

Moorcroft Care Homes Ltd

# Clifton View

## Inspection report

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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 View is a residential care home for three adults. People living at the home have a range of needs including learning disabilities. At the time of our inspection visit there were two people using the service. At the last inspection on 25 June 2015, the service was rated Good. At this inspection we found the service remained Good.

People who used the service were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff that had been recruited safely were provided in enough numbers to meet the needs of the people who used the service.

Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used the service had access to a wide range of activities and leisure opportunities and were encouraged to continue to participate in activities and hobbies that they had enjoyed prior to accessing the service.

People received a choice of meals and staff supported them to eat and drink enough. They were referred to health care professionals as needed and staff followed the advice these professionals gave them. People's personal and health care needs were met and care records guided staff in how to do this.

People using the service and staff were kept informed about developments in the service. Checks had been completed as a way of ensuring the quality of the service provided. This included questionnaires sent to people using the service, their representatives and staff. The service had a clear process for handling complaints which the registered manager had followed.

## 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 View

## 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 was planned to check 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.

This inspection took place on 4 September 2017 and was announced. The provider was given 24 hours' notice because the service was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the registered provider is required to tell us about by law.

We spoke with the registered manager. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits. We were unsuccessful in contacting relatives to gauge their experience of the service.

During our inspection we spoke and spent time with two people living at the service. We observed how people were supported and the activities they were engaged in. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe at Clifton View. One person we spoke with said, "Yes, I believe I am safe here." Another person nodded their head and smiled. Observations we made showed staff ensured people's safety was protected. For example, staff reminded people about road safety when they were going out for an appointment.

Staff had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. People we spoke with told us they knew how to report any concerns over their safety or if they thought they were subject to abuse. One person told us, "If I was not happy, I could tell any of the staff."

People were protected against identified risks. The service had in place comprehensive risk assessments which covered people's needs. We saw they were regularly reviewed to reflect people's changing needs. Risk assessments detailed what people were able to do to minimise the risk themselves but they also set out what staff support was required to keep them safe. Risk assessments were person centred and took into account people's preferences and likes and dislikes. The risk assessments we inspected in people's files covered a wide range of activities such as, mobility, eating and drinking, accessing the community, making choices and self-care.

Staff and people who lived at Clifton View told us there were enough staff to meet people's safety and care needs. We saw when people asked for assistance they were responded to by staff immediately. People benefited from a stable staff team with a very low turnover, so people were able to develop long term trusting relationships with the staff that supported them. One person told us, "Staff are always here for me."

We checked three staff files and saw records of employment checks completed by the registered provider. These showed the steps taken to ensure staff were suitable to deliver care and support before they started work. The registered provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in a locked medicine cupboard. The registered provider had recently recognised the need to record and monitor the temperature that medicines were kept and had taken steps to address this. We saw written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw regular medicine counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines.

# Is the service effective?

## Our findings

People told us that staff knew how to support them effectively. One person said, "The staff are nice here, they help me whenever I need them." People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible.

We saw records which showed us the training staff had undertaken linked to the needs of the people living at the home. For example, staff had received training matching people's individual physical and mental health needs, for example autism awareness training. We saw that some training had expired and arrangements had not been made to bring it up to date. The registered manager told us this would be addressed immediately. Staff told us they were supported in the role, understood their responsibilities and had regular supervision and team meetings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). There were policies in place and care workers had received training on the Mental Capacity Act 2005 (MCA). Where people had been assessed to lack mental capacity to take particular decisions, records showed decisions were made on their behalf in their best interests which involved person's next of kin and relevant healthcare professionals.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary.

People were supported with their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to and people's choices respected. People were provided with fruit and drinks and ate independently. Staff did not rush people, who ate comfortably at their own pace. The kitchen and dining areas were fully accessible to people using the service throughout the day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw that staff consistently asked people for their consent to decisions and made sure people were happy before undertaking a support action.

We found the premises were clean and tidy. We saw that people's living areas were personalised with their

colour scheme and personal effects around them.

## Is the service caring?

### Our findings

We observed and people told us they believed the service was caring. One person said, "I am very happy here, I have everything I need and the staff are all very nice." We saw that people were relaxed and approached the staff who supported them without hesitation. It was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries.

Staff respected people's privacy and dignity. People were free to move around the home as they chose. Staff explained to us how they would knock on doors and wait before entering people's bedrooms. Doors were kept shut if staff were supporting people with their personal care to protect their privacy and dignity. Where people required private time, this was clearly identified within their care plans and staff told us that this was respected.

Care plans set out how people should be supported to promote their independence and detailed what people could do for themselves and areas where they needed support. During the inspection, we observed care workers encouraged people to be involved in daily tasks to develop their skills and independence. We saw one person vacuuming their room. We also saw that stickers had been put on the washing machine to assist people in undertaking laundry tasks independently.

The atmosphere at the service was relaxed and friendly. People were free to move around their living accommodation as they wished and to have quiet time by themselves when they wanted it. When people wanted to access outside space they were supported by staff to do so.

People's support plans were clear, detailed and written from the perspective of the person they were about. Support plans provided clear instructions to staff on how best to provide support while ensuring people were kept safe such as when going into the local community for activities. Support plans were updated and kept current.



## Is the service responsive?

### Our findings

The registered manager told us that an assessment of the person's needs was always undertaken before a person was offered a place at the service. Staff also encouraged people to visit the service and look around to make sure it suited them prior to them moving in.

We found that care plans were easy to follow and read. All care plans contained details about people's life history and their likes and dislikes. The plan set out what was important to each person and how staff should support them. The care plans continued to be reviewed on a regular basis and where new areas of support were identified, or changes had occurred these were then included. The plans provided detailed guidance to staff and ensured they had the required information to provide the appropriate support. Guidance from other health care professionals was incorporated into the plans when required. People had been consulted and involved in developing and reviewing their care plan. Daily records provided evidence to show people had received care and support in line with their care plan.

People continued to enjoy a wide variety of hobbies and interests of their choosing. People told us of their individual interests. People were interested in shopping, trains and music. Some people were supported by staff to have a holiday.

The service had a policy and procedure in place for dealing with complaints. People who used the service told us they were aware of how to make a complaint and would feel comfortable doing so. The service had put together a simplified complaints document, which consisted of symbols such as thumbs up and thumbs down to assist people to share their feelings about their service. Staff worked closely with people to have a good awareness of any issues people might have.

## Is the service well-led?

### Our findings

The service continued to provide a positive and open culture. The registered manager told us there was a stable staff group and that they got on well together. The registered manager described the staff team as, "Committed to people at Clifton View and each other."

The service had clear lines of accountability and quick effective decision making of the accessible registered manager and registered provider. It was apparent during the inspection that people both knew, and were comfortable with, the registered manager.

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

The registered manager told us that they felt supported in their role by the registered provider. They told us, "The registered provider is really supportive and good with people and staff alike."

The registered provider had a quality assurance programme that monitored the quality and safety of the care provided. The registered provider arranged a rolling programme of auditing. This included audits from the registered manager and the registered provider which were then collated to an overall action plan for areas which required development. The audits focused on aspects of the service including; medicines, safeguarding, health and safety, consent, privacy and dignity, care documentation, staffing, recruitment, training and infection control. The overall action plan was reviewed to identify progress on identified actions. The registered provider had also arranged for periodically recurring tests of fire, gas and electric equipment from external companies.

People and relatives were asked for their views about the service and their feedback was acted on to improve care provided. This was done through them providing people with the opportunity to complete feedback questionnaires. We reviewed a sample of the questionnaires and noted general positive feedback had been received about the service. Records also showed staff were asked to provide feedback about the service, how it was managed, staff development, staff empowerment and the service values and objectives. Completed staff surveys showed staff felt positive about the management of the service and felt valued.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.