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Clayfield Care Home

Inspection report

3-4 Clayfield Villas
Victoria Road
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Devon
EX32 8NP

Tel: 01271374066

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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

Clayfield Care Home (Clayfield) is a residential care home providing personal care and support to 15 people aged 65 and over at the time of the inspection. The service can support up to 15 people.

Clayfield accommodates 15 people in one adapted building. Bedrooms are on each of the three floors with stair lifts to access these. Communal areas are all on the ground floor.

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

People said they enjoyed living at Clayfield and staff were kind and caring towards them. One person said, "It feels like home. I feel well looked after." At the last inspection we found some issues relating to the safety of people. These were shared with the provider at the time of the inspection and the issues were quickly rectified. This included ensuring all specialist mattresses were checked on a regular basis to ensure they were set at the right setting for people's weight. Hot water temperatures were checked and the temperature was now being recorded. All free-standing furniture has been fixed to the walls to prevent the risk of it falling onto someone.

People were supported to maintain a healthy balanced and varied diet. People said they enjoyed the food, drinks and snacks being offered to them. Where there was a concern about poor hydration or nutritional intake, staff monitored this closely. People who were at risk were offered fortified drinks and additional snacks.

Care and support was well planned. Each person had a care plan and risk assessment for all aspects of their assessed needs. This included their health care and emotional wellbeing.

Staff understood people's needs and wishes. They worked in a way which promoted people's independence whilst keeping them safe.

People were enabled to take part in a range of activities and outings which suited their needs and preferences.

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.

Staff were well trained, supported and motivated to provide the best outcomes for people. The caring ethos and values of the service being a home from home were embedded into their everyday practice. One staff member said, "Here we have more time to chat to people, to get to know them, give them that extra bit of TLC!"

Staff understood how to keep people safe through assessing risks, understanding abuse and who to report to and through safe recruitment practices.

The quality of care support and the environment was kept under review with regular audits. Staff were encouraged to make suggestions for improvement. Staff said they were valued and listened to.

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 (Report published January 2019).

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 had improved risk management.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 ●

Clayfield 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 adult social care inspector.

Service and service type

Clayfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with five staff, the registered manager, the cook and cleaner. We also spoke with one visiting healthcare professional. Not everyone who lived at Clayfield was able to talk about their experiences. 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.

After the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also asked for feedback from healthcare professionals but did not have a response.

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.

Assessing risk, safety monitoring and management

- At the last inspection we found some aspects of safety monitoring and management needed improvement. This was addressed quickly by the provider who detailed within an action plan changes made to ensure all risks were being monitored regularly. This included ensuring specialist mattresses were checked regularly to ensure they were on the right setting. Also securing freestanding furniture to walls and checking and recording all hot water temperatures. Radiators were now covered or left off.
- Risks to people's health were clearly assessed and being monitored. These included risk of falls, pressure damage, poor hydration and nutrition. Where risks had been identified, measures were in place to reduce risk. For example, making sure for people with a risk of falls, they had the right equipment such as walking frames and areas were kept clutter free.

Staffing and recruitment

- At the last inspection we found improvements were needed to ensure recruitment was robust enough to ensure only staff who were suitable to work with people who may be vulnerable. At this inspection we found practice and protocols had been improved to ensure any gaps in employment were being fully explored and references were thoroughly checked.
- People said their needs were being met in a timely way.
- There were sufficient staff on duty each shift to ensure people's needs were being met. There were usually three care staff per shift plus the registered manager weekdays, cook and cleaner. At night there were two staff on duty.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and well cared for. One person commented, "Staff are very good really- they get you what they can, and what you want."
- Staff understood who and when to report any concerns about abuse to. They also confirmed they had regular training in safeguarding processes.

Using medicines safely

- People received their medicines safely and at the right time.
- Medicine records were well maintained and appeared accurate and up to date.
- Only staff who had received training were able to take on the task of administering medicines. Their competencies were being checked.
- There were protocols to assist staff to know when they should offer people 'as required' (PRN) medicines.
- The service had a homely remedies policy and process which had been agreed with the local GP practice.

Preventing and controlling infection

- There were cleaning schedules and processes in place to ensure the home was kept clean and to prevent infection control where possible.
- There was a sign at the entrance to advise visitors not to visit if they were showing signs of flu or cold. There were also hand sanitizers at the entrance and in communal areas of the home.
- The laundry was well organised and soiled laundry was washed in dissolvable bags to help with the prevention of cross infection.
- Staff received annual updated training on infection control.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of re-occurrence, and any learning was shared across the staff team. For example, there had been two occasions where a person was able to leave the building. These were fully investigated, and it was found contractors had left the back gate open. All staff were reminded to double check doors and security especially when contractors and other visitors had been into the home.

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

- Staff confirmed that when a new person came to stay, they had access to their pre-admission assessment.
- The registered manager said they always tried to visit the person and/or their family to assess their needs and determine whether the service could meet those needs. This information was then used to develop a care plan, outlining what staff needed to do to support the person safely.
- The assessment was in line with best practice guidance and looked at all aspects of people's needs and risks associated with any health conditions.

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

- Daily records and discussions with staff showed the service worked closely with people's GPs, community nurse team and hospital specialists to effect good outcomes for people.
- Any advice from specialists such as speech and language specialist were highlighted within the person's notes and care plans to ensure all staff knew to follow their advice and guidance.

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

- People were positive and complimentary about the meals and choices of food being offered to them. One person said, "The food is very good." Another person said, "Yes its good but I am still waiting for my cup of tea!" We noted this person had asked for a drink at around 9.30 am when we arrived and was not served one until 11 am. One staff member said they were late in getting the drinks out as they would normally offer morning tea or coffee at 11am.
- Records showed people's weights and food and fluid intake were being closely monitored. One staff member said, "We try to make sure they are eating enough and also getting lots of fluid. We saw this was also discussed as part of a staff meeting.
- The cook said they were aware of people's likes, dislikes and any special dietary needs.
- Staff were observant during lunchtimes, offering support and encouragement to people to eat their lunch. One person said they were struggling to eat their food and although it was chopped small, they said they were struggling to swallow. The staff member took immediate actions and said they would contact the speech and language therapy (SALT) team and in the interim offered the person something softer to try such as soup.

Staff support: induction, training, skills and experience

- Staff said there was regular training opportunities. This including online learning as well as face to face

learning. One staff member said, "We have been doing some fab training with the care homes team nurse educator, we recently did (the topic of) sepsis."

- The training matrix showed staff received updates on all aspects of health and safety to ensure they could do their job effectively.
- New staff received an induction process which included spending time with a more experienced care worker. Staff new to care were expected to complete the Care certificate.
- Records showed staff had regular opportunities to discuss their training needs in a one to one meeting with their manager.

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.

- The registered manager said they had a few DoLS authorised and some were awaiting assessment.
- Staff understood the principles of DoLS and MCA and ensured they gained consent for all care and support being delivered where possible.
- There was evidence of best interest decisions being made in conjunction with GPs and family members.

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

- Clayfield was originally two Victorian villas, access to upstairs was via a stair lift. People with complex mobility issues could only be accommodated in the downstairs bedrooms. Adaptations had been made in bathrooms with walk in showers and grab rails. Steps had been taken to support people's independence by the use of signs around the home to help orientate them. There was also a whiteboard with the date, day and menu.

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

- People said staff were kind and took good care of them. One person said, "Staff are all lovely here, very kind and helpful."
- Daily records showed people were being offered personalised care and support.
- Our observations showed staff showing patience caring and a compassionate attitude to working with and assisting people throughout the day.
- Staff knew people well, understood their needs, wishes, preferences and ways they like to be assisted.
- Everyone was treated as an individual, people's diversity and equality was respected.
- Staff talked about people needing time and extra support when their health and cognition failed. They were able to describe ways in which they worked to ensure people got the right support whilst maintaining their independence.
- There were lots of compliments and thank you cards showing the caring nature of staff. One relative said, "We cannot thank you enough as a family this has been one of the most difficult and heart-breaking times, but you have made it so much easier, taking such good care of xx, making us welcome, even the laughter at a time we did not think this was possible. We are overjoyed xx has been able to have a permanent home with you."

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

- People said staff listened to their views, although one person said they did not always action what they asked for. They gave the example of requesting a cup of tea. We fed this back to the registered manager who said they would ensure all staff would be reminded to ensure such requests were actioned quickly. They said this was not their normal practice, that they could see from records people had lots of opportunity for fluid intake, but she would reiterate the need to follow up requests promptly.
- Staff supported people to make decisions in their everyday lives such as what they wanted to wear and what they wished to do in terms of activities.
- One relative confirmed they were involved in helping their relative make decision about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of upholding people's dignity. They ensured people were assisted to be dressed and be well groomed.
- People confirmed staff helped them to dress, wear jewellery and have their hair done in a style of their liking.

- We observed staff knocking on people's bedroom doors and waiting for a response before entering. When they assisted someone to have their personal care needs met, they did this in a discrete and caring way.

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 have choice and control over their own lives. People confirmed they were able to make lots of everyday choices and staff supported them when needed. This was because the service had detailed electronic care plans which covered every aspect of people's needs wishes and preferred routines.
- The registered manager said they would talk through care plans with people and relatives if appropriate but did not normally record this. They agreed they would document when this had occurred as a way of showing they were working in collaboration with people to ensure plans were person centred.
- Staff said the care plans were a useful tool to ensure they provided consistent care to people.
- Staff understood people's needs and wishes well. They were responsive to people's requests for assistance.

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.

- Plans of care included what staff needed to think about in terms of people's communication needs. For example, if they had hearing aids, wore glasses or difficulty processing information due to their dementia. The registered manager said information could be provide in large print but usually they read information out to people.

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 offered a range of activities to suit their interests and hobbies. Most often, planned activities occurred each afternoon.
- They had some paid entertainers come in as well as craft sessions.
- Once a month a local nursery visited to have a play session and people said they really enjoyed this.
- People were assisted to get out and about where possible. For example for walks, to have coffee and to go to events like the local pantomime.
- Staff said they tried to encourage people to get involved with activities. They were aware of people who remained in their rooms and had regular checks on them. One staff member said they did spend extra time in the afternoons talking with people in their rooms to help avoid them becoming socially isolated.
- People's family and friends were welcomed to the home. People were assisted to stay in touch with phone calls and letters.

Improving care quality in response to complaints or concerns

- The service had a complaint policy and process. Some people said they were aware of this and would feel confident that their concerns would be dealt with.
- The complaints log showed complaints were taken seriously. They were fully investigated and where things had gone wrong, the registered manager sent a written apology with actions of what they would do to prevent any further issues. For example, one family had been concerned the service were not always following their relatives' dietary requirements. This was fully investigated.

End of life care and support

- Where possible people were assisted to have their end of life care at the home, if this was their wish.
- Staff worked closely with the community nurse team and the GP to deliver end of life care which helped to ensure people experienced good outcomes, including relief from pain if needed.

There were many compliment cards from families thanking the service for their caring approach to end of life care. One said, "I want to say a big thanks you to all the wonderful staff for the care and support that you gave my mother... I very much appreciate everything you did for her especially in the last few weeks of her life."

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 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

- At the last inspection we found audits and quality assurance processes had not picked up some of the safety issues we identified. These have been actioned. The service completed regular checks on specialist mattress settings. They were now reordering what temperature the hot water was when checking for risks of scalds.
- The registered manager had been in post for several years and understood their role to ensure CQC was kept fully informed of any serious incidents. They also understood all risks to people and the environment needed to be kept under review. They were working with the provider to ensure risks we identified such as checks on medicines to keep people safe.

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

- Staff said their views and opinions were listened to.
- Staff said the registered manager was easy to talk to, was supportive and encouraged an open and honest engagement with them and with people using the service.
- Peoples views were asked for and actioned to promote good outcomes. This included what they wished to have on menus, activities and outings.
- There were regular meetings for people and staff to discuss the care and support being delivered.

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; Continuous learning and improving care

- The registered manager understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example, ensuring information was given to the local commissioners and safeguarding teams when there was a serious injury to someone.
- Where care and support could have been better or more responsive, the registered manager shared this with the staff team for learning.
- When we fed back that some of the chair covers smelt, the registered manager immediately checked and rectified this. She said the night staff were tasked with washing and replacing these each evening, but there was not a check list for them to record when this was being done. The registered manager immediately put this in place.

Working in partnership with others

- It was clear from daily records, care plans and discussions with staff, they worked in partnership with other healthcare professionals to achieve good outcomes for people.
- The GP and community nurses visited regularly and advised staff. This was documented and we saw some people's health conditions were improving as a result of this collaboration.