

# Castle Villas Limited

# Clover House

## Inspection report

Savile Road  
Halifax  
West Yorkshire  
HX1 2BA

Tel: 01422366448

Date of inspection visit:  
10 December 2019  
17 December 2019

Date of publication:  
28 January 2020

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Clover House is a residential care home providing personal care to 19 older people who may be living with dementia or other mental health problems. Accommodation at the home is provided over four floors, which can be accessed using passenger lifts. The service can support up to 39 people.

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

People and a relative were positive about the service and the care provided. A relative told us, "Staff are smashing with residents. They are wonderful. Never seen anything wrong."

We have made a recommendation about engaging people in meaningful activities.

Medicines were safely managed. The recruitment of staff was safe and staff received induction and undertook mandatory training which was all up to date. We identified two people needed to be reassessed for moving and handling to ensure practice supported them safely.

Staff were kind, caring and compassionate. Staff respected people's privacy and dignity. It was clear people and staff had formed good relationships. People and relatives were involved in decision making. The home was welcoming and friendly.

People told us they thought the food was good. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were suitable and sufficient numbers of qualified staff to support people in line with their assessed needs.

Staff were responsive to people's needs and wishes and knew people well. People were offered choices and encouraged to remain independent. People and their relative's views were sought and identified improvements taken. The registered manager was proactive and visible within the home. They operated an open-door policy. People, relatives and staff knew them well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider was working within the principles of the Mental Capacity Act (MCA). Improvement was needed in one person's documentation to fully evidence compliance with the MCA.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 January 2019).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Clover House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors. Day two of the inspection was carried out by an inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service, one relative and two visiting friends. We spoke with the registered manager who is also the owner and seven members of staff including the deputy manager, care assistants, cook and domestic. We also spoke to two visiting healthcare professionals.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included two people's care records in detail and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were also reviewed

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "Yes, I'm alright. It's alright here." A relative told us, "Yes. I feel [Person] is safe. They ring me if there are any problems."
- Staff showed understanding of safeguarding procedures and understood their responsibilities in reporting any concerns they may have.
- The registered manager understood how to prevent people from discrimination and deliver a service which responded to individual needs.

Assessing risk, safety monitoring and management

- People had a number of individual risk assessments which were relevant to their specific physical and psychological needs, including, where appropriate the use of assistive equipment. However, staff did not always demonstrate safe practice when moving and handling. We observed one person struggled to bear their weight to stand and staff took most of the strain. We spoke with the registered manager who was already aware of our concerns and was taking appropriate action.
- Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible.

Staffing and recruitment

- The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required, were deployed. We asked people whether there were enough staff and received mainly positive responses. Comments included, "There's always someone [staff] around" and "Yes. There's enough staff."
- Staff told us they felt there were enough staff. We did not observe people having to wait to be supported during our inspection.
- Recruitment practices were of good quality and suitable people were employed.

Using medicines safely

- Medicines were safely managed. Where people were prescribed medicines to take 'as required' detailed information was available to guide staff on when to administer them.
- Staff who administered medicines had completed training and had their competency assessed.
- People had individual medication administration records (MARs). Systems were organised, and people were receiving their medication and creams when they should.

Preventing and controlling infection

- The home was visibly clean. There was a good supply of personal protective equipment such as gloves and aprons which staff used frequently when assisting people.
- People were provided with hand wipes and staff supported people to clean their hands before and after mealtimes.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed monthly by the registered manager to ensure appropriate action had been taken at the time, and whether any changes needed to occur in care delivery or the use of different equipment. Any patterns in terms of type or person affected were considered to ensure all risks had been minimised as far as possible.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records were organised and contained enough information for staff to support people appropriately. However, some information lacked detail. One person's oral care plan did not address the condition of their tongue. We fed back our concern to the registered manager to take action. We saw the person was subsequently reviewed by a healthcare professional.
- People's care and support needs were reviewed monthly or when people's needs changed with people or where appropriate, their representative.
- Staff knew people well. Staff told us they got to know people's changing needs through good communication within the staff team and at daily handover. The home were currently transferring people's care records from a paper based to an electronic system. We observed both systems in use during our inspection.

Staff support: induction, training, skills and experience

- New staff completed a six-week in-house induction, followed by a period of shadowing more experienced staff. However, one staff member we asked did not know who they were shadowing.
- Staff were supported to complete the care certificate. The care certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- Records showed staff completed a range of training the provider considered mandatory which was up to date.
- Regular staff supervisions were held throughout the year with the registered manager to support staff to develop in their roles. Staff received annual appraisals.

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

- People told us the meals were good and there was plenty to eat and drink. A person told us, "It's very good. A fair choice within reason." A relative said, "There's always nice cakes and a cup of tea."
- We observed a lunch time meal. People were offered a choice of meals. There were pictorial menus to support people to choose what they wanted to eat. The lunch time food was home cooked and looked appetising. Some people were supported by staff to eat their meal. People were given time to eat at their own pace and seemed to enjoy their meal.
- People's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating. Five is the highest score available.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared with other agencies if people needed to access other services such as hospitals. For example, the provider participated in the 'Red bag' scheme initiative which gave reassurance to people they had everything they needed with them when they were admitted to hospital. The bags also provided hospital staff with up-to-date information about a person's health.

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

- The design and layout of the building was adapted and appropriate for the needs of the people who lived there. Secure outdoor spaces were accessible for people to use if they so wished.
- People's bedrooms were personalised and contained pictures and photographs of things which were important to them.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, and speech and language therapists. A visiting healthcare professional said, "It's good to get regular updates from staff. I've seen positive outcomes for people."
- People had oral care plans in place and all staff had received oral healthcare training. The registered manager told us everyone was registered at a local dentist for routine dental care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- The care records we looked at contained appropriate and person-specific mental capacity assessments. These ensured the rights of people who lacked the mental capacity to make decisions were respected.
- Care records were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment. However, we found one person's family member was involved in a best interest discussion to decide whether it was appropriate to allow them to be involved in the best interest meeting regarding the person. Some consent records had also been signed by the same family member on behalf of the person when they did not have legal authorisation to do so. We asked the registered manager to review this person's records.

# Is the service caring?

## Our findings

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

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

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

- People were supported by staff who were kind in their interactions with people. However, not all staff remembered to acknowledge or engage with people when completing care tasks. We observed one person was supported from their chair to a wheelchair without any communication from staff.
- People seemed relaxed and comfortable in the company of staff. A member of staff told us, "I love it here. I enjoy looking after people. Makes it all worthwhile when people are laughing and are happy." Another member of staff said, "I can't imagine doing anything else." A visiting healthcare professional told us, "Staff are really good."
- Staff were knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was laughter and friendliness observed between staff and people throughout the inspection. A person told us, "It's nice. Carer's are nice." Another person said, "Staff look after me and ask how things are."
- Everyone we spoke with was positive about the staff and managers. A relative said, "I like this care home. Staff are nice here."
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People's care was tailored to meet their individual preferences and needs. We observed a member of staff give reassurance to one person who felt sad. They chatted to the person and looked at a book of the person's favourite photographs together.
- People looked well cared for, clean and tidy. People told us they were happy with the care offered to them by staff.
- The registered manager understood when advocacy services would be appropriate and they knew how to access this. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed staff spoke with people at eye level to engage fully with the person and give them their undivided attention. Staff were consistently polite, courteous, engaged and treated people respectfully.

- Staff respected people's right to privacy. We observed staff discreetly supporting people in an appropriate manner and environment.
- People were supported and encouraged to remain independent. Staff enabled people to take their time, for example, when walking round the home.
- People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well.
- People's private and confidential information was securely stored. However, one communal bathroom did not have a lock on the door to ensure people's privacy. The registered manager told us they would take remedial action.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who were sat in the main lounge were involved in group activities, for example Christmas present wrapping and making personalised Christmas t-shirts. A musical entertainer visited the home on a weekly basis and we saw people listening, singing along and dancing. However, care was sometimes not responsive to people's needs. There was limited evidence of activities meaningful to all people in the home. People spent periods of time sitting passively, looking or walking round. Staff made some attempt to engage people in conversation or activity, but this was not always sustained. One person told us they were a keen rugby fan. However, although we saw this was recorded in their care record, there was little evidence to show how their interest in rugby had been followed up.
- Christmas decorations in the main lounge played tunes and had movement and lights. We observed this was in conflict with a CD player in the same room which also played Christmas tunes. We discussed this with the registered manager who said they would consider how to address this.

We recommend the provider seeks advice from a reputable source regarding engaging people in meaningful activities and take action to update their practice accordingly.

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

- Care records were person centred and contained sufficient information for care staff to be able to meet people's assessed need. For example, we saw one care record guide staff to divert a person's attention by talking about their family members if the person became unsettled. This meant staff had clear information on the person's individual preferences.
- Records included important information about the person, such as contact details, personal history, interests and living arrangements.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS. We found the principles of the standard were followed throughout the home. For example, easy to read documentation was routinely used to support and engage with people.

#### Improving care quality in response to complaints or concerns

- People and a relative told us they felt they could raise concerns with the registered manager and deputy manager if they had anything they wanted to complain about. One person said, "I'd tell the boss if I wasn't happy. She'd sort it." A relative said, "I've not noticed anything of concern. I'd say something if I did."
- The provider had a complaints policy in place. A copy of which, along with details how to make a complaint, was available for people and visitors in the entrance hall.
- Complaints and compliments were recorded and responded to. Information was shared with staff where appropriate.

#### End of life care and support

- People were supported to make decisions about their practical preferences for end of life care. However, we found some care records recorded limited person-centred information relating to end of life wishes. We discussed these findings with the registered manager who was receptive to working towards respectfully gathering information to enable person-centred care to be provided at the end of a person's life.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were established and operated effectively to ensure the service was meeting the fundamental standards in terms safety. However, we identified activity provision needed to improve as identified earlier in the report.
- Audit processes were in place to monitor the quality of the service. For example, medicine audits and weight audits. When issues had been identified, action had been taken to make improvements.
- Providers are required by law to notify us of certain events in the service and records showed we had received all the required notifications in a timely manner.
- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.

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

- There was a registered manager in post who provided leadership and support. They received support from a deputy manager. We found they gave clear direction to staff in their work.
- The registered manager had an 'open door' management approach which meant they were easily available to people, relatives and staff.
- Staff were extremely positive about the registered manager and told us they felt supported. Comments included, "[Registered manager] is approachable", "I can talk to her about anything. She never says she hasn't got time" and "She is great, very supportive."
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and in line with requirements.

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

- Feedback from people and relatives was sought via a survey. Mainly positive feedback about the quality of care was received. Actions taken from the feedback given were shared with people and relatives.

- Staff were not formally asked for their feedback. Although staff meetings were regularly held, there was no system in place to ensure staff were offered the opportunity to provide confidential feedback. We provided feedback to the registered manager regarding this.
- The service had received several thank you cards which contained positive comments from relatives about staff and the home.

#### Continuous learning and improving care

- Staff were encouraged to make suggestions how improvements could be made to the quality of care and support offered to people. The provider told us they used senior staff from their other home to help provide oversight and ensure quality of service delivery.
- The home had appointed a 'champion' staff role in oral health care. This staff member was responsible for becoming knowledgeable about their topic and sharing information with the rest of the staff team.
- The registered manager told us they attended good practice events provided by the local authority.

#### Working in partnership with others

- People benefitted from the partnership working with other professionals, such as GPs, pharmacists, nurses and a range of therapists.
- The registered manager was establishing links for the benefit of the service with the local community. For example, some people attended a local dementia café and regularly visited local shops and supermarkets.