

Clough House Residential Home Limited

Clough House

Inspection report

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Clough House is a residential home providing accommodation and personal care for up to 14 adults. There were 14 people living at the service at the time of the inspection. Some of the people lived with dementia or mental health needs and required support with their physical needs.

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

People told us they felt safe and protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. Risk assessments were in place to monitor and minimise the potential risk of avoidable harm to people during the delivery of their care. People were safely supported to receive their medicines as prescribed. People were supported by staff who had been safely recruited. Staff had received training and guidance in the prevention and control of infections including COVID-19.

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. However, the provider needed to ensure all people who required restrictions for their protection had authorisations in place. They took immediate action to rectify this. We have made a recommendation about monitoring those who need authorisations.

People's care and support had been planned in partnership with them, their specialist professionals and their relatives where possible. Staff had received training that was suitable to meet the needs of people in the home. Staff supported people in line with national and best practice guidance.

People shared positive comments about the caring nature of the staff team. They said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. We observed person-centred approaches to care and people told us they were treated with dignity.

The provider had made significant improvements to the quality monitoring, governance and leadership arrangements at the home. People told us their experiences had improved including the culture in the home. They had addressed shortfalls found at the last inspection. The service worked in partnership with a variety of agencies to ensure people received all the support they needed. Staff were positive with how the service was managed and the culture and morale within the staff team had significantly improved.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 8 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted, in part, due to concerns received about care practices in the home. A decision was made for us to inspect and examine those risks. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

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

We undertook a focused inspection to review the key questions of safe, effective caring and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Clough House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Clough 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. 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 used information gathered as part of monitoring activity that took place on 13 April 2022 to help plan the inspection and inform our judgements

During the inspection

We spoke with nine people who lived at the home about their experiences of the care provided. We spoke with four members of staff including the registered manager, operational director and two care staff. We reviewed a range of records. This included four people's care records, multiple medication records, accident and incident records and two staff recruitment records. We looked at a variety of records relating to the management of the service. We walked around the home and observed the environment and interactions between staff and people.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection the provider had failed to adequately assess risk and monitor safety at the service. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The provider had improved their infection prevention practices in relation to the prevention of cross contamination. At the last inspection the provider had failed to ensure the safe management of soiled linen and provision of recommended laundry facilities. At this inspection, the provider had purchased new machines and staff had improved their practices.
- Staff protected people against the risk of infection. They had received training in infection prevention and control. The provider and the registered manager complied with COVID-19 guidance including regular testing for staff, vaccination and use of personal protective equipment (PPE).
- Staff had access to PPE such as face masks, gloves and aprons. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

Visiting in care homes

The home facilitated visits which aligned with the most recent government guidance. Visits from friends and family were actively encouraged to help maintain important relationships and aid people's emotional well-being.

Assessing risk, safety monitoring and management

At the last that the provider had failed to adequately assess risk and monitor safety at the service. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment. We made recommendations in relation to maintaining a safe environment and accident and incident records.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12 and the recommendations had been met.

- There were risk assessments to guide staff on safe working practices and to keep people safe from

avoidable harm during care delivery and while out taking part in community activities. Improvements had been made to minimise risks associated with inappropriate seats in communal areas.

- The provider made improvements to the environment. This included fire safety equipment. The property was maintained, and equipment had been serviced, in line with manufacturers' recommendations. We however noted that not all bedrooms had accessible call bells. The provider took immediate action to address this.
- Staff completed incident reports and the registered manager had improved their practices in relation to the recording and sharing of information on accidents and incidents.
- Staff knew how to support people in an emergency and had sought medical assistance where necessary. People's personal emergency evacuation plans had been improved to include adequate details to support staff with guidance on evacuating people in case of a fire.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on storing medicines and act to update their practice. The provider had made improvements.

- The registered manager and staff had made improvements to ensure all boxed medicines were dated when opened. Medicines such as cream were stored safely, and the storage temperature monitored regularly. Staff had received training in medicines management and their competence had been checked; this had contributed in a reduction in medicine errors.
- Medicines administration systems were robust and well organised. The registered manager and staff carried out weekly and monthly audits on the safe use of medicines.
- Where possible, people were encouraged to continue managing their medicines with some oversight from staff.

Staffing and recruitment

At the last inspection the provider had failed to ensure robust recruitment practices had been adopted by the home. Police checks had not always been conducted before people were employed. The provider had made improvements.

- The registered manager and the provider had improved processes for recruitment checks to ensure new staff were safely recruited. Recruitment files we reviewed showed the correct procedures were safely in place. They had kept interview records and evidence of previous employment history.
- The registered manager ensured that staffing levels were appropriate. Staff were deployed appropriately and in line with people's needs.
- Staff gave positive feedback in relation to staffing arrangements. They told us they felt there were enough staff to provide consistent support to people. Comments included; "There is enough of us at the moment and it suits the level of needs for people here."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager and staff ensured that all safeguarding incidents were reported and investigated in line with their safeguarding policy. They shared safeguarding information internally, with the local authority and the CQC in line with their statutory obligations.
- Before this inspection, we had received allegations of abuse, this had been investigated by the Local Authority and the provider. We found no evidence to substantiate the allegations.
- Staff had received training in how to keep people safe from abuse. They were confident about reporting

and escalating concerns to support people's safety.

- The provider had safeguarding and whistleblowing policies in place and staff knew how to access them if needed.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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.

At our last inspection the provider had failed to ensure consent had been properly obtained in line with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11. However, they needed to further embed the improvements made.

- The registered manager ensured care plans included information about people's capacity to make decisions about their care and support. While DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety, the provider and the registered manager needed to ensure this was consistent and monitored as people's needs changed. This would ensure authorisations are applied for when required. We found people whose care required authorisations who did not have these in place. The registered manager took immediate action and addressed this during the inspection.

We recommend the provider consider current guidance on monitoring and applying for DoLS authorisations.

- Staff asked for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case. Some people were able access their local community

independently and staff promoted this.

- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

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

At our last inspection the provider had failed to ensure people's nutritional requirements were being met, in accordance with their needs and choices. This was a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

- Staff supported people to maintain a balanced diet. Records, when appropriate, documented any associated risks with eating and drinking. Staff supported those who required help with healthy eating or a special diet to manage their health conditions. Comments from people included, "There has been a good improvement, we can eat what we want and there is choice and no restrictions, it is much better now." And, "I have to monitor what I eat due to my health condition, they support me with alternative choices."
- We observed people being supported with their meals, the atmosphere was pleasant, and food was presented in an appetising manner. Additional facilities were there for people to help themselves to their own drinks if required.
- We saw a menu was on display in the dining and people confirmed they had variable dietary choices and alternatives were provided should they not want what was on offer.

Staff support: induction, training, skills and experience

At our last inspection we recommended that the provider introduces annual appraisals for the staff team, so that staff members are able to discuss any concerns, as well as performance and training needs with their line managers. The provider had made improvements.

- The registered manager had supported staff to ensure they received suitable induction and training at the beginning of their employment. The registered manager informed us they had recruited a new staff team since their last inspection. The training and supervision had helped to embed a new culture in the home. We saw annual appraisals had been offered to staff.
- Staff were up to date with their training and could request additional training where required. The provider's representative informed us they had introduced a trainer who was supporting staff with face to face training.
- The registered manager had allocated staff to different specialisms to ensure people's needs could be met holistically.

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

- People's needs were assessed before they started using the service. The provider had introduced additional measures to assess people before admission into the home. Information gathered during assessment was used to create people's care plans and risk assessments.
- Care and support for people was reviewed regularly or when people's needs changed.
- The registered manager and their staff referred to current legislation and standards to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights.

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

- The registered manager and their staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, social workers and community-based health professionals. People's care plans demonstrated professional advice was recorded and acted upon.
- Staff had a good understanding about the current medical and health conditions of people they supported. We saw staff monitored people with fluctuating health conditions such as diabetes and liaised with district nurses. One person told us, "On the whole I manage and monitor my own condition, but staff are there to monitor and assist me. They know my health needs well."

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

- People's individual needs were met by the adaptation and design of the service. The layout of the home was suitable for people's needs. At our last inspection, we noted the environment needed to be modernised. The provider implemented a refurbishment plan and the environment was much improved. People had been encouraged to decorate and improve their own bedrooms as they wished. One person told us, "I got provided with tiles by a well-wisher and I used them to decorate my bedroom to my taste."
- People had a choice of areas where they could participate in activities or spend time on their own.

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended that the provider assesses and monitors daily life for those who live at the home to ensure people were at liberty to make choices in everything they do. The provider had made improvements.

- Staff provided support that ensured people's privacy, dignity and independence were maintained. At the last inspection, we found people's dignity had been compromised due to restrictions to the choice of meals and structural arrangements in the service. The provider had improved their practices and the culture in the home had significantly improved.
- People told us they could choose to do what they want including where to sit, spend their time, go out and about in the community and what meals to have. One person told us, "The atmosphere is much improved now, we used to have some 'bossy ones' but they are gone so we get to have a say."
- The registered manager showed awareness about people's dignity or treatment. Improvements had been made to ensure that staff received training related to dignity and respect and equality and diversity. This was a shortfall at our last inspection.
- The staff team had worked hard to support people to improve their independence. This had supported people to increase their access to the local community and do more for themselves. We saw one person was being supported have a vacation in a local seaside town. Arrangements had been made for them to use the provider's other care home while on their holiday instead of booking a hotel, providing the person with assurance while they were on their holiday. This was a thoughtful approach to promoting independence.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us they were treated with dignity and respect by staff. Before the inspection, we had received concerns that some people were not treated with dignity. We spoke to nine out of 14 people who told us they had no concerns about how they were treated and were able to voice their concerns should they have any issues. Comments included, "I have no doubt about the care I get here, staff are caring and treat you with respect" and, "I am very happy with my support here I couldn't complain at all." We observed positive interactions between people and staff.
- Care records were written in a caring, respectful and compassionate manner that demonstrated awareness of people's equality and their diverse needs.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. They supported

people to have equal access to services and their local community where possible.

- Visiting could be facilitated in the building so people could enjoy some privacy to enjoy their loved one's company. The importance of visiting was embedded in the care provided.
- Records we reviewed demonstrated that people were consulted about care and decisions for their wellbeing and support they required. While some people's needs impacted on their ability to make decisions, staff made every effort and encouraged people to make daily choices and involved them in doing so.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service management and leadership had made changes since the last inspection and had planned and implemented improvements which they have sustained.

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

At the last inspection the registered manager and provider had failed to ensure systems were in place to effectively assess and monitor the quality of service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the service was no longer in breach of Regulation 17.

- The registered manager showed a clear understanding of regulatory requirements and how to address shortfalls. At the last inspection there were four breaches of regulation and four recommendations. At this inspection we found all breaches and associated shortfalls had been addressed and care quality and people's experiences improved.
- The provider took immediate action following our previous inspection to review the quality of the care provided and the experiences of people and staff at Clough House. There was evidence of a strong focus to address the shortfalls identified at the time. This had significantly assisted in improving the culture in the home and people's experiences.
- The provider had introduced a new staff team. We noted a significant improvement in the atmosphere, the environment and people's ability to exercise choice.
- The provider and the registered manager had improved the quality monitoring, audits and there was a more questioning culture which helped staff to raise concerns with confidence that the management team would respond. Regular internal quality monitoring activities had been carried out and showed consistent continuous improvements. However, we noted that the improvements made in relation to managing and monitoring DoLS applications needed to be fully imbedded and sustained

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

- The registered manager had systems to gather the views of people and relatives. People had meetings where they could discuss their expectations and wishes. People using the service and their staff felt their contributions were respected and that the management team treated staff with respect. One staff said, "We

share our views with the manager during meetings and we have a survey, everyone's views are taken on board." We noted there was good morale within the staff team, feedback from staff supported this. One staff said, "We are all new here and we get along well."

- The registered manager promoted an inclusive, positive and open culture. Staff were aware of risks associated with closed cultures and knew how to raise concerns about poor practices within the organisation. 'Closed' cultures within the care environment are considered to give rise to an increased risk of abuse and human rights breaches.
- People shared positive comments regarding how they were engaged by the staff and the provider specially during the COVID-19 pandemic. Comments included, "It was difficult for everyone but now we are able to see our families." We saw regular surveys had been completed to seek people and staff's views of the service. Results were shared on a notice board.

Working in partnership with others

- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health needs.

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 registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They had notified CQC of events, such as safeguarding and serious incidents as required by law.