Clover Residents Limited

Clover Residents - 6 Harrow View

Inspection report

6 Harrow View
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 7 March 2017 and was unannounced.

The last inspection took place on 22 January 2015 where we found no breaches of Regulation and rated the service as "Good".

Clover Residents – 6 Harrow View is a care home registered for up to three people. At the time of the inspection two people were living at the home who had learning disabilities. The service was managed by Clover Residents Limited, a private organisation who ran two other care homes in London.

The registered manager left the organisation in August 2016. There was a new manager in post at the time of the inspection. She provided us with evidence to confirm that she was awaiting the results of her criminal check before making an application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection we found there were aspects of the care provided that were not safe. The arrangements for ensuring that people living at the home and staff were kept safe in event of a fire were not adequate. The home had failed to carry out regular fire alarm checks and staff required refresher fire safety training. We found a breach of Regulation in respect of this.

During the inspection we looked at the arrangements for medicines. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. However we found that medicines were not stored appropriately and raised this with the manager. We also found that there were two unexplained gaps on the MAR for one person. We found a breach of Regulation in respect of this and reported this to the manager who said immediate action would be taken to improve the proper and safe management of medicines.

During the inspection we observed that care staff did not appear rushed and were able to complete their tasks. Care staff we spoke with told us there were enough staff.

Risk assessments had been carried out which detailed potential risks to people and how to protect people from harm. People's care needs and potential risks to them were assessed.

People's care plans included some information about what support people wanted and how they wanted the home to provide the support for them with various aspects of their daily life. However we found that care plans were not completed fully and there were gaps in these. We made a recommendation in respect of this.

Staff spoke positively about their experiences working at the home. They said they felt supported by management within the home and said that they worked well as a team. However, we noted that there were gaps in staff training. For example, there was no evidence that staff had received basic life support and food safety training. Staff also required refresher training in various areas which included safeguarding and medicines administration training. There was a lack of evidence to confirm that all staff had received an appraisal since the last inspection.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. One person was potentially being deprived of their liberties, the manager confirmed that they had taken the necessary action to ensure that this was authorised appropriately.

The arrangements for the provision of meals were satisfactory. Staff confirmed that they asked people what they wanted to eat and then prepared meals based on this. We looked at the menu for the week of the inspection and noted that there was a variety of meals available.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted with people, showing them patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted.

Each person had an activities timetable detailing what activities they participated in. Activities included going to the cinema, shopping centre, gym and local club. On the day of the inspection people went out to a local shopping centre and to a Church.

We noted that there was a lack documented evidence to confirm that regular audits were carried out by the provider. We saw no documented evidence of recent checks in respect of the premises, housekeeping, infection control, policies and procedures and staff training, supervisions and appraisals. We found a breach of Regulation in respect of this.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 home was not always safe. The arrangements for ensuring that people living at the home and staff were kept safe in event of a fire were not adequate.

Medicines were not always managed appropriately. We found that medicines were not stored appropriately.

Staff were aware of different types of abuse and what steps they would take to protect people.

Is the service effective?

Requires Improvement

The home was not always effective. There were gaps in staff training and areas where refresher training was due. Staff had not received an appraisal in the last year.

People were provided with choices of food and drink. People's nutrition was monitored.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The home was caring.

People were supported by kind, caring and polite staff.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The home was not always responsive. Care plans did not include all necessary information relating to the people's care needs.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

The home was not always well led. There was a lack documented

evidence to confirm that regular audits were carried out. We saw no documented evidence of recent health and safety checks in respect of the premises, housekeeping, infection control policies and procedures and staff training, supervisions and appraisals.

The home had a management structure in place with a team of care staff and the manager. Staff told us they were supported by management.

Clover Residents - 6 Harrow View

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 checked whether the provider was 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 inspection took place on 7 March 2017 and was unannounced.

The inspection visit was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

During the inspection we met two people who lived at the home and spoke with one of them. This person was able to communicate with us, but this was limited. Another person was unable to communicate with us verbally. We therefore observed how they were cared for and supported by care staff. We spoke with the manager and two other members of staff. Following the inspection we spoke with one relative.

At the visit we looked at the care plans and records for two people, records of staff recruitment for two members of staff, support and training for four members of staff, records of complaints, accidents, incidents and other records the provider used for monitoring and managing the service. We also looked at the environment and how medicines were managed and stored.

Requires Improvement

Is the service safe?

Our findings

One person who lived in the home told us they felt safe in the home and around staff. This person said, "I feel safe. This is my home." One relative told us that they did not have concerns about whether their relative was safe in the home and around staff. They said, "I feel [my relative] is safe there."

During the inspection we found that there were aspects of the care provided that were not safe. The arrangements for ensuring that people living at the home and staff were kept safe in the event of a fire were not adequate. The service was unable to provide us evidence that they had carried out regular fire alarm tests. The fire alarm test was last carried out in September 2016 and there was no evidence that there had been a fire alarm test since. A fire risk assessment had been carried out in July 2016 but it was not evident who had carried this out.

We also noted that some staff had received fire safety training in 2014 and 2015 and therefore were due a refresher training session. Further, one member of staff had not received fire safety training.

The fire arrangements were not adequate and was a breach of Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the fire arrangements with the manager and she informed us that the home would immediately commence fire alarm tests. There were personal emergency evacuation plans for people who lived in the home which detailed how care staff needed to support them in event of a fire.

Following the inspection the manager confirmed that an independent fire organisation had been arranged to carry out a visit and inspect the fire alarm and procedures on 14 March 2017 to ensure that the appropriate procedures were in place.

During this inspection we looked at the arrangements for medicines in the home. We found that there were some deficiencies in respect of medicines. There were arrangements for the recording, administration and disposal of medicines. Daily storage temperatures had been recorded and were satisfactory. We however, noted that the records of one person had two unexplained gaps in their medicine administration charts (MAR) and it was therefore not evident if this person had received their prescribed medicine. We spoke with the manager about this and she confirmed that the person had received their medicines but that staff had not completed the MAR appropriately. We also observed that the medicines were stored in a locked kitchen cupboard and not in an appropriate designated medicines cabinet. Medicines must be stored in an appropriate cabinet that is sufficiently secure for the storage of medicines.

The service carried out daily audits which focused on counting the number of medicines in stock. However we did not see evidence that the service carried out comprehensive audits in respect of MARs and medicine storage checks.

The above medicine deficiencies may put people at risk. This is a breach of Regulation 12(2)(g) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reported our findings to the manager who said immediate action would be taken to improve the proper and safe management of medicines.

On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks. There was consistency in terms of care staff so that people who lived in the home were familiar with them and care staff familiar with each individual's needs. We looked at the staff duty rota for the week between 6 and 10 March 2017. We noted that during the day there were two care staff on duty with the manager who moved between the three Clover Residents Ltd homes. The manager manages all three care homes.

Records demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. The care records we reviewed included risk assessments, such as self-harm, going out in the community, emotional distress and physical harm. These included preventative actions that needed to be taken to minimise risks as well as measures for care staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We noted that there was no risk assessment in respect of behaviour that challenges for people and we spoke with the manager about this. She confirmed that sometimes people did present behaviour that challenges but this did not occur often. She confirmed that she would ensure that a risk assessment to address this was created.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. Staff we spoke with were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One member of staff told us, "We are here to protect people rights, independence and provide support for them. We are here for them." They told us that if they saw something of concern they would report it to the manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the (CQC). There was a safeguarding policy which had been updated in February 2017. The policy referred to the local safeguarding team, the CQC and police. However, we noted that the CQC's contact details were not detailed in the policy and spoke with the manager about this. She confirmed that the policy would be amended to include this. The home had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

The staff recruitment records we looked at showed that the provider had checked staff suitability to work with vulnerable people. Staff had completed an application form with their employment history. There were two references on file and checks had been carried out in respect of staff identity and eligibility to work in the United Kingdom. Criminal records checks had been carried out. However, we observed that for one member of staff they had a criminal records check from their previous employer. We spoke with the manager about this and she confirmed that they would obtain an up to date criminal records check immediately.

Requires Improvement

Is the service effective?

Our findings

One person we spoke with spoke positively about the home. One relative told us, "Staff are kind and helpful there."

During the inspection we looked at training documentation and found that some staff had received training in safeguarding, infection control and medicine administration in 2014 and 2015. However, we observed there were gaps in training and there were areas where refresher training was required. For example, care staff had not received training in basic life support and food safety training. Staff required refresher training in safeguarding, health and safety, medication administration, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was a lack of certificates to confirm what training staff had completed. We also observed that for one member of staff it was not clear what training they had undertaken as it was not documented and we could it was not evident whether they had received all the necessary training.

Care staff we spoke with confirmed that supervision sessions took place regularly. However, we noted that supervision sessions were not always documented and spoke with the manager about this. She confirmed that the sessions took place monthly and said that in future she would ensure these were documented.

There was no documented evidence to confirm that care staff had received an annual appraisal about their individual performance. Staff therefore had not had an opportunity to review their personal development and progress. We spoke with the manager who confirmed that she had not yet carried out appraisals for staff since she had taken up post at the home but confirmed that all care staff would receive an appraisal in 2017.

We did not see evidence that staff were supported to fulfil their roles and responsibilities through training and appraisals. This is a breach of 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the training arrangements with the manager following the inspection and she confirmed that staff had been booked to attend health and safety, first aid and MCA and DoLS and provided evidence to confirm this.

Staff we spoke with told us that they felt supported by their colleagues and management. They told us that there had been a change in management at the home in August 2016 and said that the new manager was supportive. One member of staff told us, "I have a good working relationship with the manager. I can talk to her. I have a good rapport with her. She is present and approachable." Another member of staff said, "The manager is supportive. She explains things. She is very nice and kind. She is helpful."

The arrangements for the provision of meals were satisfactory. We saw that there was a weekly menu. However, the manager told us there was flexibility in relation to the weekly meal menu and often people decided when and what they wanted to eat on the day itself. Staff confirmed that they asked people what they wanted to eat and then prepared meals based on this. We looked at the menu for the week of the

inspection and noted that there was a variety of meals available. On the day of the inspection we observed people went out during the day and prepared a packed lunch.

At the time of the inspection, the kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date. People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We noted that there was a MCA policy. There was some information about people's overall capacity. However, capacity to make specific decisions was not recorded in people's care plans and there was a lack of information about consideration of specific decisions they needed to make. There was a lack of best interest meetings to ensure decisions made were in people's best interest. We discussed this with the manager and she confirmed that care plans would be updated to include such information.

Where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) for all people. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The manager confirmed that they had made a DoLS application for one person living in the home.

Good

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, "I am well looked after." One relative told us, "It's fine there. I am happy with the home. Staff are kind and helpful."

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them. Staff interacted with people, showing them patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. They spent some of their time in the communal lounge, kitchen and in their bedroom.

On the day of the inspection, we observed one person prepare tea and a snack for themselves and another person in the home. Care staff supported this person to do this by answering questions and encouraging and assuring them. Staff engaged in conversation with this person and we noted that the person was relaxed when in the company of care staff.

Staff we spoke with were knowledgeable about people's likes, dislikes and preferences. Care plans included information about people's interests and their background and staff used this information to ensure that equality and diversity was promoted and people's individual needs met. People who observed specific religious practices were supported to do this. On the day of the inspection, care staff supported people to attend a local Church.

Staff had an understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff we spoke with told us, "I always ask people what they want. Privacy is important. I always ensure doors are closed. It is important to respect people's choices." Another member of staff told us, "I always ask what people like. I respect their preferences. I always listen to their needs. It is important to respect what they like."

Bedrooms were for single occupancy and had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Requires Improvement

Is the service responsive?

Our findings

People's care plans contained some information about them and their health needs. However, we found that this information was limited and parts of people's care plans were incomplete. Care plans included information about what support people wanted and how they wanted the home to provide the support for them with various aspects of their daily life such as personal care, mobility, communication and nutrition. However, we found that the information was limited in respect of detail. We noted that people had a Health Action Plan in place detailing the health care needs of people but found that there were sufficient gaps in this and these were not completed fully.

We recommend that the provider review their care plans to ensure that they include all necessary information relating to the care needs of people. We spoke with the manager about care plans and she confirmed that the service would review care plans to ensure they included all necessary information.

We saw that each person had a "behavioural plan" in place. This included some information for staff on how to support people with various aspects of people's care as well as details of ways to encourage people and improve communication and relationships with people.

Daily log books had been introduced in December 2016 and these included information about personal care, meal intake, finances, daily living skills, behaviour and medication. The manager explained that the purposes of the daily log books were to enable staff to monitor people's progress and identify any changes immediately.

Each person had an activities timetable detailing what activities they participated in. Activities included going to the cinema, shopping centre, gym and local club. On the day of the inspection people went out to a local shopping centre and to a Church. One person told us, "We go out. We go to Brent Cross. I like Brent Cross." Staff we spoke with told us that they went out regularly with people and this was recorded in their daily notes.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We noted that the policy had recently been reviewed and updated. The policy made reference to contacting the local authority, CQC and the Local Government Ombudsman. The manager confirmed that the home had not received any formal complaints since she had taken up her position.

When speaking with care staff, they said they were confident to approach the manager and felt matters would be taken seriously and the manager would seek to resolve the matter quickly. One member of staff told us, "If I don't understand something, I can talk to the manager anytime." One relative we spoke with told us, "If I had concerns, I can call them. I have their contact details.

The manager explained that since she started working at the home, satisfaction questionnaires had not been carried out. However, she explained due to the small size of the home, she carried out quarterly review

meetings with people who lived at the home looking at various areas such as general health, health appointments, medication, personal care, activities, religion/culture and finance. These enabled her to ensure she obtained feedback from people who lived in the home. We saw evidence that these meetings were documented.

Requires Improvement

Is the service well-led?

Our findings

The home had a quality assurance policy which provided information on how the home monitored the quality of care it provided. However, we found that the home was not consistently monitoring the quality of care it provided through regular audits and checks. We found that the home did not have a medicines audit in place and had failed to identify the concerns we raised during the inspection in respect of medicines storage and gaps in the MARs. We also found that there was no documented evidence to confirm that the home carried out regular checks in respect of housekeeping, infection control, policies and procedures, staff training, supervisions and appraisals. The home had also failed to identify their failings in respect of fire alarm tests. It was not evident how the home was monitoring its service in order to better demonstrate how they were ensuring that people were protected against the risk of unsafe or inappropriate care.

The home carried out monthly health and safety checks. However this was not comprehensive and the checks lacked information about what action had been taken to resolve issues raised as part of the checks.

The above is a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was not evident how the home was monitoring its service to demonstrate how they were ensuring that people are protected against the risk of unsafe or inappropriate care.

There was a management structure in place with a team of care staff and the manager. Staff we spoke with said that they worked well together as a team and said that the morale in the home was positive. They said the manager was approachable and that there was an open and transparent culture. Staff told us they would not hesitate to bring any concerns to the manager.

Care staff told us that they were kept informed of changes occurring within the home through staff meetings. They told us they received up to date information and had an opportunity to share good practice and any concerns they had at staff meetings. However, we noted that these staff meetings were not consistently documented and we spoke with the manager about this. She explained that she would ensure that all these meetings were documented in future. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily with the manager and colleagues during daily handovers.

The home had a system for recording accidents and incidents. We noted that no accidents or incidents had been recorded in the last year and queried the manager about this. She confirmed that since she had started working at the home no accidents or incidents had occurred.

The new manager had made an application for their criminal records check and showed us evidence of this. She explained that she was waiting for this to be completed before then being able to apply to be registered with the Care Quality Commission (CQC). The previous registered manager left the organisation in August 2016 and cancelled their registration with CQC in October 2016. The service is required to have a registered manager in post.

We looked at the home's policies and procedures and noted that some of these were in need of updating and had not recently been reviewed. We observed that the manager was in the process of reviewing and updating some of these and we saw evidence that she had commenced this.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment was provided in a safe way to service users because they had not: - ensured the premises was safe to use for their intended purpose and in a safe way Reg 12 (2) (d) - ensured the safe and proper management of medicines Reg 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of documented evidence to confirm that effective systems were in place to monitor and improve the quality of the service specifically audits. Reg 17(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a lack of evidence that staff were supported to fulfil their roles and responsibilities through regular training and appraisals. Reg 18(2)(a)