

Crosscrown Limited

Clifton Court Nursing Home

Inspection report

Lilbourne Road
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Rugby
Warwickshire
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05 October 2017

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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

Clifton Court Nursing Home provides accommodation, nursing and personal care for up to 41 older people, who may live with dementia. Forty-one people were living at the home at the time of our inspection visit on 4 and 5 October 2017. At the last inspection, the service was rated Good. At this inspection we found the service remained Good in all five questions and Good overall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of harm, because staff understood their responsibilities to protect people from harm and to share any concerns with the registered manager. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough suitably skilled staff to support people safely and effectively.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. Medicines were stored, administered and managed safely and the registered manager regularly checked the premises and equipment were safe for people to use.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People continued to have freedom of choice.

People were supported to eat and drink enough to maintain a balanced diet that met their preferences. People were referred to other healthcare professionals when their health needs changed.

People were cared for by kind and thoughtful staff who knew their individual preferences for care and their likes and dislikes. Staff respected people's right to privacy and supported them to maintain their dignity and independence.

Care was planned to meet people's individual needs, abilities and preferences. Care plans were regularly reviewed and updated when people's needs changed. People were supported and encouraged to maintain their interests and to socialise in the home and in the local community.

People and their relatives were encouraged to share their opinions about the quality of the service, through surveys and meetings. Staff were guided and supported in their practice by a registered manager they liked and respected.

The provider's quality monitoring system included regular reviews of people's care plans and checks on medicines management and staff's practice. Accidents, incidents, falls and complaints were investigated

and actions taken to minimise the risks of a re-occurrence.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Clifton Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection took place on 4 and 5 October 2017 and was unannounced. We inspected the service in line with our methodology, because we last inspected it two years ago. The inspection was conducted by one inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our specialist advisor was a registered nurse with experience of supervising teams of community nurses.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with nine people who lived at the home and two relatives. We spoke with six care staff, two nurses, two support staff, a visiting healthcare professional, the registered manager and the provider.

Many of the people living at the home were not able to tell us about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed four people's care plans and the daily records for an additional 10 people, to see how their care and treatment was planned and delivered. We reviewed management records of the checks the registered manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

Everyone we spoke with told us they felt safe at the home and said they trusted the staff. Staff understood the provider's safeguarding and whistleblowing policies and procedures for keeping people safe. Staff told us they would not hesitate to share any concerns with the registered manager. The registered manager understood the requirement to notify us of any safeguarding referrals and shared information with us when safeguarding investigations were concluded. The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People told us there were always staff available when they needed support and said staff responded 'quite quickly' when they rang their call bell. The registered manager analysed people's abilities and dependencies to ensure there were enough staff on duty to meet people's needs. Staff told us they were always busy, but said there were enough staff, which minimised risks to people's safety.

People and their relatives were involved in identifying their needs and agreeing the level of care and support they needed. People's plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. Staff were trained to use the equipment they used to support people to mobilise safely. A visiting healthcare professional told us they found the care plans were easy to understand.

The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. People told us they knew how staff would support them in the event of an emergency.

The provider had assessed the additional risks to people's safety during the refurbishment work that was in progress during our inspection visit. The registered manager explained their plans to maintain continuity of the service during the refurbishment programme. They told us the local Fire Prevention Officer had visited and assessed their temporary risk control measures as suitable for the premises and the people who lived at the home.

People told us they had their medicines when they needed them. Medicines were managed and administered by the qualified nursing staff. The nurses used individual medication administration records (MAR) to record when medicines were administered, or whether they were declined. They understood the importance of administering time critical medicines at the right time. They made sure medicines were administered in accordance with people's prescriptions or with the specific authority of a GP when they needed to be administered in food or drinks. Care staff told us they only applied prescribed creams under the direction of the nurses.

Medicines were stored safely and in accordance with the manufacturers' guidance. The provider had recently installed air conditioning in the medicines store room to maintain a consistently safe temperature. The nurses were receptive to best-practice medicines management discussions with our specialist advisor, to ensure medicines were always managed and administered safely.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People and relatives told us staff had the right skills and attitude to support them effectively. People told us, "The nurses are very good. When I mention something they come and take care of me" and "The staff know their limitations and ask for training." Records showed staff attended training that was appropriate to people's needs and regular refresher training. Staff were introduced to the fundamental standards of care as set out in the Care Certificate during their probationary period. Staff told us they were supported to work towards nationally recognised qualifications in health and social care and had opportunities to consider their personal development. Nurses told us they had all the training they needed to keep their skills up to date and to maintain their professional registration.

Staff were confident that people's care plans were detailed enough to understand their needs and abilities. They told us they worked regularly with people, so they knew them well. Staff were able to explain people's usual response to being supported, and recorded any unusual responses in the daily records. Nurses shared information about changes in people's needs, appetites and moods during handover, so staff knew when changes were needed in how they supported people. The handover notes were written down so staff could refer to them throughout their shift.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty. We saw people who lacked capacity to make decisions about their safety and had a DoLS in place, were supported in the least restrictive way.

People told us they made their own decisions about their day-to-day care and support, and said staff respected their right to decide. One person told us, "I let them care for me, if I wanted something different I would tell them." Staff told us, "We ask. If someone says no to having a wash we leave them and go back later and try again" and "I ask 'are you happy', or 'can I do this?'"

People and relatives told us there was always a choice of meals. One person said, "The food is good, too much sometimes, very nice though, particularly the homemade soup." People were encouraged to go the dining rooms for their meals, so they could socialise with others. People who preferred to eat in their own rooms or who were unable to go to the dining room were supported according to their needs. At lunch time, we saw staff sat beside people who needed assistance to eat and supported them calmly, talked with them throughout the meal, and did not rush them. People were offered hot and cold drinks and snacks throughout the day.

Staff monitored people's appetites and weight and obtained advice from their GPs and dieticians if they were at risk of poor nutrition or not drinking enough. Records showed staff followed the specialists' advice. For example, when a person was at risk of not drinking enough, staff regularly recorded when the person was offered and accepted a drink, to monitor how much they drank.

People's care plans included information about their individual medical conditions and current health. Daily records showed people were supported to obtain advice from their GP when their health needs changed, and staff supported people to follow the professionals' advice. People and relatives had confidence in the nurses' skills and told us they could ask to see a doctor when they wanted or needed to. Staff supported people to maintain their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropodists.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People were treated with kindness by staff who knew them well and understood them. People and relatives said, "They work so hard and are so good natured" and, "The staff are good, some are exceptionally nice." In a recent survey, people and relatives had commented, "Staff treat me kindly" and, "Lovely home, nice atmosphere."

There was a calm and relaxed atmosphere at the home. The provider's vision and values of, "Respect privacy, dignity, care, love, as for our own family", were explained to everyone in a poster in the hallway. Staff demonstrated the provider's vision and values, to put people at the heart of the service, in their attitude, behaviour and approach to care. Staff adapted their approach to people according to how people expressed their needs. A member of care staff told us, "It's about them. It's for them" and "Don't do it, if you wouldn't want it done for you yourself." A nurse told us, "Staff seem happy and they like the residents."

Staff understood people's needs for reassurance. We saw when one person became upset, care staff noticed immediately. They went to the person, gave them a hug and held their hand. They took time to find out if the person wanted anything. The person smiled before the care worker moved away. People who chose to spend time in their own rooms were supported by staff regularly checking whether they needed or wanted anything. We saw people were supported to maintain their independence. Staff offered to support people with everyday actions, but stepped back when people said they wanted to do those things for themselves. Staff reminded people they were 'there to help' and stayed nearby in case the person changed their mind.

People's names and photos were on their bedroom doors, which enabled them to feel ownership of their own room. Care staff were supported by activities, domestic and catering staff, which meant they could focus solely on supporting people according to their individual needs and abilities. The provider's 'keyworker' policy, made sure that each person had a named member of staff to look after their interests, co-ordinate their care and to develop an individual relationship of trust. Keyworkers were matched to people where possible, according to their shared cultures, language and interests.

People were supported to maintain their dignity and were treated with respect. Everyone we saw wore clean clothes, and their nails were clean and manicured. People's care plans included guidance for staff to support them to maintain their appearance if needed. People's care plans included a section for 'factors to maximize contentment' with guidance for staff about supporting people to maintain their preferred routines and how to promote their privacy and dignity. Staff told me how they maintained people's privacy and dignity when they supported them with personal care. A member of staff told us, "We always make sure curtains and doors are closed. I wouldn't want people watching me."

People's care plans included their religion, culture, occupation, family and significant events and invited people to express their sexuality if they wished to share this information. Staff had training in equality,

diversity and human rights, which helped them understand people's personal, cultural and religious traditions. A visiting healthcare professional told us they found people's care plans were person centred.

Before the inspection, the registered manager had told us they had recently revised the equality, diversity and human rights policy, with a renewed emphasis on supporting people who are lesbian, gay, bi-sexual or transgender. They told us the policy encouraged staff to be open about their own relationships, to reassure people that staff were non-judgemental, which would encourage and support people to talk openly about their relationships, if they wished.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Several people told us they had planned their own care in discussion with the staff and their relatives, if they wished for their relatives to be involved. For people with complex needs, who were not able to explain how they wanted to be supported, their families were included in discussions with the registered manager and nurses in planning their care. Care plans included people's likes, dislikes, preferences and interests. People who were able to express themselves verbally told us they were happy with the way they were cared for and supported. They told us they would be confident to ask for any changes they wanted to their care plans.

People told us staff were responsive to their needs and came quickly when they used their call bell. People told us, "They are all very willing to help" and "I am happy with my day. I have visitors." Relatives told us they felt welcome enough to visit when it suited them and their relation. Staff knew people's preferences for how they spent their time and understood how to support people's diverse needs. People's history, interests and preferred social activities were explained in their care plans. Staff had adopted personalised methods for communicating with people according to their needs, for example, by writing down the options for one person to point to yes or no.

People were supported to maintain their interests, preferred pastimes and to socialise with their visitors. The provider employed two activities co-ordinators to make sure people had opportunities to engage in pastimes they enjoyed and were supported to socialise. In reception, there were photos of people celebrating their birthdays, seasonal events and events in the local community. The activities co-ordinators kept records and photo albums when people took part in craft work and attended social events, which helped people to reminisce about the recent past.

During our inspection visit, people were supported by an activities coordinator to play quoits, skittles and to take part in a quiz, which offered them physical and mental stimulation. We saw the activities coordinator knew people well and subtly adapted their approach according to people's abilities. They told us, "I offer choices to the residents. If they don't want to do the activities I had thought of, I think again and we do something else." In the afternoon, one person went out for a walk with the activities coordinator.

Staff recorded how people were and how they spent their day and shared information with the registered manager and people's families. When changes in people's needs or abilities were identified, their care plans were updated. People's needs and dependencies were regularly reviewed and their care plans were updated when their needs changed. A relative told us they had seen an improvement in their relation's wellbeing since they moved into the home.

The registered manager had placed the thank-you cards the service received in reception so all staff knew when people and their families appreciated the service they received. People told us they had no complaints, and were happy that staff responded to any concerns they raised. Staff explained the actions

they took to improve and to minimise the risks of a reoccurrence when they received a verbal complaint or concern. The provider's complaints policy was explained in reception, to ensure people and relatives felt encouraged make their views known. Records showed the provider responded to complaints appropriately and shared the outcome of their investigation with the complainants.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People, relatives and health professionals were invited to take part in annual surveys to make their views of the service known. The most recent survey of June 2017 demonstrated 87% of people were happy with all aspects of the service. The provider had posted the results of the survey and an open letter in reception. There were some suggestions for minor improvements to the service, but no-one raised these issues during our inspection, which indicated they had been resolved. Positive comments about the service included, "I'm well looked after", "Well run home, could not be more happy" and "Good management."

People and relatives were invited to attend meetings to talk about how the home was run and any suggestions or plans for improvements. Records showed people mostly wanted to discuss the food and planned activities. The registered manager listened and responded to suggestions, for example, they had obtained a large print bible for the home, at one person's request. At the most recent 'residents and relatives' meeting, the registered manager had explained the plan for the refurbishments to the premises that were in progress during our inspection, and the actions they would take to minimise disruptions to people's daily lives during the work.

The home was well-led. Staff told us they liked working at the home. The registered manager and staff shared the provider's values to put people at the heart of the service. People told us they trusted staff and would not hesitate to share any concern with them. People told us, "I see the manager regularly at least once a week", "Its well organised here to suit you" and "The manager is in charge for sure, I hear she's a fair boss."

The manager had been registered with us at this home for two years. They had also been registered with us as the manager at another home in the provider's group for five years. They understood their legal responsibilities and sent us statutory notifications about important events at the home. The rating from our previous inspection was displayed in reception and on the provider's website. When the registered manager identified patterns in accidents, incidents or falls, they took action to minimise the risks of a reoccurrence.

Staff told us they trusted and felt supported by the registered manager because their office door was 'always open', they could raise any concerns and had meetings when they needed them. A nurse told us the registered manager was always available when they needed them. Staff were supported to progress their career by studying for nationally recognised qualifications in health and social care.

The registered manager and nurses were open and receptive to improving the quality of the service. through training and best practice discussions. All the staff had attended training delivered by the local clinical commissioning group in identifying the signs of and caring for people at risk of sore skin. The staff team had been accredited by the clinical commissioning group because the impact of their training resulted in risks to people's skin being well managed. Where our specialist advisor nurse identified some risk management

actions were not well documented or carried out exactly as planned, the registered manager and nurses took immediate action to resolve the issues.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. They spent time working with staff and observing staff's practice to make sure people received good quality care. The registered manager was also the provider's area manager, which enabled them to monitor the quality of services across the group of homes and to share good practice.