

Cleggsworth Care Home Ltd

Cleggsworth Care Home

Inspection report

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Lancashire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cleggsworth Care Home is a residential care home providing personal care to 27 people on the first day of this inspection. The number of residents had increased to 31 by the second day of inspection.

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

We identified some areas around maintenance of the home which were addressed by the manager immediately and steps were taken to make the environment safe.

People were provided with a safe and homely place to live. Improvements to the environment had been made to improve infection control practices and food safety.

People's consent to care was obtained. People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Care plans and risk assessments were reflective of people's needs. Staff knew people well and were kind and considerate when delivering care.

Staff told us the manager and provider were approachable and would take action where concerns were raised within the home.

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

Rating at last inspection

The last rating for this service was rated good (published 15 March 2018).

Why we inspected

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.

This inspection was prompted in part due to concerns received about infection control, food hygiene and personal care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cleggsworth 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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Cleggsworth 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 undertaken by one inspector over two days.

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

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

Notice of inspection

This inspection was unannounced on day one of the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority to obtain their views about the service and Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. All this information was used to identify key lines of enquiry as part of the inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, team leader, senior care workers, care workers, the chef and maintenance person. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of care records including a range of support plans and risk assessments. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four 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 as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from risk of abuse or harm. During the inspection, a risk to people's safety was identified in relation to environmental shortfalls, the manager took immediate action along with the maintenance person to address the risk. Following the inspection, the manager provided assurances that the environment was made safe and people were not placed at risk of harm.
- Risks to people's individual health were assessed, managed and regularly reviewed within people's care plans. Staff understood where people needed support to reduce the risk of avoidable harm.
- When changes to health and support needs were identified, prompt action was taken to ensure people continued to receive safe care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and they looked comfortable during interactions with staff.
- Information around safeguarding was clearly available and there was a safeguarding policy in place. The training records showed that not all staff had completed safeguarding training however this had been picked up by the manager and was being acted upon.
- Staff told us they were confident if they raised a concern to the manager, they would be listened to.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out before staff started work and staff told us new staff members were supported during their induction. One staff member told us "I felt a bit nervous when I first arrived, the rest of the staff help you with anything while you settle in."
- We observed call bells were responded to promptly and that people did not have to wait long for staff to provide support.
- We discussed the current challenges around recruitment with the manager who was in the process of recruiting to a number of roles within the home. In the interim, the home was using agency staff who completed shifts regularly at the home to maintain familiarity with the residents.

Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed and in line with guidance.
- There was regular auditing of medications to identify any errors and staff told us they felt confident with supporting people with their medicines.
- One staff member had not received the services mandatory medication training at the time of inspection, this was raised with the manager who acted promptly and the staff member had completed training by the second day of inspection.

Preventing and controlling infection

We received concerns from the Local authority around infection control practices at the home. During the inspection, we observed the home was clean and not malodorous and people appeared well kept. Staff were seen to be wearing their PPE and the manager had made changes within the home to promote good infection control practices and PPE was readily available around the home.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider and manager were undertaking a number of changes at the service following feedback from Environmental Health and the local authority infection control team. The manager was open about the changes that were needed to improve safety in the home.
- The manager had made changes to their auditing processes following the visits from external professionals and was sharing information with the staff to explain how the home could improve.
- The manager reviewed incidents such as falls to identify trends and themes to reduce future risk to people living at the home.

Is the service effective?

Our findings

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

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

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

- Peoples needs were assessed and risks to people were appropriately managed. Risk assessments detailed the level of risk and actions staff should follow.
- Staff were knowledgeable about people's needs and understood the individual risks posed to each person. We saw people who required support with their daily lives were given time to make choices and supported in a way that promoted their independence.

Staff support: induction, training, skills and experience

- New staff at the home received an induction and the opportunity to shadow experienced members of staff so they could get to know the people living at the home.
- Staff told us they felt the training was useful to their role and most people spoke positively about the new online training system.
- Some of the staff training was out of date. The manager was working with staff to address shortfalls in the mandatory training and ensure staff had up-to-date knowledge to support people's care needs. Training had been arranged in specific areas, such as catheter care however this had been cancelled unexpectedly. The manager was arranging online training in the interim, until the practical session could be rescheduled.
- Staff spoke positively about the new staff who had been recruited by the home, saying "I think we take on the right people, its about quality, not just quantity of staff."

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

- People were supported to eat and drink a balanced diet by staff. We saw that there was variety in the menu and people were offered an alternative option, if they did not like what was available.
- Prior to the inspection, we were informed that the food standards agency had expressed concern around the management of food safety. During the inspection, we saw that changes had been made to the layout of the food storage area and to staff access to the kitchen. We had no concerns regarding a risk of harm to people around food safety.
- We saw that people who required support from staff during mealtimes were not rushed, and the mealtime was a relaxed experience. One person told us after their meal "well, I really enjoyed that".

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services as required.
- Records showed that staff had recognised when people were becoming unwell and would access medical

advice and input when needed. We discussed with the manager the difficulties of accessing a dentist for people at the home and the steps taken to ensure people received access to oral care.

- We saw health professionals visiting the home throughout the inspection and they spoke positively about the information they received from staff to support them to make joint decisions regarding people's care.

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

- The home was furnished to meet the needs of the people living there. The décor was pleasant and there were decorations around the home that were in keeping with the time of year.

- People had personalised their bedrooms with their own furnishings and pictures. Adapted equipment was in place to support people such as adapted bathrooms that were accessible for wheelchairs.

- The home had made adaptations to allow visiting for relatives to take place safely. There was a visiting pod with external access for families and friends to use when visiting their relative and this area was cleaned after each use.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments were in place and part of the electronic care records. Staff assessed people's capacity to make decisions, and where people lacked capacity this information was documented.

- People who were subject to restrictions had applications for DoLS in place. The manager was clear on who had DoLS in place and where conditions were in place what these were. This information was incorporated into care records.

- Throughout the inspection, we observed staff asking people for their preferences in different aspects of care. Records of consent were evident in the electronic care records.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 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.

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

- People and staff felt able to raise concerns if necessary about the service. The manager was visible in the home throughout the inspection and appeared to know the people living at the service well.
- Staff spoke positively about the management and were encouraged to share ideas to improve care at the service. One staff member told us "I made a suggestion and the manager sorted it straight away, the change made a real difference to the resident".
- The manager and provider had been proactive in making changes in the home following recommendations by the local authority infection control team and environmental health.

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, Working in partnership with others

- The manager had been proactive in making changes to the service and was open to challenge when concerns relating to infection control were identified in the home. We saw that these changes had been implemented at the time of inspection.
- The manager would investigate incidents and safeguarding concerns to enable lessons to be learnt and this information was shared with staff after an event. Staff told us "I know there have been changes recently, we are working through them as a team".
- When people required specialist support or advice, health and social care professionals had been consulted. For example, advice had been sought from one person's GP where they had repeatedly refused their medication.

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

- The manager and provider completed monthly and quarterly audits, along with the team leader, to identify shortfalls and drive improvement and ensure people received a good quality service.
- The manager demonstrated a clear understanding of their role and regulatory requirements. They told us they felt supported in their role and that if they needed anything, the provider would support them.

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

- The provider conducted a staff survey to seek feedback from the staff team on all aspects of the service and to drive improvement.

- The home had regular resident meetings to gather feedback on the care provided at the home, and to allow people to make suggestions about events within the service.
- Where a new resident joined the service, staff including the cook, would find out their likes and preferences and these were evident in the electronic care record system.