

Clifton View Ltd

Clifton View Care Home

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

About the service: Clifton View Care Home is a purpose-built care home providing accommodation for up to 76 people requiring nursing or personal care. At the time of our inspection, 74 people were living at the service. The accommodation was established over three floors. On the ground floor there was a reception area, bedrooms, a dining area, a large communal lounge, which was also used for delivering activities plus a kitchen and hairdressers salon. The first floor housed a short stay assessment and rehabilitation unit including bedrooms, communal lounge / dining area and office space. The second floor mirrored the layout of the first but was used by people living at the service permanently. Access between the floors was via two central lifts or numerous staircases which were secured to prevent risk of injury from falls.

People's experience of using this service:

People felt safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs. Staff had received training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

People were protected from the risk of an acquired health infection, as the service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk.

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and

ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff had received training in relation to safeguarding and knew how to protect people from harm.

Information was provided in a range of formats to support understanding. People were able to access spiritual support to meet their religious beliefs.

There was a registered manager at the home and the rating from their previous inspection was displayed at the home and on their website. When required notifications were usually completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: Requires Improvement (Published July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service had improved to Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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.

Clifton View 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

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.

Service and service type: Clifton View Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and four relatives to ask about their

experience of the care provided. In addition, we spoke with three visiting health professionals.

We spoke with twelve members of staff including the nominated individual, registered manager, deputy manager, senior carer workers, care workers, administrator the kitchen team including the cook and the maintenance worker.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at five staff files in relation to recruitment and supervision records along with records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

At the last inspection in July 2016, Improvements were required regarding how people's medicines were stored and administered. At this inspection we found improvements had been made.

- Staff completed medication training and competencies were checked by suitably qualified staff. We observed staff administering people's medicines and saw medicines were stored, administered and recorded safely.
- The Registered Manager and senior staff carried out regular audits of medicine procedures, storage and observation of staff administration.
- People told us they were happy with the support they received to take their medicines. One person said "I always have my many medicines on time." A second person added, "There is no problem with my medicines."
- We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines. We identified a fault with one storage unit lock which we informed the registered manager about and this was addressed straight away.

Staffing and recruitment

At the last inspection in July 2016, improvements were required regarding the number of staff employed to meet people's needs. At this inspection we found improvements had been made.

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. We saw that where concerns were identified the provider took appropriate steps to protect people's safety.
- There were enough staff on duty to support the needs of people and keep them safe. All the people using the service, their relatives and care staff told us they felt enough staff were deployed to meet their needs. A staff member told us, "We always keep a member of staff in the lounge to make sure people are safe."
- Induction procedures were followed and appropriate checks were completed for all staff and for when agency staff supported the service.

Systems and processes

- People and their relatives told us the service was safe. One person told us, "The care assistants help me feel safe, I need help to eat and drink, a carer will always come and help me." A second person added, "I do feel safe here."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.

- Staff could explain what action to take to ensure people were safe and protected from harm and abuse. A staff member told, "I would tell the senior or manager and I know they then tell the local authority, I would document my concerns as well."

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe. However, we found recording of this was not always consistent. We informed the registered manager of this and improvements were immediately made.
- Fire risk assessments were in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support people using the service in the event of a fire.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, pressure ulcer prevention, falls, epilepsy, infection control and how to recognise sepsis and diabetic emergencies. Staff were able to identify and describe what assistance people required and how to keep them safe. One person was at risk of developing pressure ulcers and staff were able to describe the care and treatment regime they required to prevent these occurring. People told us they felt safe when staff supported them using equipment, for example using walking frames. One person told us, "They are always on hand to help me."

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. People and their relatives told us the service was clean and they had no concerns regarding the spread of infection.
- Staff were observed using good infection control and prevention practices, including hand washing and use of personal protective equipment such as gloves and aprons. Staff told us, "We have to wear protective aprons and gloves and we have different coloured bags for linen and waste. Hand washing is important."

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use these as learning opportunities to try and prevent future occurrences. They told us, "We have a weekly team meeting to discuss any events. Any learning from these is shared with staff."
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence. The registered manager showed us an example of an updated risk assessment and care plan, along with a referral to the falls prevention team, for a person following a fall at the service.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection in July 2016, Improvements were required regarding how people's rights were protected when they lacked capacity to make decisions. At this inspection we found improvements had been made.

- Where people did not have capacity to make decisions, they 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. Capacity assessments were completed for all decisions. This meant that people were supported to make decision where they had capacity rather than assuming they lacked capacity in all areas of life.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Where a relative or other person was involved in these decisions, staff ensured that person was legally authorised and informed to make decisions on the persons behalf.
- 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff displayed excellent knowledge of the MCA legislation and its application. One staff member told us, "We always assume people have capacity and offer them choice. However sometimes decisions may need to be made in their best interests."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- People received a comprehensive assessment of their needs prior to admission at Clifton View Care Home and these were regularly reviewed. Care plans contained information about people's choices, likes and dislikes and preferences for how their care was delivered. For example, preference for male or female care staff.
- Staff worked to ensure people had as much choice as possible in their daily lives. For example, what activities to take part in, choice of clothes or meal options. One person told us, "They give me choices how I spend my day."
- Staff worked well with other agencies including, GPs, district nurses, Dementia Outreach Team (DOT) Speech and Language Therapy (SALT) and the assessment and rehabilitation unit.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A visiting health professional told us, "They (staff) take on my concerns, listen to my advice and follow my guidance. They make referrals when they should which is helpful."

Staff skills, knowledge and experience

- Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff.
- All staff had either achieved or were working towards the care certificate. A nationally recognised training qualification in care.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Staff told us, "The training here is brilliant, I did first aid last week." Training records we saw showed staff could access additional training that helped meet people's needs. A staff member told us, "If we ask for training the manager organises it."
- Staff we spoke with told us they received one to one supervision sessions. A staff member told us, "I like supervisions, I want to know if I am doing well and they ask me if I am OK and if I am happy." Records we saw confirmed staff received regular supervision and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- We observed the lunchtime meal which was a calm, pleasant experience with music playing and warm interactions between staff and people.
- We noted that people were offered a choice of meals and if they did not like the meals on the menu a second option was offered. We observed one person state they didn't want anything to eat. Staff sat and talked with them and offered a different meal which the person then ate happily.
- Kitchen staff were very knowledgeable about people's specific dietary requirements and there was regular communication with care staff to monitor people's requirements.
- People told us they enjoyed the food served and they had enough to help maintain healthy diet and nutrition. One person told us, "Some days the foods ok, but they go out of their way to please you". A second person added, "the food is good".
- People were asked if they required assistance or aprons and staff waited for their consent before proceeding.
- People were provided with adaptive cutlery if required and the service used red plates, cups and cutlery for people with dementia. Research has identified that people with dementia respond well to the colour red and the use of red plates can encourage people to eat.

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

- People had a say in the decoration of their own rooms and communal spaces. People's rooms were well presented and individualised with personal belongings and furniture.
- Clear signage, meeting best practice guidance for clarity, was displayed throughout the home and people's rooms were clearly numbered to ensure they were easily identifiable. The registered manager was involved in the initial design of the building which helped to ensure it met the needs of people using the service.
- Each floor was level throughout, with a lift provided between all three for ease of access.
- People had access to level open space outside the home which was secure and well maintained and able to be used in all weathers.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. The GP carried out regular visits for all people and attended when requested.
- People told us, "The care staff are all ok, the doctor comes if they ring for him." Also, "They call the doctor if I need them to, they look after me really well." Staff told us how they would make referrals to other health professionals when required. Feedback from visiting health professionals confirmed this happened in a timely manner.
- We saw records of regular visits by and appointments for, district nurse, optician, chiropodist and falls team.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our visit, we observed a warm, pleasant and relaxed atmosphere. We noted that although the service is comparatively large and care delivered over three floors, the atmosphere was homely, welcoming and caring.

- We observed positive, caring and friendly interactions between staff and people. People and their relatives spoke highly of staff one person said, "They look after me very well."

- Conversations with staff demonstrated they enjoyed their work and knew the people they supported well. Comments from staff included; "I absolutely love it here, I treat people like I would want my Mum cared for." "It's so rewarding working here." "I love the people like they were my own grandparents." and "If it's not good enough for my family then it's not good enough for the people I care for." Our observations during our inspection confirmed these statements.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. For example, during meal times or assisting people with personal care.

- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them. People were supported to maintain social and personal relationships and relatives and friends could visit at any time.

- People had access to Advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves. The service was recognised with an award from Age UK for their early and regular use of advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity at all times, particularly when delivering personal care and support. Dignity training was included in the mandatory training for staff and some staff were trained as dignity champions. A relative told us, "Staff are respectful to my mum."

- People were supported to maintain their independence as much as possible. We observed many incidences of staff encouraging and supporting people. A staff member told us, "We always encourage independence, I ask people to do as much of their personal care, its important also for their dignity." A second added, "It's important to support independence, it can help get some people home if they are here for rehabilitation." A person using the service said, "I walk with a frame but they come and help me every day."

- Peoples information was stored and managed securely which protected their confidentiality.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People received care that was personalised and responsive to their needs. The provider and staff were committed to supporting people to live their lives in a way that promoted their feelings of, individuality, purpose and belonging.
- Staff displayed a good understanding of people's needs and wishes.
- The management team had an understanding of the Accessible Information Standards (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.
- Care Plans were detailed, person centred and gave the reader an understanding of the person's needs both physically and spiritually. Information about the person's life history, important events and important people were included to ensure the reader understood the person and their needs fully.
- People had access to a wide range of meaningful and interesting activities throughout their day. We observed people, doing chair exercises, quizzes and reminiscence sessions. One person told us, "I like crosswords too, they read the clues and I answer, they write it down for me." Activities resources were available throughout the service which people accessed when they wanted.
- People had access to the community and the service had worked to develop relationships with local schools and churches to ensure that people and the service itself were involved in the life of the local community. We saw evidence of visits from local school children, regular trips to local shops, health appointments at health centres rather than at the service and trips to dementia friendly cinema screenings.
- The service employed three dedicated activities coordinators who worked across all three floors. One activities coordinator told us, "We have activities Monday to Friday and I'm doing reminiscing work for each resident, making them each a box with their own memories in. I collect it here then type it up at home." We saw that this information was used to complete people's life stories in care records which gave staff a greater understanding of people at the service.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and had confidence that the manager would

respond appropriately. One person said, "if I have a problem I would start with a senior then go to (registered manager)". A relative added, "They respond very quickly to any concerns if I have them. It's lovely here they are lovely with (relative)."

- Staff we spoke with knew how to respond to complaints. They would report any complaints or concerns to the management.
- The providers complaints policy was displayed prominently and staff could describe their role in supporting people to raise a concern.
- We saw that any complaints received were investigated quickly and honestly and followed the providers complaints policy. Any learning from the complaint was shared with the complainant and staff.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff supported people and relatives to develop care and treatment plans. Professionals were involved as appropriate.
- End of life (EOL) support was included amongst the mandatory training that all staff must complete. Were appropriate, staff had held discussions with people and their relatives regarding EOL care and these were recorded sensitively in care plans.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service, management and staff were very compassionate and supported people's relatives and friends as well as staff, before and after a person passed away.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's support was planned and reviewed regularly. Support plans contained very detailed and up to date information on how a person should be supported, including consideration to their needs and wishes.
- There were clear monitoring systems to ensure the service was run well. Staff were aware of their roles and responsibilities and the registered manager fulfilled their role. Staff had plans in place to ensure they were kept motivated. To ensure that people received care from a stable consistent staff team, staff were promoted within the service.
- Notifications were not always made in an accurate and timely manner. We noted that whilst the majority incidents that should be and all serious incidents and safeguarding referrals were notified to CQC, some accidents and near misses were not. We discussed this with the provider and registered manager at feedback and received assurances these would be submitted. We did not identify any evidence of harm from these omissions.
- The service had an open and transparent culture. Where required lessons were learned if errors had occurred. Staff were highly motivated by the provider and registered manager and showed pride in the care they gave to people at all the stages of their care.
- There was a registered manager at the home and the rating from the last CQC inspection was displayed at the home and on their website.

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

- The provider and registered manager had created an open culture and developed very positive values within the service. Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "I feel well supported by all the management team and I can ask any questions." Another said, "We are a great team and all look after each other."
- Staff performance was monitored with regular meetings and individual supervisions. Staff told us they found these useful and informative. "We have team meetings and we can raise issues knowing they will try to sort it out."
- Effective systems were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks,

legionella monitoring and gas and electrical safety checks.

- The provider and registered manager were passionate about providing responsive, effective person-centred care and this was reflected in every aspect of the service. We saw when accident or incident was recorded they were reviewed and the learning shared.

Engaging and involving people using the service, the public and staff, Working in partnership with others

- People and their relatives had the opportunity to give their feedback about their experiences of the service.

•Regular relative and resident meetings were held and a satisfaction survey carried out and feedback from these was overwhelmingly positive. One person said, "Staff are very approachable, if have something to say I can say it to the staff here and they will deal it here." We noted that in one meeting, a person had stated they didn't like the food and wanted more bread and butter and toast. This was recorded as an action and we saw that it was reported as completed at the next meeting. We also saw that the person who raised the complaint was enjoying their extra bread and butter and toast.

- Other health professionals, commissioners and the local authority gave positive feedback regarding partnership working with the service. One visiting professional told us, "Compared to other care homes they are actually very good. Staff are responsive and there's always a nice atmosphere."

Continuous learning and improving care

- Staff were confident to report and deal with any incidents or accidents which occurred and took personal ownership for sharing any learning or recommendations from these.

•Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding issues or concerns. For example, the registered manager wanted to improve the lunchtime experience for people so held a discussion with all staff to share ideas.

- Staff received a handover at the beginning of each shift so they were continuously updated on people's current needs.

•We reviewed numerous case studies which showed people had experienced positive outcomes since living at the home.