

Aegis Residential Care Homes Limited

The Clough Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Clough Care Home is a detached property with large gardens, located in a quiet residential area in Bolton. There are 30 rooms, two of which are shared. The Clough provides accommodation and support for up to 32 older people. On the day of the inspection there were 23 people using the service.

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

Systems for safeguarding people from harm were robust. Staff completed regular safeguarding training and were aware of how to report any safeguarding concerns or poor practice witnessed. Risk assessments were completed for each individual and kept up to date with regular reviews. Health and safety certificates were in place and regular checks completed. Medicines were managed safely and appropriate infection control measures were in place at the home.

Staff were recruited safely and adequate numbers of staff were deployed to meet people's needs. Staff training was on-going throughout their employment.

People told us they were looked after kindly and their privacy and dignity were respected. Care plans included clear information about people's preferences and needs and people's choices were respected. People were supported to be as independent as possible.

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.

Some staff expressed concerns about the management of staffing issues, although most felt management was proactive and helpful. The concerns were addressed immediately by the registered manager.

Complaints and concerns were responded to appropriately and honestly. Audits and quality checks were completed and any issues addressed appropriately. The service communicated well with relatives and friends and worked productively with other agencies and professionals.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 September 2019).

Why we inspected

We received concerns in relation to poor care standards. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

Prior to the inspection we reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, caring and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Clough Care Home on our website at www.cqc.org.uk.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Clough Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Clough 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 CQC. 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

We gave a short period notice of the inspection so that some of the information required could be sent to us electronically. This was to ensure that we spent as little time as possible on the premises, due to the current pandemic.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, two acting senior carers and a care assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two further staff members. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate policies and procedures in place about safeguarding and whistle blowing.
- Staff completed regular safeguarding training and were aware of how to report any safeguarding concerns or poor practice witnessed.
- A safeguarding log was completed with any concerns raised. Actions were taken where required.
- Monthly safeguarding audits were completed and the results analysed to inform continual improvement.

Assessing risk, safety monitoring and management

- There were individual risk assessments within each care file. These included actions to mitigate the risk and evidence of regular reviews.
- General risk assessments relating to the environment and health and safety issues were in place at the home.
- All required health and safety checks were completed and documented regularly. Health and safety certificates were in place and up to date.
- The service had a business continuity plan in place, to be implemented in the event of an emergency or loss of utilities.

Staffing and recruitment

- Staff records evidenced the safe recruitment of employees to the service.
- There was a dependency tool used to calculate the number of staff required to meet people's needs.
- There were sufficient staff on duty and the service was currently recruiting more staff. One staff member told us, "Our team now, although very small, have pulled together [through the pandemic] and will ensure that our residents are cared for to the highest standards."

Using medicines safely

- There were safe systems in place for managing medicines.
- Staff completed regular medicines training. Competence checks were completed to ensure staff continued to administer medicines safely.
- We looked at medicines administration records, which were complete and up to date.
- Medicines audits were completed monthly and any issues identified and addressed with appropriate actions.

Preventing and controlling infection

- The service had safe systems in place for visitors to follow. This helped minimize the risk of spreading infections.

- Staff completed regular infection control training and specific training with regard to COVID-19 and the use of personal protective equipment.
- The service was aware of how to access further guidance and advice around infection control if required.

Learning lessons when things go wrong

- The service took learning from falls, accidents, incidents, safeguarding concerns and complaints, which were regularly audited.
- The audits were analysed for any patterns or trends and these were followed up with improvement actions.

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 good. At this inspection this key question has remained the same. 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 well presented and told us they were looked after kindly. One person said, "The staff really look after me, I couldn't wish for more." Another person told us, "It is very nice, I am looked after OK. The staff are very good, nice and kind." A staff member said, "We love all of our residents, we treat them like they're our own family members."
- A health professional we spoke with said, "People are absolutely looked after well."
- The service had an appropriate policy and procedure around equality and diversity.
- Care plans included clear information about people's protected characteristics, such as culture, religion and sensory issues. There was guidance for staff on how people's diversity should be respected and have their particular needs met.

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

- Care plans evidenced people's involvement in their care provision and reviews.
- Quality assurance surveys were carried out regularly. The most recent one included questions about whether people felt involved in the day to day life at the home. Most were positive about this. Where people had responded with any negativity, actions had been implemented to make things more inclusive.
- People said their choices were respected. A staff member said, "People can get up when they want and go to bed when they want."

Respecting and promoting people's privacy, dignity and independence

- People said they were treated respectfully. One person told us, "The staff come and help me with a shower often." Another person said, "I don't always want a bath or a shower, but I can have an all over wash if I want and I am happy with that."
- A staff member told us, "Choice is given around whether people want a shower or bath and they are frequent."
- Care files included guidance and information about how to preserve people's dignity. Records showed people's oral hygiene and personal hygiene needs were met.
- People had indicated within the latest survey that they felt respected.
- Observations evidenced good interactions between staff and people who used the service.

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 good. At this inspection this key question has remained the same. 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

- A minority of staff expressed dissatisfaction with the resolution of staffing issues brought to the registered manager's attention. One staff member said, "Management are not always chasing issues up."
- We discussed the concerns raised by some staff, with the registered manager. They immediately implemented an action plan to address them, starting with one to one chats with every member of staff to explore any issues more fully.
- The majority of staff were happy with how the home was run and felt the registered manager was approachable and proactive. A staff member told us, "Things have been hard at times but [registered manager] has managed things well and in an appropriate manner and I have found her to be a very approachable person."
- All risks at the home were fully assessed and regularly re-visited to ensure the actions to mitigate the risks remained relevant.

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

- Care plans were person-centred and included people's desired goals and outcomes, which were respected. For example, one person, in the event of becoming ill, did not wish for any medical interventions involving blood products due to religious reasons. Another wanted to remain at the home, rather than go into hospital, when nearing the end of life, and to have a priest attend. These aspirations were clearly recorded and staff were fully aware of them.
- The use of equipment, such as sensor mats and walking aids, helped ensure people were encouraged to be as independent as possible.
- Staff completed regular training to help ensure their skills and knowledge remained relevant.
- A health professional we spoke with told us, "There has been a change in leadership [over the last couple of years] and now the manager is very engaging and works well with us. [The registered manager] is very proactive and stands up for the residents."

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

- Notifications were submitted to CQC as required and the registered manager supplied any further information required in a timely way.
- Complaints and concerns were responded to appropriately and honestly.

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

- People completed regular surveys with staff to help ensure they stayed fully involved and participated as far as possible in the day to day life of the home.
- The service was in regular communication with people's family and friends. Throughout the pandemic people were kept fully informed of all current guidelines.
- When changes to the visiting guidance occurred, the service was quick to implement the new procedures. A family member had written to the service to say, "I just wanted to say thank you for facilitating the visits. I know the planning that needs to go into these things before we can just turn up but I thought it worked well and your ability to do it in the first week of the government changes was really appreciated."
- We saw examples of staff meetings and staff supervisions. However, some staff felt it would be helpful if these were held on a more regular basis.

Continuous learning and improving care

- The management team completed regular 'walk rounds' and spot checks to help ensure a good standard of care was maintained.
- Audits and quality checks were completed and the results analysed regularly. Learning was taken from these and appropriate actions implemented to inform improvement and development of the service.
- The provider had an overview of quality at the home and supported the registered manager with the implementation of change and improvement.

Working in partnership with others

- The service worked well with local authority partners and other professionals and teams.
- A health professional we spoke with told us, "Since the new manager has been in place there has been a day to day reduction in calls. There is more structure and they now work differently. They refer appropriately and problems are highlighted as needed."