Inspection Report

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: 01 February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ 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

Contents

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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 February 2014, 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.

What people told us and what we found

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

We spent time talking with people living at Clubworthy House and observing how people's care and welfare needs were met. People were spending their time having a lay in and playing on their IPad. People did not appear rushed and the home was relaxed and homely. Comments included: "That's my horse, Megan" and "I like Snow White." People spoke about the different activities that they enjoyed. These included, spending time with their horse, watching films, having parties and going on holiday. This demonstrated that the home recognised the value that activities gave to people to ensure their emotional and psychological wellbeing.

Medicines were safely administered. We saw the medicines records were appropriately signed by staff when administering a person's medicines.

Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing.

Care plans and risk assessments demonstrated that they had been reviewed and updated on a regular basis or in response to changing needs.

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

More information about the provider

Please see our website 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to consent to care through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. Staff were seen to give information to people, such as what they wanted to play on their IPad and what they wanted to do during the afternoon. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. We saw evidence of family and professionals' involvement to ensure that consent was sought by people who had sufficient knowledge about the people living at Clubworthy House and the care, treatment and support options they were considering in order that people using the service could make an informed decision.

Care plans included considerations of the Mental Capacity Act (2005). We saw that where a person lacked capacity, best interest discussions were held with people who knew and understood the person using the service. For example best interest discussions had been held to discuss a person's contraceptive medicine. These discussions included the person's family, GP, learning disability practitioner and members of staff working at Clubworthy House. This demonstrated that the home valued the importance of other professionals input in the decision making process.

Staff demonstrated a comprehensive understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. This showed that staff were mindful of the principles of the Mental Capacity Act (2005) and ensured that people were assessed appropriately and safeguarded from their liberties

being deprived unlawfully. This demonstrated that the organisation recognised the importance of preserving people's liberty in line with their duty of care to safeguard and protect them.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spent time talking with people living at Clubworthy House and observing how people's care and welfare needs were met. People were spending their time having a lay in and playing on their IPad. People did not appear rushed and the home was relaxed and homely. Comments included: "That's my horse, Megan", "I like Snow White." People spoke about the different activities that they enjoyed. These included, spending time with their horse, watching films, having parties and going on holiday. This demonstrated that the home recognised the value that activities gave to people to ensure their emotional and psychological wellbeing.

We saw how staff were observant to people's changing moods and responded appropriately. Throughout the inspection, we observed that staff communicated appropriately with people, and we saw the relationships between staff and people in the home were positive.

Care plans seen reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

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

Files included personal information and identified the relevant people involved in their care. The care files were 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 on-going reviews of care. Files included a history of people's pasts, which provided a timeline of significant events which had impacted on them and how they impact on them now. We saw evidence of people's likes and dislikes being taken into account. This demonstrated that when staff were assisting people they would be able to know what kinds of things they liked and disliked in order to provide appropriate care and support.

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, personal care, communication, activities and eating and drinking. We saw evidence of multi-professional visits and appointments, for example GP, optician, dentist and reflexologist. These records demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensured the timely follow up of care and treatment needs.

People's individual risks were identified and the necessary risk assessments were conducted. For example, we saw risk assessments for managing anxiety and emotional distress and accessing the local community. We saw that risk management was holistic and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming anxious. This demonstrated that when staff were accessing information about a person's needs through their risk assessments, they would be able to determine how best to support them in a safe and therapeutic way.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place when obtaining medicines. We saw that the home collected people's medicines from a local pharmacy on a monthly basis. These were supplied in blister packs so that staff could administer people's medicines with ease. This demonstrated that the home recognised the importance of working closely with the local pharmacy to ensure that people's medicines were correct, fit for purpose and enabled appropriate stock levels to be in place so that people received their medicines as prescribed by their GP.

Medicines were kept safely. We saw that these were stored in a locked facility which was kept in an orderly way to prevent mistakes from happening.

Medicines were safely administered. We saw the medicine records which were appropriately signed by staff when administering a person's medicines. We saw that when the home collected the medicines from the pharmacy that they had been checked in by a member of staff and the amount of stock documented. We saw that certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example, the registered manager conducted a monthly formal audit of people's medicines to ensure that they were being administered appropriately by staff. This demonstrated that the home recognised the importance of people receiving the right medicines to meet their individual physical and mental health needs.

We also saw that the local pharmacy had conducted an advice visit on 31 May 2013 to ensure the safe storage, dispensing and disposal of medications at Clubworthy House. The visiting pharmacist was happy with the medicine management arrangements in the home.

Staff confirmed and we saw evidence that staff had received medicines management training. This demonstrated the importance of staff being appropriately trained, confident and competent in the management of medicines in order to meet people's needs.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People living at the home were not able to comment directly on the staff that cared for them. However, they appeared relaxed with them. We observed that staff were well organised, motivated and competent in their roles. Staff provided support in a caring manner making sure that people were comfortable and content. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing.

Staff confirmed and we saw that staff received training on an on-going basis to enable them to carry out their roles confidently. We saw that staff received training on the Mental Capacity Act (2005), safeguarding vulnerable adults, infection control, person centred working, first aid, bereavement and loss, nutrition and hydration and medicines management. Staff spoke enthusiastically about the need to keep up to date with evidence based research, policies and legislation. Staff also utilised other learning materials, which included peer reviewed articles, books, documentaries, the internet and DVD's in order to apply theory to practice and provide a high standard of care and support. This showed how the organisation recognised the importance of training and that care was taken to ensure that staff were trained to a level to meet people's current and changing needs.

We discussed supervision arrangements with staff. Staff explained that supervision and support was an ongoing process. For example, when a staff member returned from a training course, the content and learning was discussed as a staff team and how it was relevant to current practice. As the staff team was small, this form of supervision was seen as the most beneficial way of supporting each other and keeping up to date with personal and professional development.

This demonstrated that the organisation recognised the importance of training and ongoing supervision and support, with these being integral parts of good service delivery.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People did not express any concerns about the home's ability to maintain accurate personal records or whether they were stored safely and confidentially.

Care records were organised and easy to follow. We were able to find information about people's current and changing needs easily. This showed that accurate records in respect to each person included appropriate information and documents in relation to the care and treatment provided by staff within the home and relevant health and social care professionals.

Care plans and risk assessments demonstrated that they had been reviewed and updated on a regular basis or in response to changing needs. This demonstrated that people's personal records including medical records were accurate and fit for purpose so that staff could provide the right level of care and support.

Care records were stored securely in order to protect people's confidentiality. We saw that care records were stored in a locked filing cabinet in the staff office. Staff confirmed that when the office was unattended the filing cabinet was locked. This showed that the home recognised the importance of people's personal details being kept securely to preserve confidentiality. Staff confirmed that they had ready access to people's care records when needed.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk