

Castle Villas Limited

Clover House

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This inspection took place on 8 April 2015 and was unannounced. At the last inspection on 8 May 2014 we found the service was meeting the regulations we inspected.

Clover House provides personal care for up to 39 older people who may be living with dementia or have other mental health needs. On the day of the inspection there were 24 people living in the home. Accommodation is provided over four floors, which can be accessed using a passenger lift.

The home has a registered manager who is also the owner of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were confident in how to identify and report any safeguarding concerns.

A refurbishment plan was underway to improve the environment but better systems were needed to ensure one job was fully finished before another was started. Certificates showed the premises and equipment were safe however improvements were needed in identifying and addressing maintenance works in a timely way.

Summary of findings

During our visit we noted some areas of the home felt noticeably cooler than others and the registered manager was arranging for contractors to be brought in to investigate the cause.

People received their medicines when they needed them. One recording anomaly had not been identified by staff but was dealt with swiftly by the registered manager when we brought it to their attention. People had access to health care services.

Staff were safely recruited and the Care Certificate standards were being used for induction. Staff training was up-to-date and systems were in place to ensure all staff received regular supervision and appraisal.

Staff understood and had implemented the legal requirements relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People praised the staff for their kindness. We saw staff had a good rapport with people whilst treating them with

dignity and respect. Staff had a good knowledge and understanding of people's needs and worked together as a team. There were sufficient staff to deliver the care people required and care plans provided information about people's individual needs and preferences.

People enjoyed the different activities available and we saw people smiling, singing and laughing as they joined in the afternoon tea dance. People told us the meals were good and we saw a choice of food and drink was offered throughout the day.

Complaints had been investigated and responded to appropriately.

The registered manager was visible working with the team monitoring and supporting the staff to ensure people received the care and support they needed. We saw quality assurance systems were used effectively to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People told us they felt safe and staff knew how to identify and report any safeguarding concerns.

Staffing levels were sufficient to meet people's needs and recruitment processes checked staff were suitable and safe before they started working with people.

A refurbishment programme was underway, although better planning was required to make sure works were completed in one area before moving onto another. Similarly systems for identifying and addressing maintenance works needed to improve.

People received their medicines when they needed them and there were safe systems in place. Although one anomaly had not been picked up by staff this was a recording issue and the person had received their medicines as prescribed.

Requires Improvement



Is the service effective?

The service was effective. Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's nutritional needs were met. People enjoyed the food and were provided with a choice of nutritious food and drinks.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People had access to health care services to meet their individual needs.

Good



Is the service caring?

The service was caring. People praised the kindness of the staff.

Staff had developed positive relationships with people and treated them with dignity and respect.

Good



Is the service responsive?

The service was responsive. Staff knew people's needs well and care was delivered in accordance with people's care plans.

People were enthusiastic about the activities which were many and varied.

People knew how to make a complaint and complaints were recorded and dealt with.

Good



Is the service well-led?

The service was well led. People had confidence in the registered manager who was visible in the home and led by example.

Good



Summary of findings

Quality monitoring systems worked effectively and resulted in improvements to the service.

Clover House

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 8 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience with expertise in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included looking at notifications and other information we had received about or from the home. We also contacted the local authority contracts and

safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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. We did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 12 people who used the service, two relatives, four care staff, the chef, the registered manager.

We looked at four people's care records in detail, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel very safe here." We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We saw there were safeguarding policies and procedures in place. Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We asked the registered manager how they decided on staffing levels. They told us staffing was based on the dependency levels of people who used the service and was under constant review. As people's needs changed or when people moved into the services staffing levels would be adjusted. We saw this when we arrived at the home early in the morning as one of the staff members had started at 7am to provide additional support for people who chose to get up early. The staff we spoke with told us there were enough staff on duty to meet people's needs. We saw staff were available in the communal areas most of the time during our visit. One person told us, "There's plenty of staff around at all times." We spoke with two relatives who said, "Staff here are very good and there always seems to be someone around when we visit."

We looked at the recruitment records for two recently employed staff, which showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and references, were obtained before staff began work.

We looked round the home and found the premises were clean and tidy. However, we noticed a difference in temperature in some areas of the home, which felt noticeably cooler than others. We reported this to the registered manager who told us there had been a recent problem with one of the boilers but the contractors had been out and found no fault. The registered manager said

they would arrange for the heating engineers to come out again. We saw maintenance certificates were in place and up to date for equipment and the premises, such as electrical wiring, Legionella and the lift. Where improvement works had been identified the registered manager confirmed these had been completed. Records showed weekly checks were carried out to ensure the safety of the premises such as fire safety. Environmental risk assessments were in place which the registered manager told us were being updated.

The registered manager told us they were in the midst of a redecoration and refurbishment programme and we saw evidence of this during our visit. Communal areas were bright and well furnished. We found some bedrooms had been redecorated and were personalised and comfortably furnished. In contrast we found other rooms were not well maintained. For example, in one room a window blind had been pulled down and left on the windowsill and in another room the handles on the bedside cabinet were broken. We showed these rooms to the registered manager who immediately asked the maintenance person to address these issues. Following the inspection the registered manager told us these issues had been known however they had not been addressed. Although the registered manager responded promptly and appropriately to these issues when raised by us at the inspection, we found systems in place to identify and address maintenance works in a timely fashion were not effective. The registered manager told us they had recently recruited an additional maintenance person which they felt would enable these issues to be addressed more quickly. We also found there was no planned implementation programme for the refurbishment works which meant work in one area was not fully completed before work began on another. For example, many of the bedroom doors had been painted in different colours to help people with dementia find their rooms more easily, yet there were no signs or names on the doors which made identification difficult. The registered manager told us these were going to be put in place when all the rooms were done but acknowledged this needed to be addressed straightaway.

Medicines, including controlled drugs, were stored securely in a locked clinical room. We found appropriate arrangements were in place for the ordering and disposal of all medicines. A medicine fridge was used for medicines

Is the service safe?

requiring cold storage and fridge and room temperatures were monitored and recorded daily. The records we saw showed temperatures were within the recommended safety range.

We saw staff were patient and calm when administering medicines to people. They explained to people what the medicine was for, why they needed to take it and stayed with each person until the medicine had been taken.

We looked at the Medication Administration Records (MAR) for four people with the deputy manager. For three of these people we saw the MARs were well completed and medicines were signed for, indicating people were receiving their medicines and any refusals or errors were documented. There was a discrepancy with the fourth person's medicines as one of the medicines the person was prescribed was not included on the MAR although the stock

count showed the medicine had been administered so the person had not come to any harm. This person was receiving respite care and an additional medicine had been prescribed and included in their dosette box which had been delivered the day before our inspection. This medicine had not been transcribed by the pharmacist onto the MAR and this error had not been picked up by staff at the home. This was addressed by the registered manager during the inspection.

We looked at the records and checked the stock levels for one person who was prescribed controlled drugs and found these were correct.

The deputy manager told us they had received medicines training last year and the training matrix showed all senior staff responsible for medicines had received training in the previous twelve months.

Is the service effective?

Our findings

Staff told us they had good access to training and received regular updates. This was confirmed in the training matrix we saw, which showed how often refresher training was required and dates when this had been completed. We saw staff had also completed specialist training in areas such as diabetes, catheter care and dementia care. The registered manager told us training was provided in a variety of methods through online learning, in-house training and attendance at external courses. The registered manager told us they were undertaking a degree course in dementia and were involved in a dementia research programme with Bradford University.

The registered manager told us the Care Certificate standards were being used to induct new staff and we saw evidence of this in the training file for a recently employed staff member. We spoke with this staff member who confirmed the mandatory training they had received before they started work and told us they were working through the Care Certificate standards.

The registered manager told us they carried out all the staff supervisions and appraisals. All of the staff we spoke with told us they felt supported by the registered manager. They confirmed they received formal supervision where they could discuss any issues on a one to one basis and we saw this in the supervision records we reviewed. Staff also told us the registered manager was always available for more informal discussions about any issues they wished to raise. One person said, “I get very good support from the manager, anytime I need it.”

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

Staff we spoke with told us they had received specific training about the MCA and DoLS and this was confirmed in the training matrix we saw. The registered manager had taken appropriate action to meet the requirements of the law. They were able to tell us the details of applications that were being processed seeking authorisations to deprive people of their liberty.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed staff were making sure people were in agreement before any care was delivered.

People we spoke with told us the food was excellent. One person said, “I like living here, the food is good and there’s plenty to do.” One relative we spoke with said, “The food here’s wonderful. You should have been here at Christmas. I’ve never seen food like it, there was everything.” Care plans we reviewed showed people’s preferences in relation to food and drink had been recorded, together with any special dietary requirements. For example, one person had a preference for finger foods and sausages. We spoke with the cook who confirmed they had information about special diets and personal preferences. They told us they talked to people about the meals and what they liked or disliked. The cook said, “I make all my meals from scratch and we offer residents white or brown bread. We have a totally new menu each week.”

At breakfast time we saw the cook showing people photographs of the food on offer to help them make a choice and at lunchtime people were shown two plates of food so they could pick the one they wanted. The dining room was bright and cheerful with pictures of food on the walls and there was a relaxed and happy atmosphere. We saw one person chose to have their lunch outside in the garden. We saw adapted cutlery and crockery was available to help people retain their independence when eating and drinking.

We saw the cook was dedicated to making sure people received nutritious food and drinks to maintain their calorie intake. Mid-morning people were offered a choice of drinks which included fruit milkshakes which were fortified with honey and cream as well as a choice of fresh fruit, cheese and sliced meats. Mid-afternoon at the tea dance cups of tea or coffee were served in china cups with a choice of cream cakes. We saw people really enjoyed these. We saw staff supported people with eating and drinking and this was done sensitively and patiently allowing people to do so at their own pace.

We saw from the care records one person had lost weight. We talked to staff about this and they were able to tell us the measures that had been put in place to try and reduce the risk of further weight loss. These included fortified

Is the service effective?

drinks and involvement of the person's GP. We saw this person was given fortified drinks and their favourite foods during our visit. This showed staff were supporting people to eat a nourishing diet.

The care plans we looked at showed people had been seen by a range of health care professionals including GPs, district nurses and podiatrists. We saw from the records

one person had a specific problem and staff had contacted a range of health care professionals until the issue was resolved. We saw care workers had involved the GP in a timely way for someone who had a urine infection and another person who had a chest infection. This meant people's healthcare needs were being met.

Is the service caring?

Our findings

People we spoke with praised the staff and told us they were kind and caring. One person said, “The girls are always happy and smiling. They make me feel good.” Another person said, “I feel the staff support me. I can talk to them and they listen to me.” A further person said, “We always have a laugh.”

We saw staff had developed good relationships with people and took every opportunity to engage with them. We saw people were bright and alert and interested in their surroundings and joined in with conversations. We saw people frequently laughing and smiling with staff and there was a happy atmosphere. Most people looked well cared for and were dressed in clean clothes. Although we saw one person dressed in trousers with a broken zip and another person who was unshaven. However, we saw both of these people later in the day and these issues had been addressed.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people kindly and support was offered in a sensitive way. We saw staff were caring and compassionate.

We saw staff treated people with respect and ensured people’s dignity. For example, we saw people were given wet flannels to wash their hands before and after meals, we saw staff called people by their names and took time to

explain what they were doing and why. We heard staff asking people where they would like to sit when they assisted them into the lounge. This showed us staff were sensitive to people’s needs and welfare.

We heard one staff member use terminology which was not respectful when they were asking another staff member about people who required help with their meals. When we spoke with the registered manager about this they told us they had overheard the remark and had addressed it with the staff member straightaway as it was not acceptable. This showed the registered manager was constantly monitoring staff behaviour and addressing issues promptly when they arose.

One staff member we spoke with told us how they felt it was important it was to maintain people’s dignity and be discreet when asking about personal issues such as supporting someone to use the toilet. They said, “I always think to myself I wouldn’t want others to hear if that was me. It’s private.”

Relatives told us there were no restrictions on visiting and said they were made to feel welcome whenever they visited. They told us they were aware of their relatives’ care plans and felt involved in them.

The registered manager told us they were introducing a buddy system whereby each person who used the service was allocated a staff member to be their ‘buddy’. The buddy role and responsibilities were set out for staff which included supporting them to keep their room tidy, helping with shopping, keeping in touch with their relatives and supporting them with their interests and hobbies. The registered manager said discussions were taking place to match people with a buddy of their choice.

Is the service responsive?

Our findings

We found staff were responsive to people's needs and care plans we reviewed contained information about people's personal preferences, likes and dislikes. One person told us, "The girls know what I like." Care plans were easy to follow and provided staff with the information they needed to care for people safely and in the way they preferred. Risk assessments were in place and up to date for areas such as falls, pressure area care, and moving and handling. Staff we spoke with were knowledgeable about people's care needs and had a good understanding of the support each person required. Staff told us they were informed about any changes in people's needs at handovers, which happened at each shift change. One staff member said, "Handovers are very good. They tell me what I need to know."

We met one person who we recognised from an inspection at another location. We saw a significant improvement in this person and their whole demeanour had changed. Whereas before they had appeared unkempt and had been distressed and agitated, we saw they were now well groomed, relaxed and smiling and burst into song when we spoke with them.

We asked people about activities in the home and they told us they had meetings with the registered manager and staff where they discussed what they would like to do and where they would like to go. People told us they went shopping, to the theatre, had baking days and made things. We saw there were visual and tactile objects around the home to stimulate and interest people living with dementia. For example, there were cushions with zips and other fastenings and memory books which were used by staff to initiate conversations. We saw one person reading the local paper and another going out with a friend for the day. We saw one member of staff had some optic lights which she brought to a person who was blind. We saw this

person smiling and stroking the optics saying how smooth they were and talking with the staff member about them. We saw staff encouraging another person who was watering the plants.

In the afternoon the lounge was full of people who were enjoying a tea dance. We saw people getting up to dance with staff while others were singing along to the music. There was lots of laughter and people were enjoying themselves. The registered manager and staff served afternoon tea from a china tea set and offered people a selection of fresh cream cakes. One person said, "I love a cream cake and these are delicious." Another person told us how nice it was to be dancing again.

There was a choice of different communal areas, including a conservatory which led onto the garden. This meant people could choose to have company or sit in a quieter place and we saw people walking around freely spending time in different rooms.

Staff told us there were lots of activities taking place for people both inside and outside the home.

People we spoke with told us they had no complaints and were happy at the home. They told us if they had any complaints they would speak to the staff or the registered manager. One person said, "If I had a complaint I would tell one of the girls, but I have none." The complaints policy was displayed but needed updating as it did not include contact details for the Ombudsman. The registered manager showed the new policies and procedures they were implementing in the home which included an updated complaints policy which had this information.

We looked at the complaints records and saw four complaints had been received since the last inspection. The records showed all four had been investigated and responded to appropriately. Three of the records showed the complaints had been dealt with to the satisfaction of the complainants. The fourth complaint had not yet been concluded.

Is the service well-led?

Our findings

People we spoke with told us they thought the home was well run. One person said, “If I want something, no matter what, they try to get it for me.”

The home had a registered manager who was visible in all areas of the home throughout the day. We saw the registered manager led by example and provided a good role model for the staff team. The registered manager was approachable and worked with the team addressing any issues promptly with staff and praising good care.

We saw the registered manager had new policies and procedures in place that reflected the recent change in legislation. This meant staff had access to information and guidance that was up to date.

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people they supported through residents’ meetings. We saw the notes from the most recent meeting where the menus had been discussed. People had asked for more jelly and ice cream and more cold desserts. These requests had then been incorporated into the menu. This meant people could influence the service they received.

We also saw surveys had been sent to relatives in November/December 2014. The results had been analysed in January 2015 and a report written on the findings. The

surveys identified a problem with the laundry system in the home. The registered manager had then identified the action to be taken to make sure improvements were made. This meant the views of relatives were actively being sought to find out where they thought improvements could be made.

We saw accidents and incidents were being analysed on a monthly basis to see if there were any themes or trends emerging. We saw the registered manager had identified an issue about injuries being caused by footplates on the wheelchairs and was in the process of completing risk assessments for two individuals to see if it would be safer if footplates were not used. This meant the registered manager was looking at ways to reduce similar accidents happening again.

We saw the registered manager carried out various audits in order to monitor the service. We saw there had been catering audits, medication audits, infection prevention audits and mattress audits. We saw action had been taken when issues had been found. For example, four mattresses had not passed the audit and had been disposed of. This meant the registered manager was identifying and taking appropriate action to make improvements.

Staff told us staff meetings were held and they were able to discuss any issues with the manager. Staff said they felt they were listened to and communication in the home was good.