

# County Healthcare Limited

# Clova House Care Home

## 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 

## Overall summary

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.

This inspection was unannounced. The previous inspection of 5 August 2014 found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010 in that people who used the service were not protected against the risks of receiving unsafe or inappropriate care because their documentation did not

ensure their welfare and safety when transferring between services. After that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. During this inspection we checked that they had followed their plan and to confirm that they now met legal requirements.

Clova House Care Service provides accommodation and personal care for forty older people in two separate areas of the home. One area for people living with dementia

# Summary of findings

and one for those with personal care needs. The service is part of a company called County Healthcare Limited. There were 31 people living at Clova House on the day we inspected.

There was a registered manager in place. 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.

Clova House provided good care and support for the people that lived there. People we spoke with said they felt safe and they spoke positively about the care and support they received. Staff recruitment processes included carrying out appropriate checks to reduce the risk of employing unsuitable people.

The home had safe systems in place to ensure people received their medication as prescribed; this included regular auditing by the home and the dispensing pharmacist. Staff were assessed for competency prior to administering medication and this was reassessed regularly.

New staff had received relevant training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff team had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions.

People had their nutritional needs met. People were offered a varied diet and were provided with sufficient drinks and snacks. People who required special diets were catered for.

People had good access to health care services and the service was committed to working in partnership with healthcare professionals.

People told us that they were well cared for and happy with the support they received. We found staff approached people in a caring manner and people's privacy and dignity was respected.

People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

People's needs were assessed and met in accordance with their wishes. We saw evidence of the service ensuring people were able to continue with interests and hobbies.

People knew how to make a complaint if they were unhappy and all the people we spoke with told us that they felt that they could talk with any of the staff if they had a concern or were worried about anything.

The provider actively sought the views of people using and visiting the service. They were asked to complete an annual survey and provided feedback using an electronic feedback iPad located in the entrance hall to the home. This enabled the provider to address any shortfalls and improve the service.

The service had a quality assurance system, and records showed that identified problems and opportunities to change things for the better had been addressed promptly. As a result we could see that the quality of the service was continuously improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and the quality assurance systems in place. This helped to ensure that people received a good quality service. They told us the manager was supportive and promoted positive team working.

# 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 safe.

When we spoke to people who used the service they told us they felt safe. Staff had undertaken training with regard to safeguarding adults and were able to demonstrate what to do if they suspected abuse was happening.

We found there were sufficient staff on duty to attend to people's needs. The way in which staff were recruited reduced the risk of unsuitable staff working at the home.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care.

There were systems in place to protect people against the risks associated with the management of medicines.

Good



### Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills to support people.

People were provided with a choice of nutritious food. Snacks and drinks were available at any time. People's dietary likes and dislikes were known by the staff.

The provider had appropriate policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received training and demonstrated understanding of the principles of the Act and people were supported to make decisions about their care, in line with legislation and guidance.

The home had developed good links with health care professionals which meant people had their health needs met in a timely manner when their needs changed.

Good



### Is the service caring?

The service was caring.

People's privacy and dignity was respected and staff were kind and attentive.

People were well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning how their care and support was provided. Staff knew people's individual preferences and these were taken account of.

Documentation was completed with up to date accurate information to support people's needs being met when they transferred between services.

Good



# Summary of findings

People had an opportunity to participate in group activities and attention was also paid to people's individual interests and hobbies.

The provider responded to complaints appropriately and people told us they felt confident any concerns would be addressed.

## Is the service well-led?

The service was well led.

Staff and people using the service; their relatives and representatives expressed confidence in the manager's abilities to provide good quality care.

The service was responsive to any comments or complaints they received. They made the necessary improvements where shortfalls were identified.

There were effective quality assurance systems in place to monitor the service and drive forward improvements. This included internal audits and also corporate audits which provided positive feedback about the service.

Staff reported a supportive leadership with the emphasis on openness and good team work.

Good



# Clova House Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 June 2015 and was unannounced. The inspection was carried out by one inspector.

During our inspection we carried out observations of staff interacting with people and completed a structured observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information. We also contacted the local authority contracting team to ask for their views on the service and to ask if they had any concerns.

During the inspection visit we reviewed three people's care records, three staff recruitment files, records required for the management of the home such as audits, minutes from meetings, satisfaction surveys, and medication storage and administration records. We spoke with eight people who lived at the service and two relatives. We also spoke with four members of staff, the registered manager and the regional manager as well as one visiting health professional.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person told us “I am very happy here, I feel secure knowing the staff are around to help me.”

The service had policies and procedures with regard to safeguarding adults and whistleblowing. When we spoke with staff about their responsibilities for keeping people safe they referred to safeguarding policies and confirmed they had received training about safeguarding adults. They were able to explain the process to follow should they have concerns around actual or potential abuse. Information the commission had received demonstrated the manager was committed to working in partnership with the local authority safeguarding teams and they had made and responded to safeguarding alerts appropriately.

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. All of them had attended an interview and two references and DBS (previously criminal records bureau) checks had been obtained prior to the member of staff starting work. This process helped reduce the risk of unsuitable staff being employed. The manager told us they were planning to include a person living at the home in the interview process and had completed some informal training with them to assist them with the process. One person had been ready to be included and expressed disappointment when the applicant failed to attend.

We spoke with the manager about how they determined staffing levels and deployed staff. They told us they had a staffing dependency tool, Care Home Equation for Safe Staffing tool ("CHESS"), which they completed and this determined how many staff were required. The tool used a scoring system relating to the needs of individuals.

We reviewed the previous two week's rotas and saw during the day, in addition to management, an activities organiser and ancillary staff, there was a senior member of staff on duty and four care staff on duty during the day with one senior and two care staff overnight. People we spoke with told us they felt there were enough staff on duty. One

person said “I think there are enough staff, I never have to wait long for one of them to come if I press my call bell.” Another person said “Although the staff are busy they always have time to stop and chat.”

Staff told us they had a daily handover where the leader of the shift passed on relevant information about people's needs and planned event/appointments for the day. Staff were also allocated areas within the home to work and allocated break times in order to ensure there were sufficient staff available. This helped make sure that people's needs were met. During our visit we noted that although staff were busy they had time to spend with people and that call bells were responded to swiftly.

We looked at how risks were assessed and managed. Where risk assessments were routine for example for weight loss, pressure sores, moving and handling and mobility these were completed fully and detailed how risk could be minimized. However where the risk was more complex risk assessments were not as detailed. For example one risk assessment that related to a specific seating arrangement did not explore other options or the rationale for using this piece of equipment other than ‘to keep this person safe.’ The risk assessment did not include the potential to restrict the person's movement or who had been consulted about whether or not this was in the person's best interest.

There were risk assessments in place relating to the safety of the environment and equipment used in the home. For example hoisting equipment and the vertical passenger lift. We saw records confirming equipment was serviced and maintained regularly. The service had in place emergency contingency plans. There was a fire risk assessment in place for the service and personal emergency evacuation plans (PEEPs) for individuals

We walked around the building and saw grab and handrails to support people and chairs located so people could move around independently but with places to stop and rest. Communal areas and corridors although homely, were free from trip hazards.

The home was clean. We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

## Is the service safe?

We checked the systems for the storage, administration and record keeping with regard to medicines. Medicines were located in a locked clinical room in a lockable trolley secured to the wall. There was also a lockable medication fridge. The manager explained that medicines were supplied in a monitored dosage system with pre-printed medication administration records (MAR). Medicine boxes were colour coded to indicate morning, lunchtime or evening doses. We completed a random check of stock against MAR charts and found them to be correct. We saw controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register. The stock tallied with the record.

We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered.

Staff were not permitted to administer medicines until they had completed medication training. The training included a written exam and observation of competency which meant people at the service could be assured they received the medicines they were prescribed safely.

# Is the service effective?

## Our findings

We asked the manager about staff training arrangements. They told us newly appointed staff were allocated a mentor and completed a twelve week induction which included mandatory health and safety training such as moving and handling, first aid and safeguarding adults. Staff were encouraged to complete National Vocational Training (NVQ) and the provider's training team offered access to specialist training such as end of life care, dementia awareness and Mental Capacity Act (2005) training. The manager showed us a training matrix which recorded the training staff had completed and a system which alerted them when staff were due for updates. Staff we spoke with told us there were good opportunities to attend training and it was relevant to their role.

The provider operates a quality mark scheme called PEARL, which assesses quality standards in the understanding and delivery of specialist dementia care. The service has just registered with the scheme which will provide specialist training including staff experiential training. This consists of spending a day as a person living with dementia and experiencing both good and poor care.

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. This meant that staff were well supported and any training or performance issues identified.

We reviewed three people's care plans and saw a pre admission assessment which detailed personal information about the person's needs. The care plans contained information about people's choices and preferences, for example one person preferred to eat their meal in their room rather than the communal dining room.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is appropriate and needed. The manager told us they had a good working relationship with the local authority DoLS team and Community Mental Health Team. The manager told us at the time of the inspection eighteen applications had been

made. We reviewed one of the approved deprivations of liberty and saw the appropriate processes had taken place and reviews were scheduled. We saw as part of the care planning process that people had their mental capacity assessed with reference made to legal guidance.

When we spoke with staff they demonstrated a good understanding of the issues with particular regard to day to day care practice ensuring people's liberty was not unduly restricted.

We observed the lunchtime experience in both areas of the home. We saw that people were given time to enjoy their meal and it was a social and relaxed occasion. There was a choice available to people and people told us that staff asked them what they would like to eat. We felt people living with dementia could have been shown pictures or examples of the meals available to ensure they received a meal they wanted and had chosen. When we spoke with the manager she explained they were hoping to introduce a silver service where people would be served their food at the table and would be able to choose their food at that point. Those people who needed it were given discrete assistance with eating their meal and we saw people using adapted cutlery and plate guards in order that they could be independent when eating their meals.

We spoke to the chef who told us all food was fresh and locally sourced. They baked every day to ensure fresh cakes and high calorie smoothies were available to supplement people's diet where they were at risk of weight loss. They told us they had a good relationship with people and they knew people's preferences. Whilst we were at the home we noted that people had access to juice and water and that people were offered tea and coffee at regular intervals and we heard staff encouraging people to drink sufficient fluids.

During this inspection the care records we looked at included those of people who had nutritional risks associated with their health and well-being. Nutritional risk assessments had been completed which directed staff on what action to take; for example if a person had significant weight loss this must be reported to a senior member of staff who would make an urgent referral to the SALT team (speech and language therapist). We saw care plans included how often people needed to be weighed, whether food or fluid charts needed to be completed and any recommendations from the speech and language



## Is the service effective?

assessment if this had been completed. We saw plans had been reviewed regularly and amended as required, for instance one person had changed from needing a soft diet to a blended diet and food supplements.

Staff reported good working relationships with local health professionals. People's care plans included information about people's access to chiropody, hearing specialists and opticians.

The local area operated a system where each service was linked to a specific general practitioner surgery, (although people living at the home had the choice to remain with their doctor prior to admission). They held a surgery in the home every week and responded to emergency visits if required. People told us the access they had to their doctor was good. One person said "There are no problems seeing the doctor. If I want to see the doctor staff make an arrangement for her to visit me here."

The home was an adapted manor house with a purpose built extension. As such some parts of the home were less accessible than others. The manager explained consideration was given to this during the preadmission assessment to ensure people's mobility meant they were able to access their bedrooms. We noted handrails to assist

people to walk independently and appropriately fitted grab rails in toilet and bathrooms. There was ramped access to the garden areas which had seating areas for people to rest and enjoy the garden.

When we looked around the service and saw distinct contrast between the two areas and in the dementia service we could see that guidance had been followed. In the communal areas the walls were plain which provided a contrast to the coloured furniture. There were pictures on the walls from the 50's and 60's which seemed relevant to the age of people. Rummage boxes were available for reminiscence which all had a different theme. For example seasons, nature, textiles and childhood memories. There were scrapbooks for people to look at featuring events from different decades and the royal family. There was a board telling people what day, date and season it was and what the weather was like outside. There were tactile objects around the two rooms including musical instruments. The atmosphere in this area was calm and peaceful. The manager explained that part of the accreditation process for the PEARL award would look at developing the environment further in accordance with current dementia care guidance. The current environment had features which enhanced the lives of people living with dementia and the manager wanted to develop this area further.

# Is the service caring?

## Our findings

The service was caring. People we spoke with were complimentary about the care they received. One person said “I can get up and go to bed when I want. The girls are lovely; I definitely get looked after well.” And another person said “I don’t think the standard of care can be improved, the staff are so kind and patient.” A relative told us “Mum is very well looked after; it’s a lovely caring place.”

Some people who had complex needs were unable to tell us about their experiences in the home, so we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found staff interactions were positive and benefited people’s wellbeing.

We spent time in the lounge areas of the home. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. For example we heard staff referring to family and known interests. We saw that staff acted in a kind and respectful way and people looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere. We saw that staff crouched down to talk to people at eye level and they spoke at a pace that was comfortable for the person.

We saw that staff treated people with respect. We also observed care been taken to ensure people's dignity was maintained for example covering people's knees with a

blanket. We saw staff knocked on bedroom doors and awaited for a response before they entered. Discussions with staff showed a genuine interest and very caring attitude towards the people they supported.

Our observations indicated that people were able to spend their day as they wished. We saw some people involved in communal activities and others preferring to spend time in their rooms. People we spoke with told us that they were asked about their preferences; One person

told us they preferred to spend most of their day in their bedroom. They added that staff frequently came to check they were alright and if they needed anything.

On a number of occasions we saw that staff explained to people what was about to happen and checked that people were in agreement with this.

We saw people’s bedrooms were personalised with their own furniture and possessions or family photographs.

Staff told us they had received training with regard to providing end of life care. Staff told us they received excellent support from district nurses. One member of staff said “We always make sure there are extra staff on duty to attend to people at the end of their life. It’s the most important thing you can do for someone and their families.”

We were told people had access to an external advocacy service if required and the manager told us they promoted an open door policy for people who live at the service and their relatives. During the day we saw visitors coming and going; they were offered a warm welcome by staff. We spoke to two visitors who said they were very happy with the care their relatives received.

# Is the service responsive?

## Our findings

One person told us “The staff are lovely, very kind and thoughtful.” Another person told us the staff were very helpful; “They will get me whatever I ask for. I am looked after very well.”

The manager explained that they completed pre admission assessments of people's needs. They said they involved other people in the process such as relatives and health and social care professionals, to ensure as much information was gathered as possible in order to determine whether they would be able to meet those needs. They went on to tell us that prior to admission wherever possible the person would have an opportunity to visit the home before they were admitted either for an overnight stay or a meal. This provided an opportunity for the person to decide if they wanted to live there and for everyone to meet each other.

The previous inspection had identified a breach in legal requirements relating to the review and updating of peoples' needs; with particular reference to people's health passports. Health passports are completed and used if a person is admitted to hospital in emergency circumstances. These documents hold a record of all relevant social and medical information. The previous inspection had identified for one person the passport did not contain all the relevant information needed to ensure they received appropriate care. This was particularly important as this person had been assessed as not having capacity to make decisions. We saw in another person's passport that a hearing impairment had not been recorded which would be crucial information for communicating effectively. We reviewed health passports at this inspection and found them to be completed with up to date and relevant information. The provider was therefore no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations) 2010.

The manager explained that the provider had reviewed the format for care plans. They said people's plans were being re written using the new format but this had not yet been completed for everyone. We looked at three care plans and saw that they contained an assessment completed on admission which detailed people's needs and further care plans covering areas such as personal care, mobility, nutrition, daily and social preferences and health conditions. We saw that people had detailed care plans

with corresponding risk assessments in place. We could see that people's care had been reviewed and their plans amended. For instance we saw that one person had lost weight and had been referred to the dietician and now required their food and fluid intake to be monitored. We saw the corresponding records for this. This meant that the person's changing needs had been being monitored. Our discussions with staff indicated that staff knew people well and this would reduce the risk of providing inappropriate care.

We looked at three care plans, all of which provided sufficient information about people's wishes and preferences, so that they were cared for in the way they had chosen. One person had signed their care plan and one care plan had recorded clear instructions which had been agreed by the person which promoted their continued independence. We saw people had a booklet called 'My Choices' and we saw detailed social histories, which we felt were particularly relevant to those people living with dementia as they assisted staff in understanding people's lives and ensuring their wishes and preferences were met.

The manager told us they operated a 'Resident of the day' to review people's care. This meant that on 1st of the month the person in room one would be reviewed and on 2nd room 2. The review was intended to be a 'Whole person' review with all staff departments contributing. So, for example, housekeeping and kitchen staff would be involved and with the focus on each person's whole experience within the home. We spoke to the person and their relative who was 'resident of the day.' They both said they found the system very useful and it meant any changes could be addressed.

Staff spoke knowledgeably about individuals and demonstrated they knew people and their needs well. They told us they had a handover meeting at every shift change where any changes to people's needs were made known so they were able to provide appropriate care.

We spoke to people about any activities on offer. People said there was always something to do and trips out were arranged. They spoke of music and entertainment and trips to Lightwater Valley, a local theme park and retail outlet. One person said “the activities lady asks us about what we want to do. The hairdresser comes and the beauty lady.” One person we spoke with said “I join in when we have entertainers but I prefer to stay in my room most of the

## Is the service responsive?

time and they are ok with that.” We noted when the administrator arrived at the home they had a number of newspapers and women’s magazine which they distributed to people.

Information about how to make a complaint was available. People we spoke with knew how they could make a complaint if they were unhappy and said that they had confidence that any complaints would be responded to. We reviewed the complaints records; the records indicated the service’s complaints procedure had been followed and the complainants had been satisfied with the outcome.

The provider completed an annual survey of people who used the service and their relatives to gather feedback on all aspects of the service provided. Survey questionnaires were confidential and analysed by the provider’s quality team. Results were published and with appropriate action

plans put in place in response. The previous survey dated June 2014 was located on the communal notice board and we noted it reported 85% of people had rated the service as very good. The survey had identified low scoring for availability of snacks and as a result the provider had refitted a small kitchenette and stocked this with a larger variety of snacks.

The provider had recently introduced a Quality of Life iPad located in the entrance hall. Feedback is sent directly via email with the system set up to monitor any action points. The manager told us it was used more frequently when it was first introduced but felt people were more likely to use it for convenience rather than having to write formally. They told us its effectiveness would be monitored. Staff were also encouraged to use it.

# Is the service well-led?

## Our findings

Staff spoke highly of the manager. They said they were supportive and clear about their expectations in delivering high quality care. They said the manager offered an open door and was fair and honest with them. One member of staff said “I like coming to work, it is a lovely atmosphere, it more like the ‘Clova family’.”

The manager was knowledgeable and experienced; from evidence gathered through this inspection we could see they placed much emphasis on people receiving a high quality of care. They invested in the staff team to deliver this. The manager spoke enthusiastically about the accreditation to PEARL and developing care and support to people living with dementia.

The manager told us the provider had recently provided managers with iPads with pre-programmed quality audits. The manager told us they used this as they completed a daily walk around the home to speak to people and carry out checks on the environment. They also worked alongside staff in order to monitor care practice and get to know people’s needs. We observed the manager and regional managers spend time in the communal areas of the home. We observed that people were familiar with them and the manager referred to people by name.

The manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with senior managers and talking to

people who received a service and their relatives. Audits ranged from regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, fire fighting and detection equipment; care plan and medicines audits which helped determine where the service could improve and develop. These were now recorded on the iPad which made them immediately accessible.

Monthly audits and monitoring undertaken by regional managers were in place which facilitated managers and staff to learn from events such as accidents and incidents, complaints, concerns and whistleblowing. This reduced the risks to people and helped the service to continuously improve.

Staff meetings had been held at regular intervals, which had given staff the opportunity to

share their views and to receive information about the service. Staff told us that they felt

able to voice their opinions, share their views and felt there was a two way communication

process with managers and we saw this reflected in the meeting minutes we looked at.

The manager was able to demonstrate their understanding of their responsibility to notify the commission of specific events and incidents. From a review of our records we saw that notifications had been reported to the Care Quality Commission as required.