

The Clavadel (Guildford) Co. Limited

The Clavadel

Inspection report

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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

The Clavadel is a 32 bedded, purpose built short stay care centre for people requiring rehabilitation and convalescence following an operation or illness, such as a stroke. The service provides in-house physiotherapy and hydrotherapy. There is a minimum five-day stay and generally patients will return to their own homes within two weeks or so. However, the service can accommodate longer term stays if needed. At the time of our inspection 28 people were using the service.

This inspection took place on 29 September 2017 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager helped us during our inspection.

We carried out this inspection because during our inspection in August 2016 we found the registered provider was in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to recruitment processes, ensuring people's individual needs were recorded and a lack of quality assurance checks within the service. Following that inspection the registered provider sent us an action plan telling us how they planned to address our concerns. We carried out this inspection to check that action had been taken in line with their action plan and found that it had.

People were cared for by staff who were well trained, professional, polite and friendly. Interactions on the day demonstrated staff respected people, gave them the privacy they wished and enabled and supported them to be as independently as possibly whilst living at the service. People using the service had the capacity to make their own decisions. However, staff were aware of the principals of the Mental Capacity Act in that they were able to tell us there were no restrictions at the service.

People lived in an environment that was well maintained and was safe. Staff carried out appropriate health and safety checks and there was information relating to people in the event of an emergency, such as a fire. People's rooms were well presented and comfortable. There was a communal lounge area where people could meet with friends and relatives. People could make their own decisions on where they wished to spend their time or eat their meals. People were offered choice in what they ate and staff were aware of people's individual dietary requirements.

Although the registered provider did not provide specific activities for people, they supported people with making suggestions in relation to how people could spend their time. Such as attending activities in one of the other of the provider's services. People could come and go as they pleased and the registered manager told us people often went into town to meet friends for lunch, etc.

People were supported to regain their health and mobility. This involved sessions with the in-house physiotherapists and with the use of the hydro pool. The registered provider had good relationships with external health professionals and a doctor from the local GP practice visited the service twice a week. Risks to people had been identified and where accidents and incidents occurred these were reviewed for trends and appropriate action taken.

People were cared for by staff who told us they felt supported and who met with their line manager on a regular basis. We found the registered manager had good management oversight of the service and there was a good working relationship between them and staff. Staff received a good range of training and staff met together regularly as a team to discuss all aspects of the service.

There were a sufficient number of staff available for people. Staff were attentive to people and did not leave them waiting for support. Staff were aware of their role in keeping people safe so they would not be at risk of harm, either by an accident or from abuse. People told us they felt safe. People's medicines were kept securely and regular audits of medicines were carried out and gaps identified were addressed.

The registered manager and other staff undertook quality assurance audits to ensure the care provided was of a standard people should expect. We found the registered manager had responded to any suggestions that had been made. Recruitment processes had improved to help ensure that there were only suitable staff working at the service.

Regular fire checks and fire drills were carried out to help ensure staff would know what to do in the event of an emergency.

Information was provided to people on all aspects of the service when they first arrived. This included information on how to make a complaint should they need to.

Pre-admission assessments were carried out and these were used to develop care plans (patient records). The records were detailed and included all the information necessary to help ensure people received the responsive care they required. Records were held in each person's individual room and they told us they were aware that they had a patient record.

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.

People's individual risks had been identified and where people had accidents staff took action to help prevent reoccurrence.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked at the service.

Staff knew what to do should they suspect abuse was taking place. People told us they felt safe living at The Clavadel.

People's medicines were kept safely and people received the medicines they required.

In the event of an emergency people's care would continue with the least disruption.

Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate.

People had access to healthcare professionals to support them to regain their full health.

Staff understood the legal requirements in relation to decisions made for people and people consented to their care and treatment.

Is the service caring?

Good ●

The service was caring.

People were supported to make their own decisions and they told us they were cared for by kind, caring staff.

People's privacy was respected by staff.

People were independent and maintained relationships with people close to them.

Is the service responsive?

Good ●

The service was responsive

People had opportunities to socialise with other people and participate in activities if they chose to.

Staff responded well to people's needs and care records contained all the necessary information relating to a person.

Complaint procedures were available for people.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were completed by the registered manager to help ensure the service provided was of the standard expected by people.

People's views were listened to and changes and improvements made in response to this.

There was good management oversight of the service and the staff and registered manager had a good working relationship. Staff felt supported and valued by senior management.

The Clavadel

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection that took place on 29 September 2017. The inspection was carried out by three inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We did not ask the provider to submit a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because they had previously submitted a PIR and we were carrying out this inspection to follow up on areas that needed action following our last inspection.

During the inspection we spoke with seven people. We also spoke with the registered manager, the matron as well as four care staff.

As part of the inspection we looked at a range of records about people's care and how the service was managed. We looked at five care plans, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at eight staff recruitment files.

Is the service safe?

Our findings

People told us they felt very safe with staff who attended to them. One person said, "I absolutely feel safe with all staff here. They have been very good to me."

People were kept safe because staff understood people's individual risks and how to keep them safe. Where people spent time in their beds, staff ensured they supported them to reposition to reduce the risk of developing pressure sores. We observed people using mobility aids when walking around the service and staff were supporting people to get in and out of the hydro pool to reduce the risk of an accident. One person had a risk assessment in place around their mobility stating they were at 'medium' risk. We noted as their mobility had improved the risk assessment was updated and as such the risk reduced. Routine checking of people's skin, particularly around any areas of their operation site was carried out to help ensure people were kept free of sores or infection. Risks has been explained to people. One person told us, "Staff have told me that I have to take my time when walking because I am still at risk of falling."

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Staff told us who they would go to if they had any concerns relating to abuse and there was information available for staff which contained relevant contact numbers. One staff member told us, "We are treating vulnerable patients. We don't treat patients in a way that would be inappropriate or wrong. That's not how it works." Another said, "I would go straight to the manager or CQC." A third told us, "We were given a phone number (to report concerns) on our training."

People were cared for by a sufficient number of staff to attend to people's needs. One person told us, "Staff never rush me, there are always staff around and I can talk to them at any time." Another person said, "Absolutely there are enough staff, they are always popping in and out to check I am okay." We observed staff around at all times during our inspection and did not see anyone having to wait for support. Staff were seen spending time discussing daily topics with people or supporting them to walk up and down the corridor as part of their rehabilitation exercise. Staff were allocated a number of people each to support them with their personal care during the morning. As people attended physiotherapy and hydrotherapy sessions during the day, we observed they were always accompanied by staff. A staff member told us, "I've never known a problem with a patient not being showered and ready for therapy." Another said, "We have lots of time with people." A third added, "You never feel like you haven't got enough time."

Where people had accidents these were recorded with good detail of the incident, together with any actions taken by staff. The incidents were reviewed monthly to look for trends and action taken in response to help prevent future occurrences. For example, it was found that falls occurred when people were trying to get out of bed at night. As such additional call bell holders were installed in each room by the bed to enable people to call for staff support if they needed it.

At our inspection in August 2016 we found that recruitment processes were not as robust as they could have been. We found at this inspection improvement had been made and a new staff member had been recruited who had overall responsibility for ensuring all the necessary paperwork and checks were in place.

People were protected from being cared for by unsuitable staff because the registered provider carried out appropriate checks to help ensure they employed only suitable people to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff showed us they had reviewed their policy in line with DBS checks in that each staff member had a new check carried out after a period of three years. One staff member confirmed they had provided references and had a DBS undertaken before commencing work at the service. Another told us they had to complete an application form.

Each person had information as to whether they required assistance or not in the event of a fire evacuation. Regular fire checks were carried out and a fire risk assessment was undertaken when the building was commissioned. There was a 'stay-put' policy in place and clear information was provided to each person in their individual records. In the event that the fire brigade attended, there was a folder they could access quickly which contained all the necessary information about people using the service at the time. A business continuity plan dated May 2017 showed that staff would use others of the provider's services to continue people's care if they were unable to regain access to The Clavadel.

People's medicines were handled safely and people received the medicines they required when they needed them. Some people were self-medicating and we saw that they had signed their consent to this. Others had their medicines administered by a member of staff. We found people had Medicine Administration Records (MARs) which contained all the relevant information about a person such as how they liked to take their medicines and if they had any allergies. Each MAR was checked by the visiting GP to help ensure that prescription instructions were transcribed correctly. People's medicines were stored in each person's room in a locked drawer and stock items of dressings, etc. were stored in a secure cupboard which was checked for the appropriate temperature. We also found medicines that required to be stored in a fridge were done so in an appropriate way. People were able to describe to us what their medicines were for.

Is the service effective?

Our findings

People gave us positive feedback about the food they were provided with. One person said, "The food here is excellent. I can have whatever I want. The chef knows what I don't like, they asked me this when I first came in." A second person told us, "The food is very good; it is always just the right amount. There is a set menu but I can always have something that is not on the menu." A third person commented, "The food is good, it is like a five star hotel here."

People were given a choice of foods and staff were aware of people's likes, dislikes and dietary requirements. The chef told us they knew how to prepare soft or pureed foods, but rarely had the need to do so as most people could eat independently and had no risk of choking. However, they told us that some people were gluten free or had allergies and as such they had a board in the kitchen on which they listed all of this information.

People were able to choose where they ate their meals. We saw the dining area was set out nicely with individual menus on each table. Some people sat together in groups chatting, whilst others who preferred it, sat alone. Several people chose to eat their meals in their rooms which staff respected. The dining room had a good buzz about it as people enjoyed the food. Drinks, both non-alcoholic and alcoholic were available to people and we saw regularly throughout the day people being provided with hot drinks or snacks. Fruit bowls were available in the communal lounge area for people to help themselves. Snacks were available to people throughout the night should they wish them.

People received care from staff who had been trained to carry out their role. People told us they felt staff were competent. One person said, "Staff are very well trained, they know what they are doing and they go out of their way to please you." Another person told us, "Staff seem to be trained, they are very efficient and they are always able to answer my questions."

Staff received appropriate and relevant training for their role and were supported when they first starting working at the service. Both qualified and care staff received regular supervision and an annual appraisal. A staff member told us they had received an induction when first starting to work at The Clavadel. They confirmed they had regular supervisions with their line manager and also a senior member of staff. A second member of staff told us they had an induction followed by shadowing a more experienced member of staff. They said, "The training is good. They offer you everything, including safeguarding, health and safety, food and infection control." A third staff member told us, "My last training was manual handling." They told us their induction included fire training and two weeks shadowing. They said they felt confident by the end of their induction period. Qualified staff kept up their competencies by attending courses and in-house training.

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who received the care from the service had full capacity and could make their own decisions and there were also no restrictions in place. People consented to their care in advance of moving in to the service as they were required to make a firm booking. This meant they were agreeing to receive the care and treatment that staff at The Clavadel could provide. We also found people had signed their consent when they wished to take their own medicines. A staff member told us, "I will ask people for their consent in the use of the ice therapy for example, I would always explain the whole process and make sure they have the buzzer with them in case they wish to stop."

People were by supported to regain and maintain good health, particularly in relation to their mobility as the service specialised in post-operative knee and hip replacement rehabilitation. The local GP visited the service twice a week and in addition there were in-house therapists to attend to people's individual needs, such as physiotherapists and chiropodists. People also had access to a private counsellor. One person told us, "My healthcare needs are always seen to, that is why I am here."

Is the service caring?

Our findings

People told us they received care from kind staff. One person said, "I have never received anything but good care here." A second person told us, "Staff are very welcoming." A third person said, "Staff are very accommodating. I'm staying longer than I need to because it's convenient for me. It's comfortable and nice."

People were cared for by staff who promoted their privacy and dignity. People were very complimentary about the staff. One person told us, "Staff always knock on my door before coming in." Another person said, "Staff call me by the name I want to be called. They are very respectful in that way." A third comment was, "When staff are helping me they do so in the privacy of my room with the door and curtains closed." We observed staff knocking on people's doors and calling out, "Hello" before going in. A staff member told us, "I make sure the light is on so they can see and I close the curtains and door."

People lived in an environment that was well-maintained and clean. People told it was like living in a, "Five star hotel." One person said, "It's so clean." We found this to be the case. All communal areas and corridors were bright and clean. People's rooms, the lounge and conservatory area were all furnished and decorated to a high standard. We noted in the customer questionnaire responses that people completed when leaving the service, one person had written, 'The standard (of cleanliness) and those who delivered it is first class'.

People were supported in their independence and could make their own decisions. We saw people moving around the service during the day, using the lift to reach the upper floors, or walking between the therapy areas, the lounge and dining room. People told us they were encouraged to do things for themselves. One person told us, "The reason I am here is to get my independence back. Staff are always available if I need support of I am finding anything difficult." We saw people chose where they wished to spend their time during the day and one person said to us, "We can make our own choices about what we do." A staff member told us, "That's everything we do. We work with the physio's and the person to write their action plan. Some people can shower, but they might just want us there for their confidence."

People were impressed with the care they received. One person told us they had previously stayed at The Clavadel when they were rehabilitating from a previous operation and as such had come back again because they were so happy with the care that was provided to them. Another person told us they would be booking to stay again following their second operation.

People lived in a friendly environment where staff spent time with people. During the day we heard staff and people chatting and laughing. There was a good atmosphere around the service and we heard people being greeted as they came into the building. One person told us, "Staff here always take their time when they are helping me." Another person said, "Staff talk to me when they are attending to me, they are very friendly and very respectful of me as a person." We heard a staff member knock on someone's door and enter saying, "Good morning, my friend" to one person. A staff member told us, "It's not good when you rush people. I always make sure I provide care in the way people want it."

Staff made sure they treated people in a way that was important to them and the service was flexible to

people's needs. One person said, "They (staff) all have very good manners and that is important to me." Another told us, "They communicate well with me." The service was able to adjust people's dates of stay to fit in with their discharge from hospital which meant people could have a smooth transition between hospital and the service.

People maintained relationships that meant something to them. We saw people receiving visitors and saw them sitting together in the lounge and conservatory area chatting. When guests arrived they were immediately offered refreshments by staff.

Is the service responsive?

Our findings

At our inspection in August 2016 we found that people's records contained no pre-admission information, general care needs, wants and wishes. We found at this inspection improvements to the records for people had been made.

People had a pre-admission assessment carried out with them prior to moving in to The Clavadel. This was usually pre-operative. Information was obtained about the procedure they were to undergo and the usual recovery and rehabilitation time. The pre-admission assessment was used to form the basic care plan (patient record) when a person came in to the service.

We read that people's care needs were assessed in relation to their mobility, nutrition, medication, risks and emotional needs. Such as one person whose records noted, 'can be low after surgery' or another person whose records stated, 'make get short of breath if walking too fast'. There was also a 'pin-site' (a wound where a wire or screw transfixes the skin and bone) care plan. This contained information on how to identify any possible pin-site infections. All records were succinct and reflected the short-term nature of people's stay. Each care plan had brief information about people's backgrounds and the reason for their stay and people had goals for rehabilitation which were updated. By looking at these they demonstrated that people regained their independence. People told us they were aware of their patient record and said that staff had written this based on the information they took at the pre-admission assessment. A staff member said, "The care folders describe what they (people) need so I read them and I make sure to have a short conversation with a person soon after they arrive."

People had access to activities should they wish them. Although the service did not provide dedicated in-house activities because people were on short-term stay only, those who remained at the service longer were given the opportunity to attend activities at another of the registered providers services. We saw however that people were provided with a newspaper of their choice each day and there were books, magazines and games in the lounge area. We saw people make use of these.

Daily records were recorded in relation to people and we read that this included notes in relation to their personal care, their mobility that day, when they had their therapy sessions and what they ate. Where particular changes were noted in a person we saw that the records contained appropriate information and guidance for staff. Such as one person who had become unwell whilst in the hydro pool. We read that staff carried out regular reviews on this person and there was guidance to staff to call the emergency services if the symptoms reoccurred. Individual information about people was up to date. One person's care plan stated, 'likes to spend time on her own in her room listening to music' and we observed this to be the case. Another person had individual goals on how to regain their independence. Staff told us they felt they were kept up to date with people's needs. One staff member said, "We are all involved in the handover every morning. I feel involved with the care staff even though we work in different parts of the building." Another told us, "We are shown the care plans step by step and changes are told to us during the handover."

People were provided with information about the service in a way they could understand. We heard a staff

member take a phone call from a person who was considering using the service after their operation. We heard the staff member take an interest in the person and explain to them what they could expect at The Clavadel. They offered to send them out an information pack which gave them further details. We saw this information pack and a welcome pack were available to people in their individual rooms. The welcome pack contained all the necessary information a person may need to help ensure their stay was comfortable, such as when the hairdresser was available, what time meals were served, details on television and Wi-Fi services and information on how they could access transport if they needed it.

People were made to feel comfortable when moving into the service by attentive staff. We saw two people arrive at the service during the day. They were greeted by the service manager who showed them to their room and brought them refreshments. We noted the matron visited them shortly after to welcome them and obtain the necessary additional information for their care records. People were also talked through the routines of the service so they were fully informed.

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The registered manager told us there had been no complaints about the staff or the service. People were able to tell us where to find the information on how to make a complaint although none of the people we spoke with had made a complaint. We saw there was ample compliment letters received by the service. These included, 'Thank you very much for looking after me so well during my recent stay. You were extremely kind and helpful during a difficult time for me', 'My heartfelt thanks for enabling me to get through the three months I was at The Clavadel. You have all looked after me so well' and, 'All staff, whether administrative, caring, nursing, medical and catering all exhibited the same determination to make my stay welcoming, supportive and worthwhile. I know this only comes from the top'.

Is the service well-led?

Our findings

People felt the service was well led. One person told us, "I think this is very well managed. I have everything I need and the staff are excellent." Another person said, "It is well managed because the staff are so well trained, polite and kind." A third person commented, "Absolutely it is well managed because it is efficiently run, it is like clockwork."

At our inspection in August 2016 we found that there were no routine audits of the service taking place and people were not being given the opportunity to feedback their views about the care they had received. We found at this inspection that the registered manager had taken action in these areas.

Quality assurance audits took place to help ensure a good, safe quality of care was being provided to people. We saw regular medicines audits took place by the matron. We noted in the past these had identified some gaps in medicines records and saw that the matron had addressed these shortfalls with staff. Infection control audits were also carried out which included looking at good handwashing techniques and documentation audits took place every other month. These covered a sample of patient records and we noted that no major concerns had been identified.

People were encouraged to give their feedback and suggestions. People were asked for their views about the service they had received when they left The Clavadel. Two people told us they had already completed the questionnaire as they were due to go home that day. We read comments people had written and noted one person had asked for 'grab bars' in the en-suites. We spoke with the registered manager about this who told us they had started an overhaul of bathrooms to include these.

Staff felt supported. One staff member told us of senior staff, "[Name] is very, very nice. He supports me. Also [name] is very good." They said they felt valued and they felt this in the way the senior staff approached them, adding, "It's all a friendly team." Another said, "It is so lovely here compared to other places I've worked. There's stability here. The management are really hands on and I can go to them with anything and they deal with it."

Staff were encouraged to get involved in the running of the service as regular staff meetings were held. We read that staff discussed the communication book, a blocked fire exit (which had been remedied) and the importance of recording pressure area checks at the most recent meeting. Qualified staff meetings also took place where staff discussed their practices. A staff member told us, "We have a book and we have regular meetings. We can raise anything with management." They told us staff had identified that the built-in shower seat was too low for some people who had had a hip replacement. They said management had removed the seats and ordered more appropriate ones. The nurses used a communication book where they could record their ideas or suggestions. A recent suggestion had been to purchase a coffee machine so people could get their own drinks. We were told the provider was organising this.

The culture and communication within the staff team was good. We observed staff working in a competent and organised manner. They had each been given their tasks for their shift and followed these with regular

checking and consultation with colleagues to ensure everyone received the care they were expecting. A staff member told us, "We have three handovers a day where we discuss people's needs. It is very easy to speak to the manager I can always find them when I need to. It is a very good team. I feel like I'm at home."