

M L George

# Clovelly House

## Inspection report

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March  
Cambridgeshire  
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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 ●

# Summary of findings

## Overall summary

Clovelly House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 21 people in a two storey building which is served by a main lift and some stair lifts up to the upper floor. Nursing care is not provided.

At our previous comprehensive inspection in April 2017. We found two breaches of the regulations. The home was rated as requires improvement. We undertook a focussed inspection in September 2017 and found improvements had been made. We did not review the rating of the service at this time. This unannounced inspection took place on 10 April 2018. The service is now rated as good.

A registered manager is not a condition of the services registration.

People felt safe living at the home, with the staff, and with the care and support the staff gave them. Assessments of all potential risks to people were carried out and guidance put in place to minimise the risks.

There was an effective recruitment process in place to reduce the risk of unsuitable staff being employed. There was a sufficient number of staff with the right experience, skills and knowledge deployed to make sure that people were kept as safe as possible. Staff followed the correct procedures to prevent the spread of infection.

Assessments of people's support needs were carried out before the person was offered a place at the home. This was to ensure that the home could provide the care and support that the person needed and in the way they preferred. Technology and equipment, such as hoists, were used to enhance the support being provided.

Staff received induction, training and support to enable them to do their job well. People's nutritional needs were being met and people were supported to have enough to eat and drink. A range of external health and social care professionals worked with the staff team to support people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives were involved in planning their care. Information about advocacy services was available if anyone wanted an independent person to assist them with any decisions they wanted to make. Staff respected people's privacy and dignity and encouraged people to remain as independent as possible.

Care plans were personalised and gave staff guidance on the care each person needed. People were encouraged to participate in activities and interests of their choice.

The service had received a number of compliments from people and their relatives. Staff were happy to be working at the home.

People and their relatives were given opportunities, such as written questionnaires and meetings, to give their views about the service and how it could be improved.

The provider was aware of their responsibility to uphold legal requirements, including notifying the CQC of various matters. The management team worked in partnership with other professionals to ensure that joined-up care was provided to people.

## 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.

Staffing levels were sufficient, to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate action taken.

Medicines were managed safely.

Staff understood their roles and responsibilities in safeguarding people.

### Is the service effective?

Good ●

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were being provided with a specialist diet if needed.

People were supported to access all healthcare services they required.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

Support plans were in place for each person and the support was personalised to meet individual needs.

Activities, entertainment and outings were arranged.

A complaints procedure was in place and complaints and concerns were responded to well.

End-of-life care was planned and provided when required

### Is the service well-led?

Good ●

The service was well-led.

People were encouraged to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

# Clovelly House

## 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 home, and to provide a rating for the home under the Care Act 2014.

At the last inspection on 19 April 2017 we found there was a breach of two legal requirements. We found that improvements were needed in the recruitment process to ensure that staff were only employed that were of good character. The provider had failed to notify the commission of all notifiable events as required by the legislation. After the comprehensive inspection, the provider wrote and told us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 14 September 2017 to check that they had followed their plan and to confirm that they had met the legal requirements.

During this unannounced inspection which took place on 10 April 2018 we found overall the service was rated 'good'. and was carried out by one inspector 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.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

In January 2018, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used this information to assist with planning the inspection. Following the inspection the deputy manager sent us some information that we had requested.

During our inspection we observed how the staff interacted with people who lived at Clovelly House. We spoke with ten people who lived there, two relatives/visitors of people who lived there and six members of staff: four care workers (including senior care workers), the deputy manager, the maintenance person and the provider by telephone. We looked at two people's care records as well as other records relating to the management of the service. These included records relating to the management of medicines, meeting

minutes and audits that had been carried out to check the quality of the service being provided.

We contacted the local authority contract monitoring and safeguarding teams and the fire safety officer prior to this inspection and to aid us with our planning.

# Is the service safe?

## Our findings

At the comprehensive inspection in April 2017 we found that the provider was breaching one legal requirement in relation to the policies and procedures for the recruitment of staff. We undertook a focussed inspection in September 2017 and found that improvements had been made. We did not review the rating at this inspection and therefore it remained as requires improvement.

During this inspection we found that the improvements had been maintained. Staff told us that their recruitment included thorough checks and they had not been allowed to start work before the results of the checks were returned and were satisfactory. Checks included references from previous employers and a criminal records check. Staff had received training in topics that enabled them to keep people and themselves safe, such as moving and handling and the use of equipment to assist people to move.

People told us they felt safe living at Clovelly House. One person said, "I'm pretty independent and look after myself but staff are there when I need them, I feel very safe here having that reassurance." Another person told us, "The staff make me feel very safe here." A relative/visitor said, "I'm much more relaxed now that [person] is living here, I know [person] is safe."

Policies and procedures were in place to minimise the potential risk of harm or unsafe care. Staff had received safeguarding training. They were able to explain what they would do if they saw or heard about people being harmed. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

Care plans had risk assessments completed to identify people's assessed risks and any potential risks, such as risks of harm to people and staff when supporting them. Risk assessments provided instructions and guidance for staff members when delivering care and support to people. This guidance included moving and handling assessments, nutrition support, medical conditions, mobility and environmental safety.

Fire alarm systems were checked regularly as required and staff told us they had been involved in regular fire drills. Although there were no personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. However, staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. The deputy manager was undertaking the completion of a PEEP for each person during the inspection. The fire safety officer visited the service in May 2017 and a number of recommendations were made to ensure that people were protected in the event of a fire. The fire safety officer undertook a follow up visit in October 2017 and were satisfied that all the required actions had been taken to safeguard people.

There were enough staff on duty to keep people safe and meet their needs in a timely manner. People and their relatives had no complaints about staffing numbers and how people's needs were met. One person told us, "If I press the call bell someone [member of staff] comes promptly." The deputy manager explained that they used their knowledge of people to judge when people needed extra support and they would increase staff numbers. Additional staff were on duty to escort people to appointments or to assist with



activities. Staff all told us they felt there were enough staff on duty and confirmed additional were staff are brought in if a person had an external appointment.

Medicines were administered to people by staff who were competent to carry out the role safely. There were regular training updates to ensure practice was up to date and staff were working to current pharmaceutical guidance and legislation. Observations showed that staff administered medication with patience and gave people an explanation of what they were taking and why. Protocols and risk assessments were in place for those people who were able to self-medicate. One person told us "[Name of staff] organises repeat [prescriptions] for me and checks my blood pressure in case they need to change the dose." A second person said, "When my tablets get low, [name of staff] gets another prescription and gets the tablets for me."

Staff had undertaken training in preventing and controlling infection and followed the provider's procedures relating to wearing gloves and other personal protective equipment. Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine. There were regular checks in place on cleanliness and staff used personal protective equipment such as aprons and gloves appropriately. Infection control audits were in place and the provider and deputy manager made regular checks to ensure cleaning schedules were completed.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment were also checked and serviced to ensure they were safe.

# Is the service effective?

## Our findings

People's needs were assessed prior to being admitted to the service. This included an assessment of people's physical needs, mental health and social needs in line with up to date legislation and guidance. The initial assessment enabled a plan of care to be formulated as information for staff and was followed by ongoing assessments when people's needs changed.

Observations showed that staff had the required skills and knowledge to meet people's needs. Members of staff all said they would be happy for a relative to be cared for at the service. Staff confirmed they received an induction when they joined the service and had been supernumerary (an extra member of staff) for a period of time. This was until the staff member felt confident and competent to deliver care. All staff spoken with said they had received training appropriate to their roles and gave relevant examples.

Staff confirmed that staff meetings took place regularly. Most staff told us they had received supervision and an appraisal. One member of staff commented, "I can go straight to any member of the management if there are problems as well as discuss issues during my supervision." Another member of staff said, "I feel very well supported and can ask questions of any member of staff." A third staff member told us, "We are very well supported. There is no doubt about that." This demonstrated staff comments were valued and supervision was a two way process.

We observed the lunchtime meal and found this to be a relaxed and social experience for people. We found that there were conversations taking place between some of the people and staff. The tables were pleasantly laid with clothes, flowers, condiments and napkins. Staff regularly checked with people they were okay and enjoying the food. One person said, "I have my breakfast in my room every day, usually just a piece of toast. The food is usually good but I wish the puddings were a bit lighter." Another person told us about their routine; "I have breakfast in my room about 8am. I enjoy my toast and marmite but sometimes have a cooked breakfast, regular cups of tea through the day, lunch in the dining room – they do offer a choice if I don't like the main course, then tea (sandwiches or poached egg) and I then go up to my room. [Staff] bring me a cup of Horlicks when I go to bed."

People's individual dietary needs were catered for. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's dietary needs. One relative who was very pleased with the support the staff had provided for their family member told us; "Staff have helped [family member] to get back onto a proper diet. They have gone from a size 16 to their normal size 12 since they have been here (eight months)."

Staff worked together with various professionals in implementing people's care and treatment. We saw regular visits from the GP took place. One person said, "The staff are very caring, my health and outlook have improve no end since I came here. I'm pretty independent but they know me and understand my needs." Another person told us, "The GP came out quite quickly, they were efficient and I had an antibiotic quickly."

The building was well maintained, with a good standard of decoration.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

All of the staff we spoke with had a basic understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. All staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The deputy manager had submitted several applications for DoLS to the supervisory body (local authority) and they were awaiting the outcome.

## Is the service caring?

### Our findings

People and their visitors who spoke to us all made positive comments about the staff. People told us they were treated with kindness and respect. One person told us, "All the staff are lovely – if I'm down they give me a hug." Another person said, "Everyone is friendly and helpful, the staff know me well." A relative told us, "The staff are lovely with [family member] They really understand them."

There were warm, friendly and caring relationships between the staff and people they were supporting. Staff showed that they cared about people and enjoyed their company. Staff bent down to speak with people to give eye contact and spoke in a calm, slow way which people responded to with smiles. All the residents seem very cheerful. We often heard people laughing and joking with the staff throughout the inspection.

People said they were involved in the care and decisions about how they were being supported. People were encouraged to make decisions about their care, for example when they wanted to get up, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in developing their care plans and being part of the review. One person told us, "I choose what I like to wear." Another person said, "There are no restrictions here. I can have a bath when I want one within reason."

Staff respected people's privacy and dignity and confidential information was stored securely. People told us that staff always respected their privacy and dignity. Staff knocked on people's bedroom door and waited for an answer before entering. People confirmed that doors were shut, curtains kept closed and the person kept covered up as much as possible during personal care. One person said, "Although I have the door open, staff always knock before they come in." Another person told us, "Staff always knock on the door and ask before they come in – sometimes it's nice to chat with them."

Staff supported people to retain as much of their independence as they wanted to. One person told us, "Staff always let me do as much as I can myself. They help wash my back and feet."

People were encouraged to keep in contact with their friends, both within the home and in the community, and visitors were made to feel very welcome. Relatives and friends told us they were offered drinks and a meal if they were visiting at meal times.

Information about advocacy services was available to support people in making decisions about their care and support. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes. No one at the time of this inspection was using the advocacy service.

## Is the service responsive?

### Our findings

Assessments of people's needs were undertaken before the person was offered a place at the home. A relative told us, "[Name of Deputy] spent a long time finding out about [family member] by gently talking to them. [Deputy Manager] made the transition to living here as gentle as possible. We talk every couple of months or so about how [family member] is doing and update the plan." The person, their relatives and health care professionals involved in their care contributed to the assessment and to planning the care and support to ensure that staff knew what the person needed. The assessment formed the basis for the person's care plan. One person said, "[Name of staff] brought my care plan up to look at recently and we made some changes."

Care records contained good life history information and staff demonstrated they knew people well. Records had been reviewed and changes were being made to ensure people needs continued to be met appropriately. Daily care notes were completed by staff who were providing the care each day. As well as the handover at the start of each shift, the daily notes provided staff coming on duty with a quick overview of any changes in people's needs and their general well-being.

There was information on the notice board in the entrance hall showing activities available for the coming month. Clovelly House does not have an activity coordinator but a member of the catering staff organises regular activities and events. The programme included weekly chair-based exercises, craft, hairdresser, entertainer (singing) and pamper sessions. Several residents told us about a recent tea dance they attended and an Easter egg hunt for grandchildren. We observed several examples of craft work including 'colouring in', decorated plates and artificial flower arrangements. One relative visiting their family member told us, "We go out shopping or for a coffee a couple of times a week which they like."

The provider used technology in a number of ways to support care delivery. Each person had a call bell in their bedroom so that they could call staff if they needed to. Equipment such as hoists and hospital-style beds were in place to assist people, and staff, to stay safe.

The provider had a clear complaints policy which made sure all complaints and concerns were fully investigated and responded to. The policy was displayed within the service and people received a copy when they moved in. Where complaints had been made the deputy manager told us they would meet with the complainant to make sure they fully understood their concerns. The records showed that complaints were dealt with in line with the provider's policy.

The organisation had a policy and procedure for end of life care in place to support staff in meeting people's needs. There was no one at the time of this visit who was receiving end of life care. Although the deputy manager confirmed that people had their end of life care wishes recorded as part of their support plan, when required. Information such as preferences for such things as who was important to the person, where people wanted to be and what they wanted to happen after they died. The service had received a thank you card from the family of one person following the person's death. It said, 'Thank you for the kindness, support and the care you gave [family member] They were very happy and all who were involved in their care were a

very big part of their life. We couldn't have asked for more. They lived within a big happy family. Thank you.'

# Is the service well-led?

## Our findings

At the comprehensive inspection in April 2017 we found that the provider was breaching one legal requirement in relation notifications involving people's safety had not always been reported to the Care Quality Commission as required by law. We undertook a focussed inspection in September 2017 and found that improvements had been made. We did not review the rating at this inspection and therefore it remained as requires improvement.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. Since the last comprehensive inspection, the provider had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The deputy manager and all members of staff understood what was expected of them. The deputy manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people.

People and their relatives had the opportunity to give their views on the quality of the service provided. There were meetings for them to attend. We observed a questionnaire on a table in the hallway with a note inviting comments from residents and visitors on the experience of living and visiting Clovelly House

The provider and deputy manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

A range of audits on various aspects of the service were carried out and any issues found were addressed. For example, we saw that audits of medicines continued to be undertaken regularly and audits of care plans were also on-going. Incidents and accidents were recorded and lessons learnt to try to ensure that the same incident did not happen again.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. Another member of staff told us, "When I brought my application in I felt I really wanted to work here. It has a good feel to it." A third member of staff said "[Name of registered provider] and [name of deputy manager] would take action if they are told that a staff member is not treating people right I have worries there."

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The deputy manager was confident that staff would report any concerns.