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Clayfield Care Home

Inspection report

3-4 Clayfield Villas
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Devon
EX32 8NP

Tel: 01271374066

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 9 November 2018 and was unannounced. When we last inspected this service in March 2016, we rated it overall good.

Clayfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Clayfield care home accommodates up to 15 people in one adapted building. Communal areas are all on the ground floor whilst bedrooms are on three floors. The upper floors are accessible via stair lifts. There is no passenger lift. People living at this service have conditions associated with frailty, old age and dementia. On the day of our inspection there was people living at Clayfield.

Since the last inspection a new registered manager has been appointed. 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.

We found some safety issues which may have placed people at potential risk. These included
•□One Air wave mattress being set too high for the weight of the person using them, which had the potential to prevent or cause skin damage.
•□One wardrobe had not been secured to the wall and was a potential risk as it could have been pulled over.
•□One radiator was next to a person's bed and not covered to protect against risk of burns. We were told the radiator had been turned off.
•□There were other radiators which had not been covered in communal areas, which were a potential risk of burns if someone fell onto them as they were hot to touch.
•□Checks on water temperatures to ensure the water was not too hot had only been ticked as being done, it did not record the temperature. We cannot therefore be assured that the water was at the right temperature on each check.

Following the inspection, the registered manager contacted us to say these areas of risk had all been addressed.

We found recruitment was not always robust to keep people protected from the risk of employing unsuitable staff. For example, gaps in employment history had not been recorded as explored and file had two references from the same employer.

People said they enjoyed living at Clayfield. One said "yes we are very happy here, well looked after. It is a good home."

Care and support was well planned. The service used an electronic care plan system which recorded people's assessed needs in terms of their personal care and healthcare care. It was less detailed in terms of their emotional needs being met. However, the plans lacked detail about people's preferred routines and past social histories. When we spoke with staff they knew people well, but for newer staff this information would be useful. Following the inspection, the registered manager informed us that some people had a "This is Me" booklet, which families had completed and gave a picture of people's past life, what they did for a living and who was important to them. The registered manager said she was going to ensure a one-page social history summary was made available in people's rooms for easy reference for staff to refer to. She said she would also include more detail in the electronic care plan.

There was sufficient staff with the right skills to meet people's needs. People said their needs were met in a timely way. Staff were kind, caring and compassionate in their interactions with people throughout the day. People's privacy and dignity was fully respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

Medicines were well managed and people received their medicines on time.

Staff had training, support and supervision to do their job effectively. Staff confirmed their views and their opinions were listen to and they felt valued.

Accidents and incidents were carefully monitored, although the significant event log they used to record these did not include any learning or prevention strategies. When we spoke with the registered manager, she was able to give examples of lessons learnt and actions taken to prevent falls for example, but agreed this was not always recorded on the events log.

People's healthcare needs were well met. People were encouraged to eat a balanced diet. Two people said they did not like the teatime options. The registered manager said this had recently been reviewed and now included more hot options. People knew who and how to make any concerns or complaints to. Complaints were taken seriously and investigated.

Systems to ensure good infection control were in place.

People and staff said the registered manager was open and inclusive.

We have made two recommendations in relation to recruitment and good governance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some aspects of equipment and the environment had placed people at potential risk.

Improvements were needed in the recording of recruitment checks.

Medicines were safely managed.

People were kept safe because staff understood what to do if they had concern around abuse.

The service was staffed at an appropriate level to safely meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were skilled, trained and well supported to provide effective care to people.

The environment was clean, well maintained and homely.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the DoLS team and best interest decisions were being made where people lacked capacity.

People were supported to maintain their health and wellbeing and their nutritional needs were well met.

Is the service caring?

Good

The service was caring.

Staff ensured people had the right support to foster and develop relationships and live the lives they wanted to.

Staff understood the importance of ensuring good communication and giving people choice, respect, and dignity.

People were treated with compassion, kindness and respect. Their privacy and human rights were upheld at all times.

Is the service responsive?

Good

The service was responsive.

Care plans contained information to help staff support people in a person-centred way and care was delivered in a way that best suited the individual.

Staff were committed to ensuring people's wishes and preferred routines were upheld.

There were regular opportunities for people and those that mattered to them, to raise issues, concerns and compliments.

Is the service well-led?

Requires Improvement

The service was not always well led.

The governance systems had failed to identify the safety issues we found. Swift actions were taken to mitigate risk, but these should have been identified by their own systems and checks.

People's views were sought in reviewing the quality of care and support being delivered.

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 9 November 2018 was unannounced. It was completed by one inspector.

We looked at all the information available to us prior to our inspection. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people. We spoke in depth to the registered manager, cook, senior care worker and two care staff. We received feedback from two healthcare professionals.

We looked at three care files including risk assessments, care plans and daily records. We reviewed medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

Requires Improvement

Is the service safe?

Our findings

People said they enjoyed living at Clayfield. One said "yes we are very happy here, well looked after. It is a good home." Another said "I do feel safe here, staff are around so if I fall I will get help. I was having lots of falls so I had to come here."

On the day of the inspection we found some aspects of the environment and equipment had placed people at potential risk. These included

•□One air wave mattress being set too high for the weight of the person using them.
•□One wardrobe had not been secured to the wall and was a potential risk as it could have been pulled over
•□One radiator was next to a person's bed and not covered to protect against risk of burns. We were told the radiator had been turned off.□There were other radiators which had not been covered in communal areas, which were a potential risk of burns if someone fell onto them.
•□Checks on water temperatures to ensure the water was not too hot had only been ticked as being done, it did not record the temperature. We cannot therefore be assured that the water was at the right temperature on each check. Hot water taps had been fitted with mixer valves, but these still need to be checked.

When we fed these potential risks back to the registered manager swift actions were taken to address these areas. For example, the bed next to the radiator was immediately moved. The airwave mattresses were all checked against the weights of people and adjusted accordingly. The registered manager said staff would be reminded via an app on their electronic devices, to check airwave mattresses each day. She also confirmed following the inspection that radiator covers had been purchased. The wardrobe was secured to the wall. She had asked the maintenance person to include the actual temperatures of hot water checks. They had quickly mitigated the identified risks. We did not therefore need to issue a requirement notice.

We found recruitment was not always robust to keep people protected from the risk of employing unsuitable staff. The registered manager said gaps in employment history had been explored but this was not always recorded. We also found one staff file had a reference which was from co-worker and not from the management of the home. We could not therefore be assured their suitability had been fully explored. The registered manager agreed to obtain further references for this worker.

We recommend the service follows best practice in ensuring any references are obtained from staff who are in a position to comment on the staff suitability and employment gaps are fully recorded.

Medicines were being safely managed. People received their medicines on time and were asked if they needed any additional medicines such as pain relief. Only staff who had been trained and had their competencies checked were tasked with administering medicines. Checks ensured medicines were kept at the right temperature. Records were kept up to date and where needed two signatures were obtained to show the correct medicine had been administered. The registered manager completed monthly audits on the medicine amounts and records. The biggest issue which was noted from these audits were missed signatures. The registered manager said where this was noted, she met with the staff member and, if

needed, additional training would be offered. There was a protocol in place when prescribed as needed medicines to help ensure consistent practice by staff. For example, Body maps and charts were completed for the application of topical creams to ensure staff knew where to apply them.
Staffing levels were appropriate to the needs of people living at the service. Throughout the weekday there was three care staff, cook, handyman, plus manager and housekeeper. At night there were two waking night staff. The registered manager said although there was no manager present at the weekends, there was 24-hour phone support and if needed she would come in for an emergency.

Staff said they worked well as a team and that without sickness there were sufficient staff available to meet people's needs. One staff member said "I came from working in the community. Here there is always time to chat and spend time with people." People said staff attended to them in a timely way. One said "Staff are all brilliant. Couldn't get better. Sometimes when they are busy you may have to wait a short time, but they will usually say 'be with you soon'"

Staff understood what abuse was and who and when they may need to report any concerns. Staff confirmed they had completed on line training in understanding abuse and there were policies and procedures they could access if needed. The registered manager understood their role to work with the adult safeguarding team.

Risks were being safely managed for individuals. A range of risk assessments were being used to assess, review and minimise risks. These included moving and handling, falls and use of bedrails. Where risks had been identified, measures were put in place to mitigate those risks. For example, someone who was at high risk of falls had been assessed to see if mobility walking aids would help. This showed the service were using a range of tools to assess risks for individuals. This information was then used to ensure the right equipment and training for staff were in place to keep people safe.

Emergencies were planned for. For example, people had individual evacuation plans in the event of a fire. Regular fire safety checks were completed, including testing of alarm bells. Fire equipment such as extinguishers had been serviced and maintained on an annual basis.

It was clear from reviewing information and accident and incident forms, actions had been taken when an accident occurred. The registered manager explained she reviewed and checked for trends, but this was not always recorded. She agreed it would be useful to include any learning and prevention strategies into the significant event log, so it was clear what actions were taken.

The home was clean and free from offensive odours. People said their rooms were kept clean and tidy and they were satisfied with the level of cleanliness around the home. Infection control policies and procedures were being followed. Staff had a plentiful supply of gloves and aprons and were seen to use these appropriately.

Good

Is the service effective?

Our findings

People said they had confidence in the staff team to deliver effective care and support. One person said, "They know what they are doing, everything is very good here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and had made appropriate applications if they needed to restrict a person's liberties. None had been authorised by the DoLS team, but some had been reviewed to see if there had been any changes in the need to authorise. Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions.

Staff had a range of training and support to help them do their job effectively. This included training in all aspects of health and safety as well as more specialised training in aspects of health conditions. Some supervisions were completed as groups. For example, senior support workers met to share ideas. Their group supervision discussed how to encourage people to eat more and ensure more regular monitoring for those whose weight was continuing to decrease.

Staff confirmed they were offered good opportunities for training and support. They said they had regular updates on all aspects of their job. Newer staff were expected to complete the Care Certificate. This is a national standard to help new staff understand the key principles which underpin good care. Staff confirmed they were also offered the opportunity to compete shadow shifts with more experienced staff, this helped them understand people's needs and the running of the service.

People were supported to ensure their nutritional and hydration needs were met. People said they enjoyed the meals offered. One person said "There is plenty of choice, it's always well cooked. "Two people said they enjoyed the lunchtime meal but was less keen on the supper time menus. The registered manager said these had been reviewed to include more hot options. Where people had been assessed as being at risk of poor nutritional and/or fluid intake, staff closely monitored their daily intake. People's weights were monitored weekly and monthly and where weight decrease had been significant, the staff team referred the

person to their GP. The mealtime experience was relaxed. Tables had been set and people were offered condiments. Staff supported people to eat their meals where needed.

People confirmed they were able to see their GP when needed. There was also a range of other allied healthcare professionals who visited the home. This included a chiropodist, optician and some people saw the dentist. The daily records showed people's healthcare needs were being closely monitored and advice sought form healthcare professionals when needed.

Clayfield was originally two Victorian villas, access to upstairs was via stair lift. People with complex mobility issues could only be accommodated in the downstairs bedrooms. Adaptions had been made in bathrooms with walk in showers and grab rails. Steps had been taken to support people's independence by the use of signs around the home to help orientate them. There was also a whiteboard with the date, day and menu.

Good

Is the service caring?

Our findings

People confirmed staff were kind and caring towards them. One said, "Staff couldn't be better, I don't know how they do it…they come in with a smile and are very helpful." Another said "The staff are all lovely. Very kind, very good!"

Staff knew people well and were able to describe who and what was important to individuals. This helped them to provide care and support in a person-centred way. It was clear people's dignity and privacy was being upheld. For example, ensuring personal care was being delivered in the privacy of people's own rooms. We saw staff knock on people's bedroom door before entering. People confirmed this was the norm and staff did uphold their privacy. One said, "They are very good making sure we are happy and that if we need help, they are there to give it." Staff were able to describe ways in which they provided personal care ensuring people's privacy and dignity was taken into account.

People were afforded choice about where they wished to spend their time and staff encouraged independence as far as possible. For example, care plans described what personal care people could do for themselves and what support they needed. This helped to give people their independence. One person said "I can do most things myself, but staff come and check to see if I need a hand, very thoughtful. They help me have a bath each week."

It was evident that staff and people had forged strong bonds. Interactions between staff and people were compassionate, kind and patient. At lunchtime there was lots of laughter and fun interactions. Staff noted when one person had become withdrawn and spent time with them to ask if they were okay and check on their well-being.

People's rooms had family mementos and personal touches such as photographs and books and ornaments, giving them a homely feel. People and relatives confirmed they could visit at any time, were made welcome and offered refreshments. People could choose to see their friends and families in the privacy of their room or a communal area if they wished.

The service had received many thank you cards. Some of the comments included in these were "thank you for the kindness you showed to (name of person). You were all so thoughtful and caring." Another said "When (name of person) struggle increased, you just got better and better. Thank you for all you did for our father, he was very happy here."

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. Comments included "If I ask for a cup of tea, I get a cup of tea. Nothing is too much trouble."

People's care and support was well planned. This was because there were care plans which instructed staff how to best support someone with their personal care, emotional and healthcare needs. Staff confirmed they used plans to help them understand people's needs. Plans ensured people had person centred care because it gave good details for staff to understand their personal and healthcare needs. The service had introduced electronic care plans which staff accessed using a tablet. These electronic care plans did not contain very much detail about people likes, dislikes and past social histories. Some people had the document 'This is Me', which did detail their personal histories and places and people which were important to them. The registered manager said they would look to see if the electronic records could incorporate some of this information for ease of access to staff. She also said she was going to ensure a one-page social history summary was made available in people's rooms for easy reference for staff to refer to.

Staff knew people well; the care plans were used to evidence how they were ensuring their needs were being met. Daily records showed what support staff had provided for each person. Plans were monitored each month to ensure the level of support documented was appropriate. People and their relatives were consulted in respect of care planning. This showed a collaborative approach giving people the chance to have a say in how their care needs should be met.

The registered manager said that unless a new person was coming as an emergency, she would assess their needs prior to admission. They also ensured they had copies of the funding authorities care plan so they could ensure they could plan for people's needs. The provide information return (PIR) gave an example of where their own assessment did not match with the funding authority. They tried to negotiate an agreed level of care, but this was refused. The registered provider was not prepared to compromise the levels of care they had assessed as suitable and needed, so declined taking the person.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Areas of the service were sign posted with pictures, for example toilets, to help people find their way. The PIR gave the following examples to show how the service met the Accessible Information Standard. "X is sight impaired, we introduce ourselves when we enter his room, we encourage him to maintain his independence and make decisions and choices. We ensure he is not excluded from the day to day activities of the home. His grandson commented 'although Granddad is unable to be active and join in, I always feel that he is included. People are always popping in to check he's okay and offer a cup of tea. Caring, friendly environment'. Z has dementia she is sometimes anxious about going to bed and being alone., we reassure her, spend time with her and if she really is too anxious about

being alone we make up the bed settee and encourage her to rest whilst we keep her company."

The service had a board which showed daily activities on offer each afternoon. These were in picture and word form to help people with a range of needs to understand what was happening. Staff said one staff member was allocated each afternoon to run quizzes, games and word searches. One said, "We vary it depending who wants to join in." In addition, they also had a paid singer coming to the home once a fortnight and a paid therapist who ran art classes once a fortnight with people. They used a community bus to get out on trips to places of interest once a month. Bi-monthly resident meeting minutes showed people were regularly asked what sorts of activities they would like to do and where they wished to go out on outings. Staff were also asked for their views. Some had suggested themes day around countries where people could dress up and try the food from that area. Staff were helping to plan events such as Halloween, Christmas and fund raising for the charity Children in Need. There were lots of things being planned for Christmas including school children coming in to sing, a pantomime and paid entertainers. The registered manager said for those who did not wish to join in and preferred to spend time in their room, staff would sit and read or talk with them, or offer a manicure.

The provider had recently sent a memo to staff saying they were willing to pay staff for additional sessions of activities either for individuals in their room or as a group. They asked staff to think about what they wished to do for the session and they would discuss and pay for this in addition to their normal pay. This was a recent innovation and the registered manager said a few staff had thought of some proposals to put forward.

The service had a complaints process with written details of who people could make their concerns and complaints known to. The PIR stated there had been three complaints in the last 12 months. The records showed complaints were investigated and a response given to the complainant. People said they could make their concerns known and were confident they would be addressed.

Where possible and if appropriate people's end of life wishes were discussed with them. The service had recently completed training in end of life care. The PIR stated "Staff from the home have attended the (1-year course) hospice on end of life care. Staff are now more knowledgeable on End of Life care and feel more confident to meet these needs. The resident benefits from this when symptoms like pain are addressed in a timely way. The relatives also benefit because they feel the staff are competent and caring."

Requires Improvement

Is the service well-led?

Our findings

A new registered manager had been appointed since the last inspection. She was being supported by the registered provider to complete quality audits on all aspects of the running of the service. The PIR showed there was a comprehensive range of audits looking at records and environmental factors. However, these had failed to identify the safety issues we found during our inspection.

The registered manager took swift actions to ensure these areas were addressed and has since written to us to say "I have been looking at some of the points you raised such as the airwaves mattresses being on the wrong setting. It was disappointing that this was the case on the day of your inspection as this is not our usual practice. I hope that this is apparent as none of the residents on these mattresses have pressure damage, but of course it is most important that we ensure mattresses are always on the correct setting. I have therefore put the "check mattress" on the person-centred software to remind and evidence that carers are checking daily that mattresses are on the correct setting. The wardrobe in upper room 2 needed securing. The handyperson said that it had been secured previously but had come unattached. It was fixed back to the wall on Friday. I will keep my eyes on this to check that it doesn't come loose again." They also said they would ensure checks on water temperatures included the temperature and not just a tick. They had ordered radiator covers and these were being fitted to reduce the risk of people being harmed.

As these areas had been addressed we have not issued a requirement notice. We recommend that the registered manager and provider follow best practice in ensuring all safety checks and audits are completed and reviewed.

It was clear the provider looked at continual improvement. The PIR stated "We have always done our own fire risk assessment in consultation with our fire prevention people, but decided after the Grenfell fire to have a professional fire risk assessment done, nothing significant was found but we have acted on his recommendations. The residents will be safer as risks are reduced. We have purchased more pressure relieving mattresses and more falls prevention equipment. This has increased the residents' safety and comfort. Audits seem to suggest a reduction in falls. We have improved our falls management protocol. This means residents have a greater degree of monitoring should they fall. It also helps to prevent further falls." The provider visits the service at least weekly, spending time talking with staff and people who lived at the service.

People and staff said the registered manager had an open and inclusive approach. She said she had an open-door policy and worked alongside staff to monitor and role model good care. There was evidence of partnership working with other health professionals to ensure people's needs were being monitored and met.

The service had an ethos of proving a homely and safe environment for people to enjoy. People said they enjoyed the homely atmosphere. Staff were clear about their roles and responsibilities to ensure people were safe and comfortable.

The provider used various ways to gain the views of people and their families. This included annual surveys, meetings and one to one discussions. There was evidence of staff meeting with people to discuss their ideas and suggestions for improvement. For example, the sorts of activities they would like to do and any suggestions for their menu options.

The manager understood their responsibilities to act in accordance with regulation and to report any significant events and notifications. For example, seeking advice from CQC prior to the inspection to ensure notifications were completed correctly.

The rating from the last inspection report was prominently displayed in the hallway of the service and on the provider's website.