

Avery Homes Cliftonville Limited

Cliftonville Care Home

Inspection report

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Date of inspection visit:
26 August 2019

Date of publication:
10 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cliftonville Care Home is a residential care home providing personal and nursing care to 106 people aged 65 and over at the time of the inspection.

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

People and relatives were happy with the care and support they received and spoke positively about staff and the registered manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. Staff received comprehensive training to enable them to carry out their roles effectively. Staff were happy working for the service and felt supported by the registered manager and colleagues.

Care records contained extensive, clear information covering all aspects of people's individualised care and support. Risk assessments were comprehensive and information about people was written in a respectful and personalised way.

People and their relatives were involved in the planning and delivery of their care, and regularly asked for feedback which was acted upon when appropriate. Staff were encouraged to be actively involved in service development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a range of activities available for people and these were well attended and received. People's spiritual and emotional needs were met by staff.

The service had established links in the local community and worked in partnership with key organisations including local authorities and other agencies to improve the service for people. Staff at the service worked with health and social care professionals to ensure good outcomes for people.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them appropriately and worked to reduce the likelihood of recurrence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Cliftonville Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a Specialist Advisor who was a nurse, 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.

Service and service type

Cliftonville is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, administrator, a nurse and senior care worker. We also spoke with the manager of Cliftonville's sister service which operates from the same site.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the registered manager.
- The service had safeguarding and whistleblowing policies to ensure staff followed the correct procedure if they had concerns. Information was displayed in staffrooms for staff to refer to for guidance at any time.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence and encouraged people to seek support when required. One person told us, "[Staff] offer to support me when I have a shower but I'm independent and have one on my own. I know that when I have my operation soon they will be a great support."
- People told us staff helped them to feel safe. One person said, "I feel very safe here, I came here for respite first but felt so happy I wanted to stay," and a relative told us, "[Person] is being looked after and I feel [they are] safe and it relieves us of the worry of when [they] were alone at home."

Staffing and recruitment

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their care at regular planned times.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. One person told us, "I self-medicate but I'm sure if I asked the staff if I needed help they would give it to me." Where people required support with their medicines, people received these as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Staff used an electronic system which supported the safe administration of medicine by using colour coding and alerts, increasing efficiency and reducing errors. Regular medicines' audits informed managers

of any issues which were rectified in a timely manner.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- Shared spaces were clean and free of odour. Furnishings and equipment were well maintained, reducing the risk of infection. One person told us, "The staff are very good, they are always hoovering and cleaning."

Learning lessons when things go wrong

- Staff responded appropriately to accidents and incidents, and we saw learning was shared to reduce the chance of issues recurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions on their behalf.
- No people using the service were currently subject to any restrictions to their liberty under DoLS, however we saw that applications had been submitted appropriately.
- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as peoples religious and cultural needs.

Staff support: induction, training, skills and experience

- New staff received an induction which provided a good foundation of knowledge and understanding of the organisation and their roles. This included shadowing experienced staff to get to know people they would be caring for.

- Staff received additional training to meet specific needs, for example maintenance staff completed training relating to the upkeep and repair of specialist equipment.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager was very supportive.

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

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They sought the advice of specialist professionals when they identified a need, for example the speech and language therapy (SALT) team.
- Staff had training in food safety and provided balanced meals that helped maintain people's health and well-being.
- At lunchtime, we saw that people were served meals according to their preferences. Staff encouraged people to eat food they enjoyed. One person told us, "I love the fact that I can have a glass of wine with my dinner if I choose and the Tipple Trolley comes around once a week so I have a gin and tonic with ice and a slice."

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

- The provider arranged for a GP surgery to take place within the service three times a week. A podiatrist and an optician regularly visited the service. This ensured people were able to access medical advice and support in a timely manner.
- The registered manager had developed a strong relationship with a local dentist and staff supported people to access dental appointments. This ensured people's oral health was maintained.
- Care plans enabled staff to easily identify when people were supported by other health and social care professionals and their advice was incorporated into the way people were cared for. For example, we saw advice from the SALT team about offering snacks, encouragement and support to tempt one person to eat more.

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

- We saw that thought had gone into adapting the environment to suit people's needs. For example, staff worked with people and their relatives to create memory boxes and boards to display outside the bedrooms of people living with dementia. The registered manager was keen to explore additional ways to make the service more 'dementia friendly'.
- The building was well-maintained and pleasantly decorated. People and relatives spoke positively about the appearance and described it as 'like a hotel.' People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw positive interactions between staff and people. People told us staff were 'great' and 'excellent'. One person said, "I've made it my home and it would be hard to find anything better."
- People received respite care and support that they were happy with. One person said, "If I had to live in a home, this is the one I would choose." Another person told us, "I came here for respite but I liked it so much that I wanted to stay here so when I got better I moved here."
- Staff took pride in people's progress and spoke positively about the people they cared for. When asked what was the best thing about working at Cliftonville, staff told us, "I love the residents, just seeing them and having a chat with them," and "The residents - they have everything they need, we are one big family up there."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care. Care plans clearly showed how people preferred to receive their care and they were encouraged to give feedback. People told us, "I have a care plan and I'm involved in it, it gets reviewed and I get asked for my opinion on it," and, "I know I have a care plan and we are supposed to talk about it and if anything is different to my care needs I have to report it."
- Where people were unable to advocate for themselves staff supported them to access advocacy services. An advocate is someone who can offer support for people to make decisions and have their voice heard.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. People told us staff always knocked on the door before entering bedrooms. 'Do Not Disturb' signs were available for people to hang on their doors if they chose. A relative said, "I have a lot of respect for the home as trust and respect goes both ways and they are very respectful to [person]."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person told us staff encouraged them to carry out their personal care themselves and only assisted where required.
- People's information was stored securely, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate, their relatives had been involved in creating and updating their care plans. One person said, "I know about my care plan and my family deals with that."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received support in the way they preferred. One person told us, "I'm looking forward to the St Giles church service in the dining room this afternoon"
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives. One person told us, "[Staff] know us and what we need, we had a short while [when different staff were working] and it wasn't as good, it's back to the same staff now and it's lovely."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in range of formats, for example, easy read or alternative languages. We saw a song sheet for people to read during a musical activity was available in large print.
- Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Cliftonville had a popular activities team, referred to as the 'Pink Ladies', who enabled people to take part in hobbies, pastimes and new experiences which enhanced their lives and their well-being. People told us, "The Pink Ladies are excellent," and "The activities are great both onsite and offsite. Last week some of us went on a barge trip and had a pub lunch as well."
- People were supported to maintain and develop relationships with people who were important to them and access the community. Relatives told us they were always welcomed to the home. One person told us, "My [relative] picked up two of my friends from the railway station and they came to me for the whole day, I paid for them to have a meal in the dining room. They thought it was great."
- Staff encouraged people to get involved and built a sense of community. During a singing activity we saw staff arranged a competition which people very much enjoyed. People told us about a recent national gardening competition they had entered, and won, with the help of staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy. We saw that the registered manager had documented and investigated complaints in line with this policy.
- People told us they knew who to speak to if they had any issues. One person told us, "I couldn't sleep because the bed was too hard for me. I raised this and even though I'm only here for respite [staff] have got me an egg box shaped mattress topper which is very good." Another said, "I haven't had cause to complain about anything but I would be quite happy to raise anything with the staff."

End of life care and support

- People were given the opportunity to record what was important to them at end of life. Staff followed people's wishes.
- When people had made decisions about their end of life care, this was clearly documented in their care plan.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted person centred care in all aspects of the service. One person told us, "I've been involved in two staff interviews. I was asked if I would like to be involved in interviewing someone for night-time staff and someone for weekend reception. It was really interesting."
- We found an open and transparent culture, where new ideas were encouraged. Managers and staff were committed to further improving the service for the benefit of people using it. One staff member told us they had requested specific training which the registered manager had arranged. Another told us they worked closely with staff from other shifts to ensure smooth handovers and continuity of care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by an experienced registered manager and staff felt well-supported. One staff member told us, "[Registered manager] is always visible, always on walkabout, her door is always open." Another said, "[The best thing about working here is] teamwork, and support from management. I can't fault any of them, that's not just [registered manager], that's all management."
- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the registered manager acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Staff told us they benefitted from regular meetings to discuss updates in policies and refresh knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People were involved in all aspects of their care. One person told us, "I've been involved in 2 staff interviews; I was asked if I would like to be involved in interviewing someone for night-time staff and someone for weekend reception. It was really interesting."

- People were encouraged to give feedback during group meetings and through their key worker. Issues and suggestions were acted upon. People told us, "I know about the meetings, I've been to a couple", "I go to the residents' meetings, I don't join in much but I like to listen to what's going on" and "I used to go but don't feel the need to go anymore. They acted on suggestions that were made."
- The provider valued staff and ensured they felt appreciated. The registered manager told us about plans that were in place to recognise staff achievements and that goody bags had been given to staff to mark Carers' Week.
- The service developed and maintained good links with the local community. Students from the National Citizenship Service were encouraged to support people with activities. The service had received a garden shed as part of a community project to encourage people to access the garden.
- The registered manager was developing their relationship with visiting health professionals. Feedback was obtained through surveys. We saw one professional had praised the 'excellent attitude' of staff and the overall cleanliness and impression of the service.