

CCNH Limited

Clevedon Court Nursing Home

Inspection report

32 Dial Hill Road
Clevedon
Somerset
BS21 7HN

Tel: 01275872694
Website: www.curaa.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Clevedon Court Nursing Home is a residential care home providing personal and nursing care for up to 50 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 46 people using the service. The home accommodates people over three floors; the ground floor being for people with palliative and higher level nursing needs, the 1st floor for people living with dementia and nursing needs and the top floor for people needing residential care.

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

People received safe care, however we have made a recommendation in relation to care planning and recording of care.

The registered manager was open and transparent and clearly committed to making improvements to the service and addressing any concerns identified. They promptly sent us an action plan following the inspection detailing their response. It was also clear that they had created a person centred culture in the service.

People told us they were happy living in the home. They told us staff were kind and caring and treated them well. We observed staff interact with people in a kind and caring way. People's views and opinions were sought in planning and running the service. Relatives were included in decision making about people's support.

There were sufficient numbers of staff to meet people's needs. Staff were allocated to floors of the home flexibly according to need each day. People had access to call bells, should they need to get hold of staff urgently. There were systems in place to recruit new staff safely, this included gathering references and undertaking criminal record checks. The service was registered with the home office to enable them to recruit staff from overseas. This had supported them in staffing the service with safe numbers.

Staff were well supported by the registered manager and received training and supervision to help them carry out their roles effectively. Staff arriving to work at the service from overseas were supported to settle into life in the UK.

People were happy with the meals in the home; menus were planned according to people's needs and people could request alternatives if they didn't want what was on the menu.

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.

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

Why we inspected

The service was registered in January 2022, following a change in provider. There was a targeted inspection, published 15 March 2022. This did not provide a rating for the service. This is the first comprehensive inspection of the home under its current ownership. We inspected the service in order to check the performance of the home and provide rating under the new provider.

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 COVID-19 and other infection outbreaks effectively.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Clevedon Court Nursing 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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector and a nurse specialist advisor.

Service and service type

Clevedon Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clevedon Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all information we had received about the service since registration. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people living in the home and 1 relative. We spoke with the registered manager and 8 members of staff, including nurses, care staff and housekeeping staff. We also reviewed a range of records relating to peoples care and the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- We found that care planning wasn't always sufficiently detailed to ensure staff had clear instructions on how to support people safely. For example, one person had a Percutaneous Endoscopic Gastrostomy (PEG) in place. This is a way of delivering nutrition through a tube into the stomach. There was no clear instructions in the person's care plan on how to manage the infection risks associated with a PEG. However, this was noted and acted upon promptly following our feedback and specific care plans were put in place. We found no evidence that this person had experienced infection at the site of their PEG.
- We saw that dates of catheter changes were recorded, and as a result of our feedback regarding care planning, the provider told us that specific and more detailed plans had been implemented in relation to support required with catheter care.
- Records showed that for people at risk of pressure damage to the skin, there was some gaps that were longer than the recommended intervals for support with repositioning. The provider explained that this was due to staff not being able to record repositioning contemporaneously rather than the care not taking place at regular times. We found no evidence that people were receiving unsafe care in relation to skin care.

We recommend that the provider reviews and monitors recording and planning of care so that it fully supports staff to care for people safely.

- Competency assessments were carried out on staff administering medication. This included sections for various types of medicines, such as administering eye drops, applying creams and ointments and applying transdermal patches.
- The timing of when medicines should be administered were recorded on the electronic administration system. For one person we noted there had been an error in the timings of antibiotics being administered, however this was due to an error in information recorded on the system. The provider had taken action to prevent this from happening again.
- Risk assessments were used to identify and manage risks associated with people's care. These included assessments of people's risk of developing pressure damage to the skin, their nutrition and mobility.
- Medicines were stored securely in a lockable trolley.
- An electronic system was used to record the administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and able to talk to staff if they had any concerns or worries. We observed staff treating people with kindness and respect.
- Staff were confident in identifying potential concerns and reporting them to management. There were

policies and procedures to support them in raising concerns.

Staffing and recruitment

- People told us that there were always staff available when they needed them and staff usually came promptly when they rang the call bell.
- The registered manager told us a dependency tool was used and that staff were allocated to each floor according to people's needs on that day.
- There were procedures in place to recruit new staff safely. This included gathering references from previous employers, checking photographic ID and carrying out a Disclosure and Barring Service (DBS) check. A DBS check identified people who have criminal convictions or who are barred from working with vulnerable adults.
- The home was registered with the Home Office to enable them to recruit staff from overseas. The registered manager told us they had successfully recruited a number of staff on this scheme and supported them to settle into life in the UK.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors to the home, in line with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an electronic system and they were signed off by the registered manager.
- The system enabled the registered manager to keep an overview of accidents that were taking place and to take action where necessary to prevent reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 regularly to ensure staff had up to date information about a person's needs. Assessment included details about a person's life history to help ensure care was personalised.
- There was a new electronic care planning system in place, which staff were in the process of becoming familiar with and embedding this into their practice. We discussed with registered manager how improvements to the system could be made as staff become more familiar with how it works.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received. Staff received regular 1:1 supervision as a means of monitoring their training and development needs; they also felt comfortable about approaching the registered manager at other times if they needed support. One member of staff described the support they received as "superb".
- A training matrix was kept so that the registered manager could monitor the overall training needs of the staff team and when training needed to be refreshed.
- For new staff arriving from overseas, the registered manager told us how they helped them settle in the UK, by collecting them from the airport and supporting them and existing staff to understand each other's cultures.

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

- We spoke with the chef who had good knowledge of people's dietary needs, explaining for example how they would prepare diabetic friendly desserts for those who required them. The chef commented that, "Staff are really good at letting them know about any nutritional needs".
- The chef told us how they tended to adapt their menu to people's needs on a particular day, so for example on a very hot day they would adapt the menu accordingly.
- People told us they enjoyed the food and said that they could always have an alternative if there was nothing on the menu they wanted. One person told us how they had requested an omelette that day as they hadn't wanted what was on the menu, and this request was accommodated.

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

- Staff worked with healthcare professionals to ensure people's health needs were met. For example, we saw how for one person staff had been working with a specialist nurse to manage a person's epilepsy.
- A relative commented on how well staff communicated and told us staff knew when their husband was

unwell and called the GP.

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

- The building was old and therefore had limitations in how it could be adapted for older people. However, we saw that there was plenty of spaces for people to socialise and carry out organised activities if they wished to.
- General decoration was pleasant and the registered manager told us how they were developing a 'memory lane' on one floor for people with dementia.
- There was a member of staff in place managing the maintenance of the building to ensure it was safe.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of when a DoLS application needed to be made and kept track of applications for people in the home.
- There was nobody at the time of our inspection who had an authorised DoLS in place with any conditions applied.
- We saw examples of mental capacity assessments; it was clear that these had considered aspects of people's communication such as the best time of day for them to process and understand, and whether there were any cultural or religious beliefs that would affect decision making.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us they were treated with care and respect. One person commented, "I was only here for half an hour and it felt like home", another person said "I'm quite content here, no concerns".
- We saw that the home had received a number of thank you cards from families who had been grateful for the care their loved one had received. Comments in these cards included, "To everyone at Clevedon Court, thank you for caring for our mum for over 4 years your care and professionalism helped us during this time. In another card, we read, "Thank you for everything you did for (name), she had excellent care".
- We observed throughout our visit that staff treated people with care. One person was calling out from their room and a member of staff went to check on them, holding their hand to comfort them. We also heard staff checking on people and offering drinks and snacks.

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

- People and their representatives were encouraged to be involved in planning and making decisions about their care. The registered manager told us how one relative had requested care notes to be sent to them on a weekly basis and this had been accommodated.
- We saw evidence of communication with family members when decisions needed to be made about their care. This included email correspondence and arranging meetings as necessary.
- We saw evidence that people had been asked for their opinions about the home and whether they were concerned about any aspects of the care they received. The activity coordinator spent time on a one to one basis speaking with people and recorded any concerns they discussed.

Respecting and promoting people's privacy, dignity and independence

- One person told us they preferred to be in their room rather than join in social activities and staff respected this.
- We observed people being treated with dignity. Staff, for example knew people's preferred name and this was recorded on the daily handover sheet.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We saw good, person centred care taking place and people reported being happy with the care they received. We heard about one person for example who had previously been an engineer and staff told us he enjoyed Lego activities.
- Care planning took place to describe what support people required, however this wasn't always sufficiently detailed or descriptive enough. We have referred to this in the safe section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that nobody in the home at the time of the inspection spoke in a language other than English. However, they were aware of ways of supporting people who spoke other languages and told us there were various languages spoken amongst the staff team. They were also aware of translation apps and services should they be required.
- We heard about people in the home whose verbal communication abilities had been affected by medical conditions such as stroke. Staff told us they used electronic devices to support communication when this was the case.

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

- We spoke with the activity coordinator who told us there was a wide range of activities and events taking place in the home. This included visiting entertainers such as musicians and visits from animals as well as activities such as bingo and arts and crafts.
- The activity coordinator told us they were attempting to build links with local schools but to date this had been unsuccessful.
- The home had connection with the local church and services were held in the home on a monthly basis for those wishing to attend.
- The activity coordinator produced a newsletter each month to highlight what people had been taking part in. Photos of activities were also kept in the reception area of the home for relatives to view.

Improving care quality in response to complaints or concerns

- There was a process in place for responding to complaints and informal concerns. The registered manager had a system in place to ensure they were all responded to.
- People told us they felt able to raise and discuss any issues they had, though most commented that they had no complaints.

End of life care and support

- There were some people in the home identified as being at the end of life and had anticipatory medicines prescribed. These are medicines prescribed for people to keep them comfortable in their last weeks and days.
- There was some care planning in place for people at the end of their life; however these lacked some person centred details such as their religious and cultural needs. We fed this back to the registered manager.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 registered manager was very open and transparent about the service and evidently very keen to make improvements where needed. They sent us action plans to address the areas we discussed during our inspection. This contributed to a culture of continual improvement.
- The registered manager was aware of the responsibilities of their role, including making notifications. Notifications are information about specific incidents and events which the provider is required to tell CQC about by law.
- The registered manager told us how they had regular meetings with other registered managers in the provider's group of homes. This was to discuss best practice and any important developments. The nominated individual for the provider, visited the home on a weekly basis

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There was a positive person centred culture within the service. People and relatives were happy with the care they received.
- The needs and wishes of people and their relatives were kept at the centre of decision making and their views were considered in the running of the service. We saw how the registered manager made time to meet with relatives to discuss and plan people's support.
- Communication with people and their families was good, with newsletters being produced, individual meetings with families when they requested them and relatives being notified of important developments.

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 had an open and transparent approach to managing the home. They were proactive in informing relatives and other agencies about events in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views and needs of people and their relatives were taken in to account in the planning and running of the service. We saw for example how the activity coordinator talked with people to check how they were and whether they had any concerns.
- The registered manager encouraged meetings with relatives when there were particular concerns to be

discussed.

Working in partnership with others

- The registered manager worked with health and social care professionals to ensure people's needs were met. We saw evidence of communication with nurses, GPs and social workers in order to work together and support a person in the best way.