

Dryband One Limited

# Cloverdale Care Home

## Inspection report

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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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cloverdale Care home is a care home in the village of Laceby. It is registered to provide accommodation and personal care to 40 younger and older people, some of whom may be living with dementia. At the time of our inspection, 23 people lived at the service.

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

People were supported with their medicines in a person-centred manner by staff. However, medicine records for prescribed creams were not appropriately completed and did not show if they had been applied as prescribed. Some areas of the service compromised people's safety and not all areas could be effectively cleaned. Governance systems had failed to identify these shortfalls. The manager responded promptly during the inspection to address the issues.

People were happy with the care provided and told us, "I'm happy here and well looked after" and, "It's next best thing to being at home." Staff were kind, attentive, respectful and maintained people's privacy and dignity. People were supported to follow their own routines and at their own pace. Staff promoted people's independence and respected people's decisions.

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.

There was enough staff to meet people's needs. Recruitment, induction and ongoing training processes ensured only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the manager who was working to ensure staff received appropriate supervision and appraisal.

People were provided with appropriate support at meal times and had different options to choose from. People were provided with a varied and healthy diet. People were supported to access healthcare services and staff followed professional advice. People's rooms were personalised, and signs were used to help people find their way around. Activities were available for people and visitors were welcome at any time.

The manager was working to improve the service and sought the views of people and staff. The manager promoted a positive culture and staff were confident in their ability to improve and develop the service.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified a breach in relation to monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cloverdale 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

The inspection was completed by one inspector.

#### Service and service type

Cloverdale care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The new manager had worked alongside the previous registered manager and had worked for the provider for a long time. At the time of the inspection, they had not submitted an application to register.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. 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 Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative. We also spoke with two kitchen staff, two care staff, two team leaders, the activities co-ordinator the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home to review the facilities available for people and the cleanliness of the service. We also looked at a range of documentation including three people's care files and medication administration records for four people. We looked at five staff files for recruitment, induction, supervision and staff training and reviewed documentation relating to the management and running of the service.

#### After the inspection

We were sent further information regarding maintenance certificates, fire safety, staff induction and supervision and quality assurance. We received feedback from two healthcare 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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Staff supported people to apply prescribed creams, though records did not clearly show the support provided. The application of creams had not been accurately recorded since electronic records were implemented. We raised this with the manager who immediately put paper records in place to support with accurate recording.
- Person-centred protocols were in place to guide staff how to administer 'as and when required' medicines, though records did not always include the time they were administered. We raised this with the manager and discussed ways to include information to support staff with administering variable dose medicines.
- People were supported with their medicines in a calm and caring manner. Staff sought people's consent and respected their right to refuse. Staff were knowledgeable about how people liked to take their medicines.
- Systems were in place to ensure sufficient stock levels of people's medicines were held.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Environmental risks had not always been managed. Two radiators were uncovered, and hot water temperature checks were not fully completed, which placed people at risk of burns. We raised this with the manager who immediately arranged for covers to be fitted and water temperature checks to be completed. These confirmed water temperatures were within safe limits.
- Risks to people's safety and wellbeing were appropriately managed. Staff were knowledgeable about how to manage risks for each person in the least restrictive way possible. Care plans contained relevant information to support and guide staff.
- Accidents and incidents had been responded to appropriately.

### Preventing and controlling infection

- The home was clean and tidy, though some areas could not be effectively cleaned. A shower head and some bedrail bumpers were dirty and, flooring in people's bathrooms needed re-sealing to aid effective cleaning. We raised this with the manager who immediately arranged for items to be cleaned and for the maintenance team to address the flooring.
- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help control and prevent the spread of infections.

### Staffing and recruitment

- Staffing level's met people's needs, and people were supported in a timely manner. The manager monitored and quickly adjusted staffing levels to reflect changes in people's needs and for the amount of

people living at the home.

- The provider's recruitment processes helped ensure only suitable staff were employed. However, one staff interview record was not appropriately completed.
- Staff were recruited for specific roles but supported each other as a team. A staff member said, "I think we're a great team, a fantastic team. I can't say I've never not wanted to come to work."

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.
- Staff understood the provider's whistleblowing policy and were confident problems would be promptly addressed. A staff member said, "If anything was reported, it would be all systems go."

# 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 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

- People's needs were assessed and reviewed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.

Staff support: induction, training, skills and experience

- Not all staff had received supervision in line with the provider's policy. However, staff told us they felt supported by the manager. The manager was addressing supervision and appraisals to ensure staff received regular supervision and support going forward.
- Staff had the skills and knowledge to support people safely. New staff completed an induction programme and mandatory training. All staff completed regular training to ensure they were able to meet people's needs.

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

- People were positive about the variety and amount of food. One person said, "I've been able to eat everything, there's a choice of two first courses and puddings. There's plenty, if you ask for more you'll get it."
- Staff were knowledgeable about people's dietary needs. People's weight was monitored, and relevant healthcare professionals were involved. A professional said, "Kitchen staff have received information leaflets related to diet and advice on how to deal with particular issues and were very enthusiastic to enable more effective care."
- Staff provided appropriate support for each person with eating and drinking. Support included gentle encouragement, cutting up meals and helping people to eat and drink. Care plans contained appropriate information about people's needs and their likes and dislikes.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice received. A professional said, "[Manager's name] appears to be very proactive in identifying any physical health concerns/issues. If I suggest that someone needs referring to another service, this will usually have already been done or if not [manager's name] will do this the same day."
- Staff were knowledgeable about people's needs. Care plans documented people's needs and helped staff to understand how their health affected them.

- Staff provided consistent care. Staff were kept informed of any changes to people's needs through handover meetings, updated care plans and electronic records.

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

- People's rooms were personalised to their own tastes. People had decorated their rooms with their favourite photo's, belongings and could bring their own furniture if they wished.
- The environment had been adapted to promote the wellbeing of people. People had access to communal gardens which people helped to maintain, and murals had been painted on internal walls. Pictorial signage was used to help people find their way around.

#### 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.

- Staff sought people's consent and respected people's right to refuse support.
- People were given choices and encouraged to make their own decisions where possible. Where people lacked capacity, decisions were made in their best interests with involvement from family, advocates and relevant professionals.
- Staff recognised restrictions on people's liberty and applications to deprive people of their liberty had been made. Systems were in place to monitor DoLS and meet conditions on authorisations.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and attentive. A relative said, "Staff have always got time for you. They're always happy to answer any questions, they're polite and nothing is too much trouble for them. This is the honest truth, they're brilliant. We have been lucky to come across this place." The manager visited people in hospital to support and comfort people.
- Staff had developed positive relationships with people. People were happy and relaxed with staff. One person said, "[Staff] are ever so good, I've got nick names for them all."
- People were supported at their own pace. Staff were calm, respectful and provided appropriate reassurance for people.
- Staff respected people as individuals and were trained in equality and diversity. People were supported to practice their religion and celebrate religious festivals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and had support and training from a designated 'dignity champion' from the staff team.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. Staff ensured people had items they needed to maintain their dignity and independence. This included walking aids and adapted cutlery and plates.
- People's personal information was stored securely which helped to maintain their privacy.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions and choices about their care. Staff supported people with their routines and offered them choices.
- People and their families were included in writing care plans. These clearly recorded how people like to be cared for.
- People had support from their families or advocates if they needed help with making decisions. Advocates provide independent support to help people to understand information about decisions they need to make.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to follow their own routines. Staff were knowledgeable about people's needs and preferences. People and their families were included in developing detailed, person-centred care plans.
- People had choice and control of their care. People were supported to spend their time as they wished, and staff ensured people were offered choices and respected their decisions.
- Electronic care plans and records were being implemented and enabled staff to record information in a timely way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a wide range of stimulating activities. Local nurseries and schools regularly visited the service and joined in with the activities. People told us, "I read a story to the little children today" and, "I get involved with the children, they keep me young."
- The activities co-ordinator was passionate about their role and engaged as many people as possible in the activities. Activities were tailored to people's interests and included gardening, quizzes, reminiscence, music and therapy animals. Pictures were taken of people doing activities and these were displayed in corridors to prompt people's memories.
- People were supported to maintain their relationships with families and friends and could have visitors when they chose.
- People were engaged in meaningful conversations about the news, their families and their interests to help prevent social isolation.

End of life care and support

- Staff were trained in end of life care and liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- End of life care plans recorded people's wishes. They contained detailed information which supported staff to provide care in line with their preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and care plans documented people's communication needs.

However, menus and activity boards did not contain pictures to help people understand the choices available. We discussed with the manager ways pictures could be included.

Improving care quality in response to complaints or concerns

- Complaints were addressed in line with the providers policy and procedure.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance systems in place had failed to pick up the issues we identified during our inspection. These related to medicines, environmental risks, preventing and controlling infection and staff supervision. As a result, the provider was unable to effectively identify and address quality shortfalls.
- Accidents and incidents were not always analysed and used to improve care. The provider was moving to a new audit system and we found information had not been analysed for three months. Since being in post, the manager had commenced monitoring and using this information to improve the service.

The failure to operate effective systems to monitor and improve the quality of the service and mitigate health and safety risks placed people at risk of harm and of receiving a poor-quality service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since being in post, staff were consistently positive about the support offered by the current manager and changes made in a short space of time. A staff member said, "There's already a great improvement. It's amazing what [manager's name] has already done."
- The manager understood the regulatory requirements and reported information appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager promoted a caring culture. A staff member said, "[Manager's name] has got a heart of gold and puts people first no matter what."
- The manager supported their staff. A staff member said, "[Manager's name] supports seniors, this was previously lacking. They expect a high standard, support on floor, sort problems and has lots of ideas. [Manager's name] has always been hot on activities and different ideas that we can move on with."
- People, staff and professionals were included in the development of the service. Meetings were held, and questionnaires were sent out and responses analysed to help identify how the service could be improved. Action plans were implemented to address any issues.

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

- At the time of the inspection, a manager was in place, but they had not applied to register. Following the inspection, the manager confirmed their application had been submitted.
- Processes were in place to respond appropriately if something went wrong and meet their legal obligation to let people know.

Working in partnership with others

- The manager and staff had developed effective working relationships with healthcare professionals and local nurseries and schools which helped to integrate the service into the local community.

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 17 HSCA RA Regulations 2014 Good governance  Systems to monitor and improve the quality of the service and mitigate health and safety risks were not effectively operated, which meant people were at risk of harm and of receiving a poor service. Regulation 17 (2)(a) and (2)(b).