Avery Homes Cliftonville Limited

Cliftonville care Home

Inspection report

Cliftonville Road,
Northampton
NN1 5BE
Tel: 01604 238850
Website: www.averyhealthcare.co.uk

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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

Overall summary

This inspection took place on the 20 and 21 October 2014 and was unannounced.

The service is registered to provide nursing and personal care to 106 older people with physical disability and dementia. At the time of our inspection there were 83 people living there. The premises are purpose built and provide facilities for people with disability.

There was a registered manager in post at the time of our inspection. 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.

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received a thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough staff available to meet their needs and there was a stable staff team.

Summary of findings

Systems were in pace to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. Peoples' care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as and when they required them.

People had opportunities participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care the running of the home.

There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had confidence in the management of the home and there were robust systems in place to assess the quality of service provided. Records were maintained in good order and demonstrated that people received the care that they needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place to promote peoples' safety and they were protected from avoidable harm.

Risk was well managed and did not impact on peoples' rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good

Is the service effective?
The service was effective.

People received care from staff who had the knowledge and skills they

needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing any care and were aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services.

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

Peoples' privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good

Is the service well-led?
The service was well-led.

The management promoted a positive culture that was open, inclusive and empowering.

There were established links with the local community.

Good

Summary of findings

There was good visible leadership in the home; the registered manager understood their responsibilities, and was well supported by the provider.

Robust quality assurance processes were in place.

Robust records and data management systems were in place.

Cliftonville care 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 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 20 October 2014 and was unannounced. The inspection team comprised two inspectors 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.

Before the inspection, 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 looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. This included Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services.

During our inspection we spoke with 12 people who used the service, two relatives and eight staff, including registered nurses and care staff. We also looked at records and charts relating to seven people, four staff recruitment records and we observed the way that care was provided. We also spoke with a visiting GP and two doctors who were visiting from the local hospital.

Also during our inspection we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at the home. One person said, "This is definitely a good place, everyone is well looked after here." Relatives also told us that their relatives were safe living at the home.

Staff were aware of their roles and responsibilities in protecting people from harm and were able to raise concerns directly with the provider; they were also aware of the provider's 'whistleblowing' procedures and staff had received training in safeguarding; staff were able to tell us what action they would take if they had any concerns.

The provider had robust recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained the required information.

Staffing levels were maintained at an appropriate level. One person said, "There's an army of cleaners, my room is cleaned every day, my towels are changed daily and my bedding is changed twice a week, it's spotless here. Another person said "It's alright here, I am cared for and I am safe." Staff told us that staffing levels were good; they told us that staffing levels were calculated according to the needs of the people who used the services. During the inspection staff told us of one unplanned staff absence, but they were confident that there were enough skilled staff available to meet peoples' needs effectively and ensure their safety. Staff told us that there was a stable staff team, one member of staff said "Everyone knows what they are doing and we work well together as a team." We saw that the service was well staffed and this was particularly evident on the dementia care units; staff were able to provide one to one support and spend time engaging with people on an individual basis. Nursing and care staff were supported by activities co-ordinators and hotel services staff.

Peoples' human rights were protected because they were involved in making decisions about their care; for example people were consulted about the use of bedrails to reduce the risk of falls from the bed. Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with detailed instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls.

People were provided with appropriate pressure relieving equipment and staff supported people with poor mobility to change their position regularly to reduce the risk of damage to the skin. Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were not able to mobilise independently. For example they had the hoists and individual slings in the correct sizes. Systems were also in place to ensure that people were protected against the risks associated with indwelling products such as feeding tubes and indwelling urinary catheters. The staff also told us that equipment was maintained in good working order and accident records showed that there were no accidents or injuries relating to the environment or equipment.

When people had falls or other accidents they received prompt attention and were followed up at regular intervals in case of delayed signs of injury. People were also referred to other health professionals; for example people with a history of falls were referred to the NHS Falls Prevention Service to reduce the risk of further falls.

Medication systems were safe and people had sufficient supplies of their prescribed medication. Most of the medication was supplied in a pre-packaged monitored dose system prepared by the pharmacist to reduce the risks of error. This enabled any discrepancies to be easily identified. Checks on a sample of the medication administration records demonstrated that people's medicines had been given as prescribed. We found there were robust systems in place for ordering, storage, administration, recording and the disposal of all medication, including controlled drugs.

Robust procedures were also in place to ensure the safe administration of medication for people who were unable to take food and fluid orally and who had a percutaneous endoscopic gastrostomy (PEG) feeding tube in place. Staff ensured that the directions for the administration of medicines were specified on the medicine administration records by medical staff and the methods had been approved by the dispensing pharmacist. We saw safe

Good

Is the service safe?

working practices were in place where people required the use of oxygen, notices were on the bedroom doors alerting staff and emergency services to risks associated with oxygen cylinders.

Good

Is the service effective?

Our findings

People were provided with effective care and support. One person said "When I came here I wasn't able to do so much for myself. I'm now able to do more" and "If I ask for help they [staff] would do anything for me, they're very good." We saw that staff were attentive to people's needs and supported them effectively when they became unsettled or distressed.

New staff told us they received formal induction training that had provided them with the skills and knowledge required to meet people's needs. Staff told us that the induction was followed by a period of supervision where new staff worked alongside more experienced staff. Records showed that the induction training comprised two weeks of formal training, including infection control, fire safety and food hygiene and training specific to people's needs such as dementia care. The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects. Staff told us the quality of the training was good and a member of staff told us that if they didn't book the required training that "The trainer will chase them up."

Staff told us that they received regular staff supervision from their line managers to ensure they were supported in their roles and in their development and that they had an annual appraisal of their work performance and competence. Communication systems were well established; we saw there were detailed staff handovers at the start of each shift so that information about any changes to people's needs were passed between shifts. One member of staff told us "The nurse always makes sure we have the information we need to meet people's needs." Communications within the service were also supported by regular meetings with the people who lived there and staff meetings.

People's views were sought and their consent was obtained before any interventions were made; for example people at risk of falls from their bed had provided consent for the use of bedrails. The registered manager was knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They confirmed that there had been no applications for authorised deprivation of people's liberties (DoLS). The registered manager told us that all of the people who lived at the home had capacity to make decisions about their lives and therefore no applications had been made to the local authority for an authorised deprivation of liberty. The provider was ready to follow the requirements of the DoLS; the registered manager and senior staff were aware of their responsibilities and training records showed that to date 59% of staff had received training in the Mental Capacity Act 2005 and DoLS.

People were complimentary about the food provided. One person said, "There is always plenty of food, I couldn't believe it when I moved in, I had breakfast and then at 11am they came with a cup of tea and a biscuit." Another person said "The food is good; I think since I came here I've put on about a stone, I eat three meals a day." A relative said "You get everything here; you can even have a glass of wine with your meal if you want to." Another relative said, "The food is varied, there's lots of choice and they will always provide you with an alternative if you don't want what's been ordered." Staff told us that the chef routinely visited people in their rooms to obtain their views about the food provided. We reviewed a sample of the menus; these offered people a varied seasonal selection of food with a variety of options at each service, including vegetarian food and special diets. We observed the lunch time service and saw that people were able to select their own choice of food and the food served was of an adequate portion size and that it looked and smelt appetising.

People living with dementia were supported by staff to exercise their choice of meals because staff presented people with plated alternatives to assist their selection. A relative told us that they liked to visit at lunch time and help with their relative's meals, they said the meals were good and there was always a suitable choice. We saw staff were aware of people's individual needs and preferences; for example people had access to finger foods to enable them to eat independently and people who required support from the staff were assisted with patience and sensitivity. The atmosphere in the dining rooms was calm and relaxed. Records showed that when people were identified as being a nutritional risk their food and fluid intake was monitored to ensure adequate intake to reduce the risks of complications such as infection. People were weighed regularly according to their individual needs and their nutritional risk was regularly reviewed. People who had been identified as being at risk were in receipt of food supplements and were referred to the dietician.

Good

Is the service effective?

People had access to NHS services; visiting medical staff told us that they had no concerns about the care provided at the home; they said that the staff contacted them appropriately and always knew the needs of People who used the service. Other visiting health professionals also told us that people were well looked after and they had no concerns about the care provided. Records showed that people also had access to visiting health professionals such as dieticians, physiotherapists, podiatrists, speech and language therapists and general practitioners.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate towards them. All of the people we spoke with told us that staff were kind and concerned for their welfare. For example one person said “The staff are kind to me and I’m well looked after.” Another person said “The staff are kind to me; if all care homes were like this there would be no problems.” A relative said “When my relative arrived here he was dependent on others to get about. The staff have taught him how to get into his wheel chair on his own. Now he is able to take himself to the dining room without any help from anyone else”.

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff comforted them and took time to understand the cause of their distress. We also saw staff take swift action to address the cause of their distress whenever possible.

All groups of staff working on the dementia units were skilled in communicating with people for whom they cared. For example staff approached people from an angle they could be seen; they also approached people with smiling faces, provided good eye to eye contact and open body language. They also addressed people by their preferred name and used touch to engage and reassure people. This provided people with a calm and contented environment; people were stimulated and had confidence to initiate contact with staff and other people who used the service.

People felt listened to, respected and their views were acted upon. One person said “I really like being here; I love it, the girls are lovely, everyone is lovely. Staff treated people as individuals, listened to them and respected their wishes. For example a member of staff took someone to the dining room in a wheelchair for their lunch. When this person changed their mind and asked to be taken back to their room the member of staff immediately offered to serve their lunch in their own room.

Another person said “I’m very well cared for here.” Staff took time to listen to what people had to say and responded to their individual needs. For example someone became distressed during the administration of their mediation because they were anxious about a planned move. Before administering the medication the staff reassured them about the arrangements that had been made and made them comfortable so they were calm and relaxed when taking their medication.

People were involved in planning their care if they wanted to be and were able to make decisions about their care. For example people were able to choose how to spend their time, whether to engage in the planned activities and make decisions about the personal care routines such as their times of rising and retiring to bed. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. One person said “My visitors can come whenever they want and they are made to feel very welcome.” During the inspection we saw visitors coming and going freely. A visiting relative described the staff as very caring; staff were kind and respectful towards people who lived at the home. Peoples’ privacy and dignity was respected, one person said “I really like being here, I love it, they girls are lovely, everyone is lovely.” Staff knocked on people’s doors before entering their rooms and personal care was provided in the privacy of people’s rooms. Privacy signs were used on doors and a member of staff told us that some people chose to use these when friends and relatives visited. There were several quiet areas where areas where people could be alone or receive their visitors in private if they wished.

Good

Is the service responsive?

Our findings

People were well looked after and were empowered to make decisions about their care and individual lifestyle. One person said "I can get up whenever I like here and I can do what I like." Another person said, "I get up in the morning when I want and I go to bed when I want to." Other people said "I have my hair done every Friday." And "I have my hair done here; my granddaughter usually does my hair for me." "My daughters are happy that I'm well cared for".

People had access to aids and adaptations to support their mobility and independence. A relative said "When my relative arrived here he was dependent on others to get about. The staff have taught him how to get into his wheel chair on his own. Now he is able to take himself to the dining room without any help from anyone else." People living with dementia had memory boxes outside their bedroom doors to enable them to identify their own rooms by the personal items displayed. People also had access to a range of memorabilia and other artefacts relevant to life in the 1940's and 1950's.

Staff were responsive to people's needs; one person said, "I don't ever press my buzzer because they [staff] come in to check on me regularly. Another person said "When I press my buzzer they [staff] come quickly to make sure I am safe." individual information about people's ability to use a call bell to summon assistance was contained in their individual plans of care to identify people who needed additional support from staff. We saw that staff were swift to answer the call bells and respond to people's needs.

People told us they were supported to maintain contact with family and friends. One person said "I see more of my daughters and grandchildren here than I did when I was at home. My daughter takes me out and quite a few friends come to see me. I write letters, I do the activities in the morning but I like to rest in the afternoon."

People told us they were supported to follow their interests and engage in activities. One person said "I'm too busy to get bored, I enjoy going to the activities; I don't just want to sit in my room all day, today I've done the crossword and I can go out if there is anyone to take me." Another person said "I like to read the paper, I write letters; I have lots of visitors and like to go for a walk. There's quite a few activities, we have high tea and musicians come to play for us". Other people told us there was an extensive activities programme; one person said "The activity programme here is very good, there are a wide variety of activities available. The activities are run on a monthly programme with some of the things, such as quizzes or films, running weekly." Another person told us "I enjoy carpet bowls, the films and the exercises. I like to keep my arms and legs moving. I also enjoy the gentleman's club." The staff were creative in the activities provided; for example during our inspection the chef provided a cookery demonstration on how to make a dish that was due to be served at tea time.

People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One relative told us "The staff always listen to me." Another person told us "Nothing worries me; if I was unhappy I would tell the staff." The provider's complaints policy was on display within the home and contained the relevant contact details and timescales for acknowledgement and response. Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns through their managers. The complaint file showed that complaints were managed in line with the provider's policy, that robust investigations were conducted and that opportunities for development of the service and learning took place as a result of the findings.

Staff were mindful of the importance of providing consistent care. For example, one person was due to transfer to another service and staff made sure that the new service was provided with information about the person's needs and their required equipment.

The individual plans of care also showed that people were able to make decisions and choices in their daily lives. People had their individual needs assessed before they came to live at the home to ensure the service was able to meet their needs and expectations. People were also involved in the planning of their care if they chose to be and were able to make decisions about their lives; for example the time they choose to rise and retire to bed, whether to participate in activities and how and where to spend their time.

Individual plans of care provided clear information about the care that people needed. For example a care plan for one person provided staff with detailed information about

Good

Is the service responsive?

the care of required to prevent the development of pressure ulcers. The charts and daily records demonstrated that staff provided the care to people as specified within the individual plans of care.

Good

Is the service well-led?

Our findings

The service was open, fair and transparent. The provider had a dedicated telephone number so that people and staff could raise any concerns directly and the registered manager had an open door policy so that anyone could share their views or raise any concerns with senior staff directly. The deputy manager also worked as a senior nurse alongside other staff to promote good leadership and the quality of care. This kept senior staff fully aware of the day to day culture of the service and also provided management support for staff.

The management had established links with the local community; for example volunteers from Age UK attended the home regularly to support reminiscence and musical activities. The local school for performing arts also visited the service regularly to present their performances to the people who lived at the home and children from the local primary schools visited the service to participate in festive celebrations such as Easter and Christmas. Links had also been established with the Northampton Cathedral and St Giles Church to enable people to maintain their faith.

The service has a registered manager who had been in post since it first opened in May 2011, this provided people who used the service and the staff with stable management. People told us they thought the service was well run and that they had regular contact with the registered manager. One person said "I speak to the manager every now and again, he's a very good manager and I can ask him whatever I like. Another person told us "If I had a complaint I would speak to the manager. It's an excellent place, the service is excellent too." Another person said One person said "It's just like a hotel service, I am very happy here" and another person said "It's very good here we have a cinema and when I told them that my shower wasn't draining properly and the handyman was here within an hour".

Staff told us that the home was well organised and they knew what was expected of them; staff told us the manager often walked around the home and alerted staff to any issues. They also told us that the manager knew the individual needs of all of the people living there. They described the manager as 'very supportive' and said they were able to ask his advice and were always assisted in their work place decisions. The management were briefed about occasions when people became distressed and unsettled; the registered manager also visited them soon after to ensure any concerns had been addressed.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as accidents and incidents and other events that affected the running of the service.

There were robust quality assurance systems in place. Six people told us that they attended residents' meetings and one person told us that there were also meetings for peoples' relatives. One person said "I feel like I have a say in what goes on here." The registered manager has installed a suggestions and comments box in the main entrance to enhance communications and innovations to the service. The registered manager also sought the views of people who lived at the service and staff to identify potential improvements to the service. For example a member if staff suggested the use of memory boxes so that people living with dementia could identify their own bedroom.

The management also conducted a range of internal audits designed to cover all aspects of the service and which demonstrated a high level of compliance with the criteria set by the provider and required legislation. Other regular internal audits were conducted such as the analysis of accidents records to identify risk factors and trends; the management of medicines, infection control, health and safety, staff recruitment files and staff training.

The provider conducted monthly visits to the home and received the results of monthly audits relating to a range of service related aspects from the registered manager. The provider monitored any complaints received and their progress towards resolution and any changes to care practice as a result. The provider also conducted an annual survey to obtain the views of the people who used the service. A survey conducted in April 2014 showed a good level of satisfaction with 85% of the respondents rating the overall satisfaction with the service as excellent or good.