M L George

Clovelly House

Inspection report

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Cambridgeshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Clovelly House is registered to provide accommodation and personal care for up to 21 people. There were 19 older people living in the service at the time of the inspection.

This unannounced inspection took place on 19 April 2017.

The registered provider manages the service which means that there is no requirement to have a separate registered manager. A registered provider has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider did not have a robust recruitment process in place to ensure that only staff of good character were employed within the service. People were looked after by enough staff to support them with their individual needs and who trained to carry out their roles.

Not all care plans contained up to date information about how people should be cared for. Whilst some risks to people had been identified there were not risk assessments in place for all risks. Staff were trained, supported and supervised to do their job. Staff treated people with dignity and respect. Various activities were offered based on peoples choices.

People received their prescribed medicines in a timely manner and medicines were stored and disposed of in a safe way.

People were provided with a good choice of meals. Staff referred people appropriately to healthcare professionals.

The provider was acting in accordance with the requirements of the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS). The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

A range of audits were in place. However, these were not always as effective as they should have been. This was because they did not identify and fully detail the action to be taken. The registered provider had not always notified the CQC about important events that, by law, they are required to do so.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Robust recruitment procedures were not in place. References had not been taken up for all staff.

People were supported to take their prescribed medicines. Detailed protocols for medicines that were to be administered as required were not in place.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Is the service effective?

Good

The service was effective.

When appropriate, people were assessed for their capacity to make day-to-day decisions. DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although staff were aware of people's needs, care plans did not

always contain up to date information about the support that people needed.
People were encouraged to maintain hobbies and interests and join in the activities provided at the service and in the community.

People's views were listened to and acted on. People received care and support in the way they preferred.

Is the service well-led?

Requires Improvement

The service was not always well-led

The registered provider had failed to notify the CQC of notifiable events that had occurred as required by the law.

Whilst audits were in place these were not effective.

There were opportunities for people and staff to express their views about the service.

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

This unannounced inspection took place on 19 April 2017. It was undertaken 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. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 9 people and four visitors. We also spoke with the registered provider of the service, the deputy manager and six staff who worked at the service. These included an activities worker, three care workers, a cook and the housekeeper

We looked at two people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

People were not protected because there was a lack of effective and safe recruitment practice. Two of the four staff recruitment files viewed did not contain all of the required information. Two of the files did not include any references checks to ensure that the person were of good character and suitable to work with the people at the service.

This was a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disclosure and Barring Service checks had been made before staff had commenced employment. These checks identified if prospective staff had a criminal record or were barred from working with adults.

People told us they felt safe. One person said, "I have felt safe here as they (staff) are very willing and efficient. Another person said, "I feel totally safe here. The staff are here if you need them and you can always find one of them. I don't have any worries about the staff and I have got a call bell." A third person said, "I have no worries about being here."

We found that not all risks assessments had been identified and assessed. Risk assessments had not been completed for people who required the use of mobility aids and the use of specialist equipment. Staff spoken with told us that they understood the risks to people when using various mobility aids and the action to take to minimise the risk to keep people safe.

Staff told us that they had received training to safeguard people from harm or poor care. They demonstrated that they were aware of how to recognise if a person had been harmed and the procedure to undertake to report and escalate any concerns. One member of staff told us, "I would always tell the deputy manager if I had any concerns". Another staff member said, "If I saw a staff member shouting to a person disrespectfully or not respecting their dignity I would report them to [name of the deputy manager] or [name of registered provider]". There was information available to staff informing them of the safeguarding procedure and who to contact with their concerns. For example the local authority safeguarding team, CQC, Police.

Staff were aware of the registered provider's reporting procedures in relation to accidents and incidents. We saw that information regarding any incidents was recorded on people's care records and these records had been signed by the deputy manager. This information was used to seek further advice when necessary. For example when it had been identified by the staff that a person's skin was becoming red and inflamed a telephone call was made to the district nurse who visited the service and provided advice to staff about how to support the person.

People and staff told us that they felt there were enough staff on duty to meet people's support needs. One person told us, "I have only just moved in but they all (staff) seem very good. The attention is good; they [staff] are always looking out for me." We observed staff worked together well and had the time to speak

with people and to notice and respond when people called for help or assistance. A visitor raised a concern about staffing levels at night saying, "It concerns me that there is only one member of staff on at night. Would that person be able to cope if there was a problem." We raised this with the registered provider who assured us that they had reviewed the on call system to ensure that a member of staff was always able to attend the home in an emergency as they all lived in the local area.

The registered provider and deputy manager told us that they assessed regularly the number of staff required to assist people with their support and care needs to ensure that there were sufficient numbers of staff employed. They gave an example where a person who was on end of life care was supported by an additional member of staff being on duty so they were not left alone.

Staff who were responsible for the management of people's medicines were trained and assessed as being competent. People told us about the support they received in relation to medicines. One person said, "They [staff] bring my medication on time and wait while I take it." Another person told us, "I can take my own medication and they trust me to do it. They order it for me." A third person said, "They [staff] bring my medication which is good as I don't have to worry about it." We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. Some people were prescribed medicines to be given as required. We found that protocols were not in place for these medicines. The deputy manager assured us that these would be put in place as a matter of urgency.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

Staff told us they received training and supervision to undertake their roles. A staff member said, "I have enough training and supervision". Another staff member commented, "We get a lot of training." Staff told us the training included first aid, moving and handling, Mental Capacity Act, safeguarding, fire safety, and health and safety. The deputy manager told us that she had identified training that staff required and had started to book these and some dates had been set in the next few months for staff to attend. This included first aid and fire safety.

Members of staff said that they had the support to do their job and this was provided by the deputy manager on both an informal and formal basis. One member of staff said, "I get supervision with [name of deputy manager]. We do it when it is required. If I have any queries or problems [in the interim] you are free to ask questions any time and they [name of the deputy manager] will answer any queries or give support." There was a plan in place for staff to attend future one-to-one supervision and appraisals.

The 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 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 a DoLS to the supervisory body (local authority) and they were awaiting the outcome.

People said that they liked the food and had plenty to eat. The menu showed and people told us that they were offered a set meal at lunchtime but an alternative was provided if the lunch was not to their liking. The teatime menu provided people with various options for them to choose from. One person said, "I am never hungry. I don't need anything between meals. The food has been really good so far, it is more than I can eat." Another person said, "I never feel hungry, they fill me up. I have told my relatives not to bring me anything to eat because I don't need it." A third person said, "They always ask what you would like for tea. I have my breakfast in my room, I like the porridge." Other comments included; "the food is really good here. I have put on weight since I have been here," and "The food is very good. I have liked everything and I'm not hungry." During mid-morning people were offered biscuits and drinks. People who required cultural and specialist diets were catered for.

People's weights were monitored and the frequency of this monitoring was based on people's nutritional assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of malnourishment.

We observed lunchtime in the dining room. We noted that no one required support to eat but some needed help to cut up their food. Staff provided the meat on a plate and then went to each person and served them with vegetables of their choice and then gravy was offered. We noted that where people's intake of food or fluid was being monitored, the records were completed. This was to help identify any change in people's food and fluid intake. We saw action had been taken as required for example people were seen by a dietician and or speech and language therapist.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist and opticians. One person said, "Whenever I need medical help I can see the Doctor or the Nurse." Another person said, "I can see the local doctor or dentist whenever I want to." A visitor said, "[Family member] complained of sensitive teeth and [name of deputy manager] arranged an appointment at a local dentist. I thought it was good that [name of deputy manager] arranged everything." Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

Our observations showed the staff were kind and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. We saw staff supporting a person in a quiet and calm manner when they became anxious. The member of staff walked with them and tried to encourage them to rest in a chair. One person said "The staff are so kind and gentle. They treat me like a relative [a member of their own family]." Another person said, "The staff are so good. They always ask if I need anything and they will do anything for me." A visitor said, "I couldn't do their job, it is so hard. They have always been lovely when we have visited. We have only seen kindness." Another visitor said, "I really can't fault the staff. My husband is well looked after and I am here quite often so I see a lot of the staff."

We observed staff stopping to speak with people throughout the day, checking if they were okay and taking an interest in their day. There was a calm, friendly and inclusive feeling throughout the service. Staff described enjoying working in the service and one member of staff told us, "I love working here. I have been here over 15 years."

Staff offered people choices about where they wanted to sit and one person said that they chose to sit with other people to eat their meals. Other people chose to remain in their rooms. People were offered choices of when they wanted to get up and go to bed. People told us that their choice was respected by staff. One person said, "I have my breakfast and then get up, somewhere between 8 and 10. It is up to me." Another person said, "I get up when I want. I usually have my breakfast in my room and then get up. I take my time." A visitor said, "[Family member] can get up when they want. [Family member] goes to bed about 11 after they have watched TV."

People were enabled to maintain contact with members of their families. We saw that some people had made friends with others living at the service. This fostering of relationships was encouraged during activities, and whilst having a drink and a snack they would spend time talking with each other. One person said, "I have got my own computer and I Skype my [family in another part of the world] when I want which is lovely. I have also got my own mobile so I can text people and keep in touch." A visitor said, "Since their [spouse] died the staff have encouraged them to come out of their room and mix with other residents and I think that is really good."

People's privacy and dignity was maintained. People were provided with personal care behind closed doors. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. One person told us, "The staff are friendly. They are always cheery and use my name." Another person said, "They knock on the door before they come in and I leave my door ajar at night and I see them looking at me to check that I am ok. That reassures me." A third person said, "They offer to help me get washed and dressed if I need it and they always shut the door so it is private." This meant that staff respected and promoted people's privacy.

People told us that the way they preferred to have their personal care provided was respected. Members of care staff demonstrated an understanding of the principles of caring for people. A staff member said, "It is

nice to sit and talk with the residents [people who use the service] and really get to know them." The staff member responsible for activities told us that they involved people in making choices about what hobbies or interests they would like to take part in. They said, "I always ask them what they would like to do. I do hand massage, manicures and hairdressing if that's what people would like." Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences.

Information about advocacy services was available to support people in making decisions about their care and support. Advocacy services are independent and support people to make and communicate their views and wishes.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives said that staff met people's care needs in the way they preferred. One person said, "I think the care they give you is tailored for you. They find out about you and then they know how to look after you." A visitor said, "They do everything for [family member] I couldn't cope with them at home. They really care for [family member] and get them washed and dressed."

Staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. We found that information contained in two people's care plans had not been reviewed since 2015. We spoke with the registered provider who said that they would add further information to the care plans as soon as possible to ensure that they provided full information about the care that people required.

Monthly reviews of people's care had taken place. However, we found that care plans had not always been updated when a change had been noted during the review. For example, in one file we saw that the monthly review in May 2016 stated changes were to be made in the care plans. These changes had not been made. In the care records of two other people, monthly reviews stated 'care plan updated' – no changes' with no further information this had occurred for over 12 months. This meant that staff did not always have all the information on meeting people's needs.

Pre admission assessments were undertaken by the deputy manager. These identified people's support needs at the time of admission. Care plans were then developed stating how those needs were to be met. People were involved with their care plans as much as was reasonably practicable. Where people lacked capacity to participate, their families, other professionals, and people's historical information were used to assist with the care planning. One person said, "If I ask they [staff] will tell me about [family members] care. A visitor said, "They [staff] let me know when they were going in [to hospital] and what was happening. They really kept me informed." Another visitor said, "I am always kept well informed and the staff always ring if there is a problem."

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. A member of staff was responsible for organising activities. A timetable was available to people showing the regular activities that took place. These included religious services, visit from a zoo, massage, seated exercises and beauty sessions which included hand and feet massage. One person said, "Someone [a member of staff] tells me what is happening [activities]. I like to do painting and I will join in." Another person said, "I keep busy but I would like to do more in the evenings." A third person said, "The hairdresser comes in and [name of person] does our nails which is really nice." A visitor said, "I visit regularly and take [family member] out every week. There are no restrictions on when I can visit or what time I bring them home. They just make a note of when they go out and get back, for safety I suppose." Another relative said, "[name of person] now does pampering sessions. They massage [family members] feet and hands which they like. She cuts his hair as well. It is a big improvement"

People told us they would be confident speaking to the deputy manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints." Another person told us, "I can't fault anything, everything is good." A visitor said, "We have never had a reason to complain." A visitor said, "I don't have any complaints but I would complain to [name of deputy manager] if I needed to."

There was a complaints procedure which was available in the main reception area of the service. We looked at two recent complaints and found that these had been dealt with in line with the registered provider's complaints procedure. The registered provider had identified that the on call system needed to be reviewed following one of the complaints. We saw that this had been actioned.

Requires Improvement

Is the service well-led?

Our findings

We found from records we held that notifications involving people's safety had not always been reported to the Care Quality Commission as required by law. This put people at risk of harm and limited the information available to external organisations in responding to the safety of people using the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered provider had systems in place to monitor the quality of the service that was being provided to people. These included a number of audits. For example; medicine audits, health and safety audits and care plan audits were carried out. However, we found that the audits did not provide details of exactly what they had looked at. For example the deputy manager had ticked to say that care plans were in place and had been reviewed but there was other information provided on the findings whether positive or negative. Where actions had been identified to be undertaken, there was no information to state when and by whom the actions would be taken. The registered provider told us that decoration of the service was carried out on a regular basis. The next major project was the refitting and decoration of the kitchen.

People said that they knew who the deputy manager was. One person said, "We have a good boss, they listen to you and really care about the residents [people who use the service] and staff." Another person said, "The management is well organised and very kind. Nothing is too much trouble for them." A visitor said, "I am happy with the way things are done here. I know [name of deputy manager] and [name of registered provider] and would approach them if I had an issue with anything for [family member]."

The registered provider and the deputy manager were very knowledgeable about what was happening in the service. This included, which staff were on duty, people whose health required a follow up visit to the GP or other professional support such as physiotherapist. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered provider and deputy manager were available in the service throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff.

Staff told us that they felt supported by the registered provider and the deputy manager. One staff member said, "We are always listened to and can give our views." Staff all said that the registered provider and the deputy manager were approachable and had an open door policy. All said they could speak freely at team meetings and during supervision.

Staff felt there was good teamwork. One of them said, "The atmosphere is always feels relaxed and we are always having a laugh with each other and the 'residents' [people who use the service]". We observed this to be the case during our inspection. A second member of staff said, "I love working here, it is such a good atmosphere." A third member of staff told us, "We work well together, I wouldn't want to work anywhere else its lovely here."

There were regular meetings for all staff which provided them with the opportunity to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in an effective way.

People were given the opportunity to influence the service that they received through residents'/relative meetings. There was also an annual questionnaire which is due to be completed in May 2017. People told us they felt they were kept informed of important information about the service and had a chance to express their views. One person said, "There is nothing that could be improved." One visitor said, "I evaluated several homes before [family member] came in here and I thought this was the best for convenience, reputation and comfort. I am pleased I chose this one. It is a very homely place with a nice garden." Another visitor told us, "[Name of registered provider] is always available to talk to if you want anything special done."

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 said, "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 manger] would take action if they are told that a staff member is not treating people right I have worries there".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of important events as required by the legislation. Regulation 18 (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to obtain all the required documentation as outlined in schedule 3 of the regulations. Regulation 19 (1) (a)