

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Clubworthy House

Clubworthy, Launceston, PL15 8NZ

Tel: 01566785435

Date of Inspection: 29 September 2012

Date of Publication: October 2012

We inspected the following standards as part of a routine inspection. This is what we found:

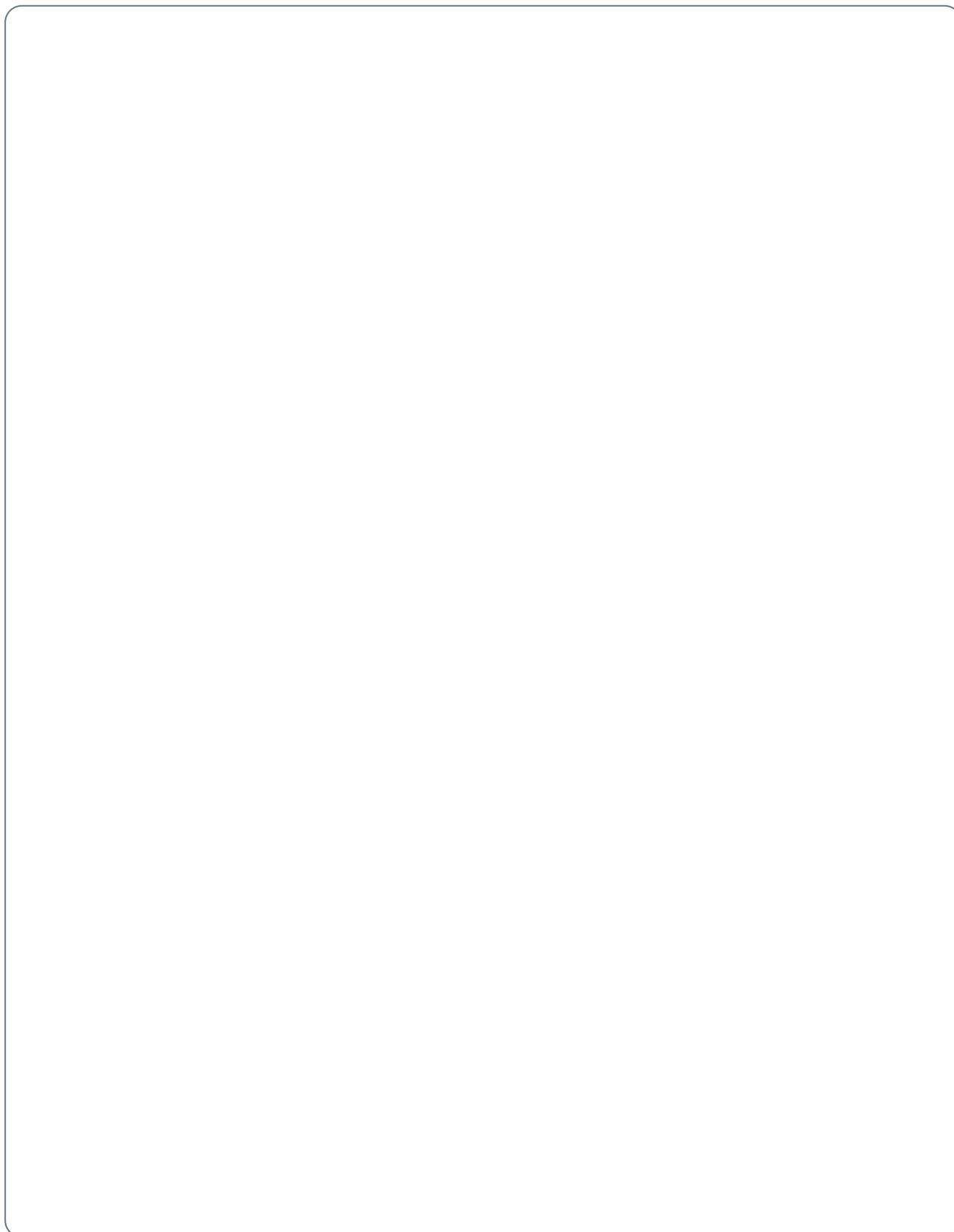
<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Nos Nom
Registered Manager	Mr. Michael Hodgetts
Overview of the service	Clubworthy House is registered to provide accommodation and personal care for up to two people. Clubworthy House cannot provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*



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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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We carried out an unannounced inspection on 29 September 2012. On the day of our visit there was one person living at Clubworthy House. We spoke with them and two staff members and looked at their care file.

We saw that the staff treated the person with consideration and respect. For example, we saw that the staff quickly responded to the person's care needs by supporting them with daily living skills and keeping them informed about the choices available to them for the day.

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care. They showed an understanding of the need to encourage the person to be involved in their care. For example, staff recognised the need to promote positive experiences for the person to aid their wellbeing through offering a range of activities to take part in.

Care plans that we saw reflected the person's health and social care needs and demonstrated that other health and social care professionals were involved.

We spoke with the staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what kinds of things might constitute abuse, and knew where they should go to report any suspicions they may have. Staff we spoke with felt confident about responding to changing needs and knew what signs of abuse to look out for during their daily practice.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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On the day of our visit there was one person living at Clubworthy House. We spoke with them and two staff members and looked at their care file.

The person living at Clubworthy House told us that they were happy living at the home and told us about some of the things they were involved in. They spoke about the animals which the home had and about their own horse. They told us about the theatre and concert trips that they had been on in the local and wider community. They showed us some of their photographs of the animals, their horse and family members. During our visit we observed the staff supporting the person appropriately in order for them to feel empowered and in control of the decisions being made. This demonstrated how the staff encouraged the person to make informed decisions and how these were respected.

We saw that the staff treated the person with consideration and respect. For example, we saw that the staff quickly responded to the person's care needs by supporting them with daily living skills and keeping them informed about the choices available to them for the day.

The person's independence and involvement in a range of activities was promoted and encouraged by staff to aid their overall well being. For example, they were involved with looking after the home's animals, including their own horse and in community activities, such as going to the theatre and cinema. This demonstrated that the home believed in the importance of providing a service which attended to a person's social skills in order for them to lead a fulfilled life.

We saw that the person's likes, dislikes and preferences had been taken into account and care planned accordingly. For example, we saw that the person's food likes and dislikes and any preferences with regards to religious, spiritual and cultural beliefs were documented. This demonstrated how the person's views were seen as important and helped staff provide support and care in a person centred way.

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care. They showed an

understanding of the need to encourage the person to be involved in their care. For example, staff recognised the need to promote positive experiences for the person to aid their wellbeing through offering a range of activities to choose to take part in.

The staff demonstrated a good understanding of the importance of consent and how to obtain consent from the person before assisting with any intervention. For example, how they would ask the person how they wanted to be supported before assisting with personal care activities.

Care plans that we saw reflected the person's health and social care needs as identified through assessments carried out by staff at Clubworthy House and by other health and social care professionals. We saw evidence that the person living at Clubworthy House and family members were involved in the care planning process.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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On arriving at the home at 9.30am we saw that the person living there was having a lie in because it was the weekend and this was what they chose to do. The staff said that Clubworthy House was home for the person who lived there and that this should be respected.

During our visit, we observed the staff supportively assisting the person to meet their personal needs, such as supporting them to get ready for the day, discussing what they wanted to do and meeting their nutritional needs. We saw that at the breakfast table the person was involved in updating their personal diary about what they had done the day before.

Staff spent time with the person using the service. Interactions between staff and the person were respectful, sensitive and professional. We observed staff taking time to listen to the person and establish their current needs, to help maintain their independence over the choices being made.

Care plans that we saw reflected the person's health and social care needs and demonstrated that other health and social care professionals were involved.

The care file gave detailed information about the person's health and social care needs. The care file was person-centred and reflected Clubworthy House's ethos that the person living at the home should be at the heart of planning their care and support needs.

The person's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Files included personal information and identified the relevant people involved in their care. The care file was presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to ongoing reviews of care.

Care plans were up-to-date and were written with clear instructions. They were broken down into separate sections, making it easier to find relevant information, for example, health needs, maintaining personal dignity and respect, family contact, activities and living skills. We saw that the person had a health action plan which enabled health and social

care professionals to support the person appropriately. A section was dedicated to multi-professional visits and appointments, for example GP, nurse and dentist. These records demonstrated how other health and social care professionals had been involved in the person's care. Additionally, the care plans showed that the person underwent regular reviews of their health and social care needs in order for their ongoing or changing needs to be met in a timely manner.

The person's individual risks were identified and the necessary risk assessments were conducted and reviewed. For example, we saw risk assessments for anxiety, eating and drinking, healthcare, accessing the community and mobility. This demonstrated that when staff were accessing information about the person's needs through their risk assessments, they would be able to determine how best to support them in a safe way.

We saw that Clubworthy House believed that activities were important for the person living at the home. We were able to see the person's weekly planner on a wall in a prominent position for them to refer to. Activities included looking after the home's animals, horse riding and trips out in the local and wider community. We spoke with the person, who told us about the theatre trips they had been on, such as to watch *Sister Act* and *The Lion King*. They also told us about the concerts they had been to, which included both nationally recognised and local bands. This demonstrated that the home believed in the importance of the person being able to lead a meaningful life.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We observed a relaxed atmosphere, where the person living in the home appeared to be happy in their surroundings and with the staff supporting them.

We spoke with the staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what kinds of things might constitute abuse, and knew where they should go to report any suspicions they may have. The staff we spoke with felt confident about responding to changing needs and knew what signs of abuse to look out for during their daily practice. The staff informed us that they had received formal safeguarding training. It was evident that they were both competent and confident in how to safeguard people from abuse.

We saw the home's safeguarding policy, which was written in line with nationally recognised guidance. The policy included those who should be informed and involved if a safeguarding issue was identified. For example, the local authority, police and Care Quality Commission.

The staff demonstrated a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We saw the home's Deprivation of Liberty Safeguards (DoLS) policy which reflected nationally recognised current guidance. This demonstrated that the home had the most up to date information in order to respond appropriately to protect the person's liberty. The registered manager informed us that a DoLS application had not been needed to date, but knew who to apply to if the need occurred.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet the person's needs. The person received either one to one or two to one support dependent on what activity they were involved in. We saw that the registered manager ensured that this ratio was achieved through both careful planning and knowing what the person's needs were.

Staff had the right knowledge, experience, qualifications and skills to support the person living at Clubworthy House. For example, the staff demonstrated a good understanding of the person's specific needs and how to communicate effectively through the use of signs and pictorial symbols. We saw staff using makaton, which is a nationally recognised and evidence based way of communicating with people with a learning disability. The person living at the home responded and used makaton and we saw that this enabled them to communicate with the staff and us.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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Decisions about care and treatment were made by the appropriate staff at the appropriate level. For example we saw evidence of staff liaising with the person living at the home, family members and relevant health professionals in order to attend to the person's current and changing needs.

We saw evidence that Clubworthy House believed in the importance of the person living at the home having access to the complaints procedure. We saw a copy of this, which was in pictorial form in order for the person to understand and feel confident to be able to make a complaint if needed. The home had received no current complaints.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. For example, the home conducted regular audits to ensure the health and safety of the person living there. These included checks on medication, food hygiene and health and safety. We saw documented evidence that Clubworthy House had recently received an external quality audit from Cornwall People First. The results of this gave the home a gold standard award. This demonstrated that the home valued independent external audits in order to ensure the quality of the service.

We looked at how accidents were reported within the home. We saw that accident forms were completed appropriately, with actions evident and the provider was aware of when to notify the Care Quality Commission. We saw the home's accident policy which clearly set out the procedures to follow in the event of a person having an accident. This demonstrated that the service recognised the importance of following up accidents in order to ensure the safety of the person living at the home.

The staff spoke about how they had sought professional advice in order to run the service and support people appropriately. For example, advocacy services were explored to ensure that the person living at the home had access to independent support if needed and the registered manager spoke of the importance of consulting with the Care Quality Commission. This demonstrated that the home valued the knowledge of others in order to provide a safe, quality and up to date service for people with a learning disability.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

Contact us

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