "I really like it here … we get on with everyone." For one shift per week, the registered manager worked alongside care and ancillary staff. This meant they could monitor the hands-on care given and observe the day to day running of the service. They were also available to chat with relatives, friends and professionals to gain feedback of the service.

Feedback was sought from people, relatives, staff and professionals to improve the service. The registered manager was in the process of planning new questionnaires to be sent out. When health and social care professionals visited the service, written feedback was requested. Recent comments from health care professionals were very complimentary of the service and included, "All the residents seem happy and cheerful" and "(Staff) very polite and welcome … lovely relaxing music playing."