

Cloverfields Care Limited

Cloverfields

Inspection report

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Tel: 01948667889

Date of inspection visit:
20 April 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 April 2017 and was unannounced.

Cloverfields provides accommodation for up to 35 people who require nursing or personal care. At this inspection 29 people were living there.

A manager was in post and present during our inspection. The manager was newly appointed and commenced work at Cloverfields approximately eight weeks before this inspection. We confirmed that they had submitted appropriate applications to become the registered manager. 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.

At the last inspection on 12 and 16 May 2016, we identified five areas where the provider was not meeting the requirements of the law. There were not enough staff on duty to meet people's needs and this compromised their safety. There was not enough staff available to ensure people ate and drank sufficient amounts. People did not receive support or assistance in a timely manner. The provider did not have sufficient systems in place to resolve people's concerns. Quality checks were not robust enough to ensure people received a good level of care.

The provider sent us an action plan in September 2016 telling us what they would do to make improvements and meet legal requirements in relation to the law. At this inspection we found the provider had taken the necessary measures to ensure the quality of care people experienced had improved.

People were supported by enough staff to safely meet their needs. People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Equipment required to reduce risks to people was provided and was appropriate to people's individual needs. Staff knew what to do in order to minimise the potential for harm. The provider had systems in place to address any unsafe staff practice which included additional training or disciplinary processes if required.

People received help with their medicines from staff who were trained and assessed as competent to safely support them. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported.

People's rights were maintained by staff members who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood. Staff received support and guidance from a management team who they found approachable.

People had positive and caring relationships with the staff members who supported them. People and staff felt able to express their views and felt their opinions mattered. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently.

People were supported to eat and drink sufficient amounts to maintain good health. People's personal likes and preferences were known by the catering staff who supported them to make decisions regarding their diet.

People were involved in decisions about their day to day care and had care plans which were individual to them. Care plans contained people's likes, dislikes and personal histories. Staff had a good knowledge of the people they supported. People and staff had positive relationships. People took part in activities they liked and found stimulating.

The provider undertook regular quality checks in order to drive improvements. The provider engaged people and encouraged feedback. People felt confident they were listened to and their views were valued.

We judged that the provider had made significant improvements to improve the quality of treatment and care to people who use the service. This evidence supported our judgement to improve the rating to 'Good' overall during this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected as staff had received training and understood how to recognise and report any concerns they had about people's safety or wellbeing. People were supported by enough staff to safely meet their needs. The provider followed safe recruitment practices. People were supported with their medicines by trained and competent staff members.

Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and skilled to undertake their role. People had their rights protected by staff members who followed current guidance. People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People and staff members enjoyed positive relationships with one another. People had their privacy and dignity protected when assisted by staff. People were provided with information relating to their care in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care and support plans which reflected their personal needs and wants. Regular reviews took place and accounted for any changes in people's needs. People's individual preferences were known by staff members who supported them as they wished. People and relatives were encouraged to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People had regular contact with the management team who they found approachable. People felt involved in decisions about where they lived. People felt their views mattered. Staff members

were able to contribute ideas and believed their opinions were valued by the provider and management team.

Cloverfields

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 20 April 2017 and was unannounced.

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

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

We spoke with nine people receiving support, three relatives, the manager, two care staff, one nurse, the chef, the housekeeper and the activities co-ordinator. We viewed the care plans for three people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and accident records, and compliments and complaints records. We also looked at the recruitment details of two staff members.

Is the service safe?

Our findings

At our previous inspection on 12 and 16 May 2016 the provider was in breach of the regulation relating to staffing. There were not enough staff on duty to ensure people's care and support needs were met. The provider sent us an action plan to tell us what they would do to meet this requirement. This action had been completed. At this inspection we found that the provider had taken the appropriate measures to ensure there were suitable staffing numbers to meet people's needs.

During this inspection we saw there were enough staff available to meet people's needs promptly. People and staff members we spoke with told us there had been an increase in staff numbers since our last inspection. One person told us, "Nothing is too much trouble for the staff here. If I ring they always come and if I press the green button they are here immediately." Another person said, "If you need help they come straight away, you never have to wait for a thing."

We looked at how people were kept safe from abuse. One person told us, "They (staff) look after me very well here. I always feel safe and secure I have no worries." One relative said, "We know [relative's name] is safe and looked after here which is a great relief to us." Staff had received training and understood how to recognise signs of ill-treatment or abuse. One staff member said, "I have no reservations what so ever in reporting something. If I saw or thought something was wrong I would report it to [Manager's name]." Another staff member said, "We have the information telling us who to report any concern to and this includes the Local Authority safeguarding team." We saw information was on display informing people how to raise any concerns they had. Contact details, including phone numbers for the Local Authority and the Care Quality Commission, were on display for people to access if needed. We saw the provider had made appropriate referrals to the local authority in order to keep people safe.

People told us they felt safe receiving services from the provider. One person said, "When they (staff) help me to move I have absolute trust in them all to make sure I am OK." We saw assessments of risk which were individual to the person. These assessments of risk included skin viability, falls assessments and risks associated with eating and drinking. Staff we spoke with knew the individual risks associated with people and what to do in order to keep people safe.

The provider had systems in place to manage the risk from any equipment used. One person told us, "I am comfortable here and I do feel safe because if anything is wrong or I am worried I raise it and it is sorted out." We saw equipment that had been identified as not fit for purpose had been removed from use pending its repair or replacement. One person told us about a repair to a piece of equipment. The manager was aware of the faulty piece of equipment and had made provision for a temporary replacement to ensure the person remained safe. We saw people had access to equipment they needed including hoists and walking aids.

Staff members told us they recorded any incidents or accidents which were then passed to the manager for their awareness. The manager told us this was in order to identify any trends or actions needed to minimise the risk of harm to people. We saw actions identified following a reported incident or accident had been completed. For example, following one person having a fall the GP was contacted to complete a health

review. This was to see if there were any changes in the person's medical health which they needed support with.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed, and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included additional training or disciplinary action if required.

People received their medicine when they needed it. One person said, "I take a lot of tablets and I know what they all are." One person had requested their medicines in a very specific order. We saw staff assisted them to meet these wishes and the person received their medicines as they had instructed. Staff members we spoke with told us they received training in the safe administration of medicines. Following this training they were assessed by another staff member as competent before they were allowed to support people with their medicines. One staff member told us, "This is to make sure we are safe and follow the correct process." We saw medicines were securely stored and accurate records were maintained. We saw staff had guidance on the administration of "as and when needed" medicines which were individual to the person. The provider completed regular checks of the administration of medicines to ensure correct process was followed. Staff members we spoke with were aware of the outcomes of these checks which they used to maintain safe practice. For example, one staff member told us following one such check they all received reminders on how to safely position adhesive medicine patches to maintain people's skin integrity.

Is the service effective?

Our findings

At our last inspection we identified that people were not always supported to eat and drink enough. This was because there was not enough staff on duty to assist them. At this inspection we saw people were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "I do enjoy the food here. It is very good and I like going down to the dining room." We spoke with the kitchen staff members who knew people's individual likes and dislikes and dietary requirements. These included those on a diabetic diet or those who required soft food options. We saw people were offered a choice of meals. Should someone not want what was on offer alternatives were provided. We saw one person ask for sausage and chips instead of what was on the menu. We later saw this person had received what they had requested. The chef told us, "People can choose what they wish to eat and we will accommodate them."

People were supported by trained and competent staff members who had the necessary skills to assist them. One person said, "All the staff here seem to know what they are doing and do appear to be well trained." Staff members we spoke with told us they felt they had access to training they needed which they then applied to their practice. One staff member told us, "When I first started I was very nervous about using some of the equipment here. I attended training and also experienced what it felt like to use the equipment. It gave me confidence to support people." When new staff members started work at Cloverfields they undertook induction training to equip them with the basic skills and knowledge. Staff members we spoke with told us they had the opportunity to work alongside other more experienced staff members when they first started. This was to give them the opportunity to meet people and to understand how they liked to receive support.

People received care from a staff team who felt supported by their colleagues and the management team. One staff member told us, "Formal sit down discussions with the manager has been a little sporadic over the last 12 months. This has been because there have been several changes in the management team. However, now we have [manager's name] there is truly an open door approach. If I need support or guidance at any time I can just go to them and they always make time." Another staff member told us they felt "genuinely supported" by the management team who encouraged their training and development whilst working at Cloverfields.

We saw staff sharing information appropriately between people they supported and other staff members. This information included how people were feeling and what support they wished to receive. For example, one staff member was arranging a time to support someone with another staff member. This was because the person had requested a lie in. The staff member then arranged with the kitchen staff to make their breakfast available to them a little later than usual. This level of communication assisted people to receive consistent care and support from a staff team that shared important and relevant details about their care appropriately.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff members understood of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made regarding one person's place of residence and care provision. This care was provided in the least restrictive way possible and the decision making correctly followed current guidance.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. We saw one person being supported to make a decision about what medicine they wanted. They were given the information in a way they could understand and a staff member used visual prompts and gestures to aid the person's understanding. We saw people being provided with options on what to eat, where they would like to go and what activities they would like to take part in.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and followed the guidance provided. We looked to see if any recommendations had been made as part of the authorised applications and if they were being met by the provider. No recommendations were identified but we saw the provider had taken action to provide accommodation and support in the least restrictive way. They had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

People had access to healthcare services, including GP, and were supported to maintain good health. One person said, "I do not need to see the Doctor very often. However, if I felt I did I would ask [staff member's name] but they are always asking how you are and if you feel OK which is good." We saw that other health professionals were also involved if needed to assist people to maintain good health. For example, the assistance of the memory team was sought if staff needed additional guidance when supporting people. People also had access to opticians, dentists or chiropody if needed.

Is the service caring?

Our findings

At the last inspection we identified that people were unhappy about the delay in receiving support from staff members. At this inspection people told us, and we saw, that they were supported in a timely manner. We saw people were supported by a kind and compassionate staff team who engaged people in spontaneous conversations and fun activities. One person told us, "Overall I like it here and they really do care for you and that is what you need." Another person said, "They (staff) really look after me and they all care. They are all so good and [staff member's name] is exceptional. The staff are all good without exception both the night and day staff and the agency staff. Especially [staff member's name] who helped me get up and dressed this morning. They were so kind and patient. They are always asking if there is anything they can do or do I need anything." One other person said, "I am glad I am here and nowhere else. I am respected and cared for as a person."

People were supported at times of upset and distress. We saw one person start to show signs of upset. They were immediately supported by one staff member who sat with them and reassured them. We later saw that staff members had assisted this person into the garden area and they were picking flowers with them and holding them for the person to smell. This person appeared relaxed and happy. Staff members told us they have the opportunity to sit and talk with people if they need it or even if they just want to have a chat and some reassurance.

People were involved in making decisions about their own care and support. We saw people taking part in discussions and decisions about their care and treatment. These discussions included what they wanted and who they would like to assist them. We saw people making decisions about attending events and activities or choosing to stay in bed a little longer for a rest. We saw staff members were responsive to people's wishes and returned to support at a time agreed with people.

People were encouraged to be as independent as they could. One person told us how staff adapted how they supported them to keep them involved in social activities with minimal assistance. They told us this was so they could retain a sense of independence without a reliance on staff members to be near them all the time.

People we spoke with told us they felt their privacy and dignity was respected by those supporting them. One person told us, "They (staff) always respect my privacy and dignity and are always asking if there is more they can do. [Staff member's name] always checks on everyone before they leave just to make sure we are all comfortable. I think this is a very good thing and very caring."

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so.

Is the service responsive?

Our findings

At our previous inspection we identified that the provider did not have systems in place to sustain improvements identified following concerns being raised with them. At this inspection we saw people and relatives felt comfortable to raise any concerns or complaints with staff or the manager. One relative told us, "If we have any worries we can ask." At this inspection we saw information was provided to people, relatives and visitors on how to raise a concern. Information included who to talk to if they had a complaint. The management team had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant.

People had care plans which were individual to them. These provided information to staff members on what support they wanted and how they wished for this to be delivered. People and relatives told us that they were involved in the development of these plans. They included what the person liked or disliked and how they wished to be assisted. Plans also contain information for staff members on how to assist people with their specific health needs. For example, one person was in receipt of care which involved the use of specialised equipment. This person told us that staff always assisted them with their equipment in a way they wanted which still enabled them to take part in activities.

In addition to receiving care and support from the care team people were supported by a keyworker. One staff member told us, "The keyworker helps the person to get the toiletries that they like or to help them remember and send birthday cards to friends or family." One person told us, "[Staff member's name] knows I love [brand name toiletry]. They always make sure I have plenty."

In addition, people's specific care needs individual histories were known by the staff supporting them. We saw people and their relatives had provided information on important events in their lives, including schooling, work and family life. One staff member told us, "It is important to know the whole person and not just any medical difficulties they may have. This allows us the opportunity to talk with them in a social way and share experiences with them." Before people moved into Cloverfields staff members visited them to assess their needs and preferences. One staff member said, "This is so we can be sure we can meet their needs and to make any equipment needed available before they move in."

We saw people involved in a number of activities at this inspection. These included sing-a-longs, a quiz and an exotic animal experience. This involved an external entertainer who attended Cloverfields with a number of animals for people to see, hold and discuss. People were supported with activities by a designated activities coordinator. One person told us, "[Staff member's name] is just great. They are a real live wire and keep us entertained." A relative said, "I think [staff member's name] is very good with the activities. You can always hear them coming and there is never a dull moment." Another person said, "Very often when staff are off duty they come in and take me out. We go to the local supermarket or into town and have a coffee."

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. One relative told us, "The staff here know us as we come two or three times a week." We saw other visitors warmly welcomed and

offered drinks and private visiting areas were made available if people or their visitors wished.

Is the service well-led?

Our findings

At our last inspection we identified that improvements were needed because appropriate checks were not carried out to ensure staff were located where they were needed. People told us they had to wait a long time for assistance. At this inspection we identified that improvements had been made. People told us that staff were attentive and responsive to them. People and relatives said, and we saw, that staff members had been recruited and deployed in a way that met their needs.

People and visitors told us that they knew who the manager was and that they found them to be approachable. At this inspection we saw many interactions by the manager with people, staff and visitors. People told us that they regularly saw the manager who always asked after their well-being. People felt that they could approach the manager and chat with them about anything they wanted or concerned them. People and relatives were confident that they would receive a positive response.

People told us they felt that they were involved in their home and they were regularly asked for their opinions on things that mattered to them. One person said, "They [staff] ask us if we would like to do something special or even what we would like on the menu. I personally like traditional cooking." At this inspection we saw people had a choice of meals and activities to become involved in.

People we spoke with and relatives believed the manager and the provider were open and transparent and were able to openly discuss anything they wanted. At this inspection we saw details of the last inspection on display for people, family and staff member's awareness. Those we talked with and staff members knew the difficulties previously experienced at Cloverfields. They were also aware of the improvements that had been made and told us they were kept informed and involved in any changes made as a result. For example people told us about the new members of staff employed.

Staff members were made aware of any incidents or key events so that improvements could be made. One staff member told us a recent infection prevention and control check highlighted some improvements were needed. As a result staff were made aware of changes and a programme of work undertaken to make the improvements required. One staff member told us, "Following the last infection control quality check I asked for some new equipment. This was provided and we also changed the cleaning schedules. I feel it now works much better."

Staff members felt supported and part of a team with common values. We asked staff members what values they believed were displayed by those working at Cloverfields. One staff member said, "What we try and create here is a homely environment where people feel involved and that they matter." People we spoke with told us they believed staff displayed these values and felt that they lived in a homely environment.

Staff members told us they had regular opportunities to discuss aspects relating to their work as part of a group. This included what is going well and any areas for improvements. Staff members told us they felt their opinions mattered to the management team and they felt empowered to make suggestions. One staff member told us they advised that a new piece of catering equipment was required. At this inspection we

saw that this piece of equipment had been ordered and they were awaiting delivery.

Cloverfields had a recently recruited manager in post who had commenced work with them approximately eight weeks before this inspection. We confirmed with them, and with our own systems, that they had made an application to become a registered manager. The manager understood the requirements of registration with the Care Quality Commission. The manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and manager had systems in place to monitor the quality of service provision. The manager assessed information from quality checks, incidents and accidents and feedback from people and staff which they used to drive improvements. For example, the management team had recently completed a recent quality check on people's care and support plans. They identified some files did not contain all the basic identifiable information needed for example, dates of birth. We saw improvements had been made and these files now contained personal identifiable information.