

Cloyda Limited

Cloyda Care Home

Inspection report

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08 December 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cloyda Care Home is a care home that provides residential care for up to 35 older people in one adapted building. At the time of our inspection there were 29 people using the service including those living with dementia.

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

Some of the systems in place, such as ways of engaging with people and staff and the provider's plans to develop and improve the service were informal. We have made a recommendation about this and will follow this up at the next planned inspection for the service.

People and their relatives told us that Cloyda Care Home was a safe place to live. The provider ensured people were kept as safe as possible through ensuring that staff understood what steps to take if people were at risk. Risks assessments were completed and reviewed and included ways in which staff could support people to take acceptable risks and enjoy their lives safely. Staff received training in safeguarding and knew who to report any concerns to. There were enough staff employed to meet people's needs and the provider operated robust recruitment checks which helped to ensure that they were safe to work with people. Medicines were administered safely by staff who had been trained to do so. There were systems in place to monitor any incidents and accidents that took place. Staff used Personal Protection Equipment (PPE) safely, effectively.

There was a warm, welcoming feel to the home, and we received positive feedback about how the home was run by the registered manager. There was an open, transparent culture in the service where people, relatives and staff felt that their views would be taken on board. A number of quality assurance audits took place which helped to ensure the management team continued to provide a good level of care. These included medicines, infection control, health and safety and other checks.

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.

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 Good (published 7 November 2018). The overall rating for the service remains good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cloyda 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Cloyda 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection took place on 08 December 2022 and was unannounced.

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 health 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 in person with the registered manager, operations manager, 3 care workers and 3 people using the service. We also reviewed feedback from 8 relatives and reviewed a range of records. They included 3 people's care plans and risk records and 4 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including audits and quality assurance records. We observed activities and lunch.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. The registered manager confirmed there were no safeguarding cases that were under investigation.
- People told us they felt safe living at Cloyda Care Home and that staff treated them with care and affection. One person said, "Yes it's safe here, they are lovely people." One relative said, "Whenever I call in, I feel [family member] is in safe and caring hands. I have always seen the other residents treated with respect and kindness and never talked down to."
- Staff had received training in safeguarding adults and knew what action they would take if they suspected people were at risk of harm, including how to raise a safeguarding alert. They were also aware of what the term whistleblowing meant and said they would not hesitate to use this if they suspected any wrongdoing. A staff member said, "Safeguarding is to protect the residents, if there is any abuse, we need to report it. If [registered manager] is not around then we can go to the owner or the local authority."
- We observed staff supporting people in a kind and gentle manner, people felt comfortable in the presence of care workers which indicated that they felt safe.

Assessing risk, safety monitoring and management

- Risks to people were risk assessed and their safety monitored.
- The provider used standard risk assessments to assess risk. This included the Malnutrition Universal Screening Tool (MUST) to assesses nutritional risk, moving and handling assessments for any mobility risk and pressure sore assessments. These were reviewed every month which helped to ensure that people could continue to live safely and have their needs met.
- Staff understood the risks that people faced and supported them to manage those risks. For example, people were offered aids such as crutches when mobilising to help with their mobility.
- There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained.
- Risk in relation to the environment were managed, checks on people's bedrooms, beds and other equipment were carried out regularly which helped to ensure it was safe to use.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider carried out mental capacity assessments where needed. If people were assessed as not having the capacity to make certain decision, any restrictions that were put in place such as falls prevention mats were agreed as part of a best interest decision with appropriate people and professionals.
- People who were not under a DoLS told us they were free to come leave the visit and go out in the community.
- We observed staff asking people for their consent and offering them a choice when supporting them with their medicines and during lunch.

Staffing and recruitment

- The provider operated safe and robust staff recruitment processes.
- Staff files were well laid out with completed application forms, feedback from interviews, proof of identity and right to work. References were sought and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs.
- People using the service told us there was always someone around to help and staff were visibly present throughout the inspection, supporting people to take part in activities, during lunch and attending to their personal care needs.
- There was a call-bell system in place, and we observed staff respond quickly to people's requests for help.

Using medicines safely

- People received their medicines safely.
- People told us that staff helped them to take their medicines when needed. People's care plans included guidance for staff about their prescribed medicines and the support they needed.
- Medicines were stored securely in a locked trolley and medicines were checked to see they were all within date.
- People's medicine records were accurate, and staff completed these when they had administered medicines to people.
- We observed a staff member administering medicines and they did this in a safe way, checking the medicines against the MAR charts, asking people for consent when giving them their medicines and recording this accordingly.
- Medicines practice was audited by the registered manager on a regular basis.
- Training records showed that staff received training and were assessed as competent to administer medicines safely.

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. Regular infection prevention and control audits took place which helped to ensure that this was being managed safely.
- We were assured that the provider was responding effectively to risks and signs of infection. Records showed that staff had received training in infection control and food hygiene training.

- We were assured that the provider was using PPE effectively and safely. Staff wore masks and gloves, where required in line with current guidance.
- People told us, and we saw that the home environment was kept clean and hygienic. One relative said, "The level of cleanliness is very good. [Family member's] room is kept very clean and aired with fresh bedlinen regularly provided."

Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- Incidents and accidents were documented, and records reviewed to reduce the possibility of reoccurrence.
- Where necessary, people's care plans were updated to reflect any recent changes that had taken place such as reviewing risk assessments and care plans following a fall.

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 remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Although there were systems in place to gather feedback and hear the views of people, relatives, and staff we found these were often informal.
- People had the opportunity to formally provide feedback through a 'residents catchup' and the registered manager held staff meetings, however these were infrequent with only 2 taking place since the beginning of the year. There had been some small actions to follow up at one meeting and it was not clear if these had been acted upon as they were not discussed at the subsequent meeting. The registered manager told us these had been completed but acknowledged that the record keeping could have been clearer. They assured us that moving forward, any actions would be recorded as being completed.
- The operations manager told us that satisfaction surveys were available but had not been sent out recently. They said that due to the open culture within the service, people, relatives and other stakeholders often spoke directly and provided feedback on an ongoing basis which were taken on board and acted upon. The complaints procedure and was on display at the entrance to the home
- The operations manager told us there was service development plan in place which included the transition to a digital care planning system. However, this was not documented.
- Notwithstanding the above, staff were able to contribute their ideas about what the service did well and what they could do better during individual supervision and staff meetings.

We recommend the provider introduces more formal ways to engage with key stakeholders and record any improvement plans for the service. We will follow this up at the next planned inspection for the service.

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

- The home's culture was person-centred, open and inclusive.
- People and relatives told us the registered manager was approachable and always available to help. Comments included, "The [registered] manager certainly leads by example and is very professional, whilst at the same time, approachable and compassionate."
- The registered manager told us she operated an open door policy and tried to foster an environment where people, relative and staff would feel comfortable approaching her. We observed this in practice during the inspection, the registered manager's office was open, and people were seen walking in and passing through, having a chat with her.
- The organisation's vision and values were on display in the home. One relative said, "I am very satisfied

with the excellent care [family member] receives. My opinion is that this care home is extremely well run, and the staff are very caring and helpful." One professional said, "I was immediately impressed by the friendly atmosphere at Cloyda. [Person] settled in well and was made to feel welcome from the outset. He has received a consistently high level of care."

- People living at the care home and staff working there were very positive about the way the service was managed.
- We received positive feedback from staff regarding the leadership style of the registered manager, other managers and how well run the care home was. One staff member said, "[The registered manager] is excellent, we can speak to her anytime."

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

- The provider understood their duty of candour responsibilities and was open and honest with people.
- There had been no formal complaints received by the provider and the registered manager told us they often resolved day to day issues very quickly without the need to go through a formal route. One relative said, "I always feel I can contact them if I have any questions and know I will receive a satisfactory response."
- The providers CQC inspection report and rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The registered manager was supported by an operations manager, senior care workers, care workers, domestic staff, kitchen team and an activities co-ordinator. There were clear lines of communication which meant the service ran smoothly.
- There were processes in place to monitor the quality of service which included a series of checks and audits, both internal and external.
- These included medicines, infection control, kitchen and health and safety audits. An external fire safety assessment had been completed and the maintenance engineer conducted weekly and monthly fire, equipment and bedroom checks.
- The provider understood their regulatory responsibilities and submitted statutory notifications to the CQC as required.

Working in partnership with others

- The provider worked in partnership with others.
- The registered manager told us they had established close links with health and social care services, including commissioners.
- The provider worked in collaboration in sharing information with external agencies, for example through National Early Warning Score (NEWS2), a system to standardise the assessment and response to acute illness and RESTORE2, a physical deterioration and escalation tool for care settings.