

Cliffdale Limited

# Cliffdale Rest 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cliffdale rest home is a residential care home providing personal care to 22 people at the time of the inspection. The home is able to support up to 27 older people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The governance systems in place had not ensured compliance with all health and safety regulations. The provider took immediate action to ensure the building was safe. However, the provider needs to improve how they ensure the building maintains compliance with all regulations.

Risks to people's safety were assessed and action was taken to mitigate the risk of harm. Where appropriate lessons had been learnt when things went wrong to ensure accidents did not reoccur.

People were supported by sufficient numbers of staff and protected from abuse by staff who had received appropriate training. People received their medicine as prescribed.

People's needs were assessed prior to them moving to the service. They were supported to access health care and the provider worked with other professionals to ensure effective care. People were supported to maintain a balanced diet and were complimentary of the food provided.

Staff received training to ensure they had the knowledge and skills to carry out their duties. The building was decorated to a good standard and improvements continued to be made.

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.

People were treated with kindness and respect. People were involved in decisions about their care and their independence maintained, which included engaging in activities in the community.

People's care plans were personalised to them and their known relationships and interests were actively promoted.

People's needs under the accessible information standard were assessed and people had access to a complaint's procedure should they need to use it.

At the time of inspection no one was receiving end of life care. However, the systems were in place to ensure

the service could provide the increased level of care.

The provider and the registered manager had a clear vision for the service and everyone we spoke to was aware of what the vision was. Both parties understood their duty of candour and worked with others to improve outcomes and ensure there was continuous learning.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating of this service was requires improvement (published 6 March 2019).

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Cliffdale Rest 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

This inspection was carried out by two inspectors.

#### Service and service type

Cliffdale Rest Home is a 'care home'. People in care homes receive accommodation and personal care as a 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 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 five people who used the service and one relative about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager,

senior care workers, care workers and the kitchen staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 the feedback we received from the provider following actions identified and reviewed the feedback received from other agencies.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- At the last inspection concerns were raised around the management of infection control. At this inspection we found the home was clean throughout and one relative told us, "No matter what day of the week I come, the home is always clean."
- Staff had access to personal protective equipment which they wore when supporting people with personal care.
- Infection control audits were completed. These ensured the management of the home had oversight of what was needed and made changes as identified. One audit led to the trialling of a linen skip, which had been well received.

### Assessing risk, safety monitoring and management

- Risks within the environment were considered. However, some areas of risk required additional attention. For example, the regulations on window restrictors were not met and the fire risk assessment was still undergoing review. The provider acted immediately to ensure the appropriate window restrictors were purchased and fitted. The provider also ensured the review of the fire risk assessment was completed.
- Risks to people's safety and wellbeing were assessed. Measures were put in place to mitigate the risk of any identified harm. For example, people who were at risk of falling had their ability to move around the home assessed and staff knew how to support them appropriately.
- When we reviewed the risk assessments in place, we found there was an emphasis on positive risk taking. This ensured people were not unduly restricted from doing what they wanted to do.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who had received training and had access to relevant policies and procedures.
- The staff we spoke with were confident in recognising the signs of abuse and told us they would have no hesitation speaking up. One staff member told us, "If I ever had any concerns I would probably go straight to safeguarding and CQC to speed up the process."

### Staffing and recruitment

- People were supported by sufficient numbers of staff to have their daily needs met. We observed staff frequently interacted with people and had time to sit and chat with people.
- People were supported by staff who had been safely recruited. All new staff had their character, qualifications and background checked before starting work in the service.
- Any shortfalls on the staffing rota were usually covered by staff already working in the service which promoted good continuity of care.

### Using medicines safely

- People received their medicine on time by staff who had been trained in the safe administration of medicine.
- We observed staff used an electronic medicine system. The system had built in safeguards to ensure staff did not miss any medicine doses and 'as required' medicine could not be given over and above the prescribed amounts in 24 hours, such as pain relief.
- We observed staff giving people their medicine. People were advised of the medicine being given and the staff member took time to sit with people to ensure they were supported and were able to discuss any additional 'as required' medicine they may need.

### Learning lessons when things go wrong

- The registered manager was able to evidence lessons were learnt when things went wrong.
- Accident and incident forms were reviewed, and action was taken to ensure practice changed as a result of any learning. For example, prior to the inspection we were aware of an injury a person had sustained. We reviewed this person's care file and found their risk assessment had been updated, clear guidance had been put in place and additional equipment had been purchased to minimise the risk of the injury happening again.

# 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

- People's care needs were holistically assessed prior to them moving in to Cliffdale Rest Home. Care plans were then developed and updated on a continual basis to ensure the information remained accurate.
- The provider was in the process of changing their care plan format. One member of staff told us, "The new care plans are good, we have access to lots of information to help us support people properly and there is a lot more about people's history which helps us get to know people better."
- The provider was following national best practice by ensuring people's oral health care needs were met. People's needs had been assessed within their care plan, and we observed staff giving out new toothbrushes to ensure people could maintain good oral hygiene.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to equip them with the skills and knowledge to carry out their allocated duties. All staff were in date with the courses considered essential to the setting.
- The registered manager advised us they had recently changed training provider which had seen increased enthusiasm within the team. We were advised that several staff had exceeded expectation by signing up for additional learning.
- Staff had access to regular supervision and new staff were supported to complete the Care Certificate, which is a nationally recognised induction programme.

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

- People were observed being offered a range of drinks and snacks throughout the day and everyone we spoke to was complimentary of the meals provided. One person told us, "It's great, the only problem is the amount, I always need a lie down afterwards!".
- One staff member told us, "[Staff names] work in the kitchen and they go above and beyond to make sure everyone is well fed."
- We spoke with the kitchen staff who were knowledgeable about people's individual needs and preferences. They explained how they accommodated these within their menu planning as well as ensuring people were provided with a modified diet whenever it was deemed appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other agencies to ensure consistent and timely care.
- We received positive feedback from the local authority with one social worker reporting, "I have found [registered manager's name] and support staff at Cliffdale to be particularly supportive and helpful when contacted in emergency/crisis situations, during care needs re-assessments etc."

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

- The accommodation was still in the process of being updated and people were benefiting from the changes already made. The kitchen had been refurbished and the downstairs toilets had been reconfigured to enable staff to offer more support. Hallways had been redecorated and bedrooms were being updated as and when possible.
- People were able to move around freely due to the design of the home and had access to outside space which had been designed to cater to the needs of the group.
- The home had a number of shared bedrooms which were occupied by married couples who wanted to stay together.

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

- People received support to meet their healthcare needs. On the day of inspection, we observed information being relayed to a GP regarding someone's current health needs. The outcome was documented and shared with the person and their family.
- People healthcare needs were clearly explained in their care plan. When certain conditions such as dementia were recorded, there was a further explanation of how the condition affected them specifically.

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.

- We found the principals were being met and authorisations were in place when required.
- If a relative held Power of Attorney over a person's finances or health and wellbeing, a note was made in people's care plans to ensure staff were aware.
- People's ability to consent to aspects of their care plan were explored and the outcome of any discussions were recorded. For example, people's consent to the use of bedrails or refusal of the flu jab.

# 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

- People were observed being well treated and gave positive feedback about the care they received. One person told us, "We are very well looked after."
- People received compliments throughout the day which had a positive impact on their mood. We overheard one person being complimented on their hair and could see by their expression, they were very happy with the feedback.
- People who displayed a level of confusion were gently steered towards a conversation or activity which helped them to become re-engaged and avoided any unnecessary distress.
- Peoples protected characteristics such as their race, and religion were recorded in their care plan. This is in line with the Equality Act 2010.

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

- People told us they were involved in decisions about their care. One person told us, "We were asked about our choices before we moved in."
- The view of people's families was considered on both a personal level and in terms of the development of the service. One relative told us they had discussed the style of new furniture coming into home as they wanted to ensure it remained in keeping with the groups taste.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One staff member told us, "We always maintain people's respect and dignity. For example, we cover people with towels when washing them and always make sure curtains are closed."
- We observed people being supported to maintain their independence throughout the course of our inspection. One person was being supported to maintain their independence outside of the home. For example, by continuing to attend dementia friends' events in the community.

# 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's care was personalised to meet their individual needs. One person told us, "I will tell the carers my preferences and they always respect them."
- People chose where and how to spend their time and daily events were turned in to enjoyable experiences. For example, one staff member described giving personal care as engaging in a pamper session with the person.

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.

- People's communication needs were assessed, and it was recorded in their care plan if there was any sensory need such as, hearing or sight loss.
- At the time of inspection no one was requiring information to be presented to them in an accessible format.

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

- The home supported a number of married couples, as well as people who had known each other prior to moving in to the home. These relationships were well supported and respected by the staff team.
- The home participated in local community events and people living in the community were supported to come to Clifdale Rest Home for a weekly meal. This helped promote the feeling of community involvement.
- The activities and music playing in the home was appropriate to the group and we overheard many people singing and discussing the music while waiting for their lunch.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and everyone we spoke to knew how to raise a concern.
- We reviewed the complaint file and saw the process which would be followed in the event of a complaint being received and how feedback would be given.

End of life care and support

- At the time of inspection, no one was in receipt of end of life care.
- The systems and process were in place to enable the staff team to respond and implement an end of life

pathway, whenever instructed.

- People's advance wishes were clearly highlighted in their care plans.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection there were a number of improvements required to increase safety in the environment. For example the covering of exposed pipe work. This work had all be carried out. However, we identified the health and safety checks being completed did not cover all the necessary regulations, such as window restrictors.
- We also noted the date of when the fire risk assessment needed to be updated by had passed. Although work had commenced to ensure the necessary compliance.
- The provider did take immediate action to rectify our findings. However, a revision of the checks in place was needed to ensure future compliance with all regulations.

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

- Everyone in the service was aware of the providers vision for the home. One staff member told us, "The new owners were really committed and have made a massive difference."
- Staff and people in the home were complimentary of the support received from the registered manager. They were described as "Approachable" and "Lovely".
- People told us being a Clifdale Rest Home felt like home and they were able to continue their life in a positive way.

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

- The provider was aware of their duty of candour and we saw examples of it being applied. One relative told us, "The home always rings when anything happens and let us know."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were engaged both informally on a day to day basis and through more formal meetings. One person told us, "We have resident's meetings and the owner always attends."
- Staff were engaged and supervised on a regular basis. One staff member told us, "I receive regular supervisions and appraisals and we can ask for a supervision whenever we need one."
- The service had developed strong links within the local community and being part of the community

formed part of the homes vision.

#### Continuous learning and improving care

- They registered manager attended health and social care conferences and encouraged the sharing of knowledge across the sector. For example, they hosted a dementia event at the service and other providers were invited.
- The registered manager had also sourced peer support to assist them in keeping up to date with changes in health and social care. For example, local provider and social media groups for care managers.
- The provider also shared learning with the registered manager and together they shared information with the wider staff team.

#### Working in partnership with others

- The provider worked in partnership with others. We received positive feedback from the local authority with one social worker reporting, "I have always had a positive experience when working with Cliffdale. They go above and beyond when supporting people in their care and look at alternative ways to offer support while maintaining safety."