

Monarch Healthcare Limited

# Clifton Manor Nursing 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 Manor Nursing Home is registered to provide personal and nursing care for up to 30 people, some of whom may be living with dementia. At the time of the inspection 29 people were living at the home. The home was purpose built and accommodation was provided over two floors. Communal lounges and a dining room were provided on the ground floor.

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

People told us they felt safe and they were consistently treated with kindness, dignity and respect. People were happy with the support they received from staff. They told us if they had any worries or concerns they could speak to the manager and staff and they would be listened to.

People's care records contained guidance for staff about how to support people safely and minimise risks to people. Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse.

Systems were in place to make sure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given.

There were enough staff provided to meet people's needs. We observed staff respond to people in a timely manner throughout the day.

The provider had recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. The provider was undertaking a full audit of staff files to make sure any gaps prior to first employment were explained.

Staff were provided with regular training, supervisions and appraisals, which supported them to conduct their roles effectively.

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 happy with the food provided. The service catered for people's special dietary requirements and staff monitored food and fluid intake levels of people who were assessed to be at risk.

The provider had a complaints procedure in place. Information about how to complain was provided to people. People living at the home, and their relatives, knew how to complain if they needed to.

The provider and manager understood the regulatory requirements and monitored the quality and safety of

the service on a regular basis. The management team provided staff with effective leadership and were approachable. Staff told us they enjoyed their jobs and they worked well together.

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 for this service was Good (published 10 May 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?

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 effective findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Clifton Manor Nursing 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 undertaken by one inspector.

#### Service and service type

Clifton Manor Nursing Home 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. They had applied to register with the Care Quality Commission. The application has been received and we will monitor its progress. Once registered the manager, alongside the provider, will be 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 obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Nottingham).

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service, and three relatives of people receiving support, about their experience of the care provided. We also spoke with ten members of staff including the manager, the operations manager, the quality assurance manager, a qualified nurse, care workers, a member of the housekeeping team and the maintenance person. 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 three people's care records, seven medication records, staff training, supervision and recruitment records. We also looked at other records relating to the management of the service, such as quality assurance audits, policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check the home was safe and clean.

# 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.

### Staffing and recruitment

- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.
- We found the providers application form asked for all employment from leaving education to be listed. We checked three staff recruitment files. Whilst none held gaps in the employment listed, two files had some years between leaving education and commencing first employment. We discussed this with the manager who obtained written statements from the employees covering these years during our inspection. The manager and operations manager informed us they would undertake a full audit of all staff recruitment files to check applicants provided relevant information.
- Staff told us they felt there were enough staff to meet people's needs. People living at the home and their relatives raised no concerns about staffing levels. People told us, "They [staff] are always around" and "They [staff] are there if you need them." The service was adequately staffed. The manager used a dependency tool to calculate the number of staff required to meet peoples' needs. The dependency levels were recalculated at appropriate intervals, to check there were enough staff provided. This meant people received support that met their individual needs from an appropriate number of staff. The manager had recruited a nurse support worker to enhance the staff team.
- During this inspection, we saw staff were available to meet people's needs in a timely manner. We saw staff responded promptly when people required support or reassurance.

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

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff. People told us they felt safe. Comments included, "I feel safe here" and "I always feel safe. The staff are very good."
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the manager would address any concerns they raised.

### Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people.
- People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.

- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

#### Using medicines safely

- The provider had a policy in place regarding the safe management of medicines. This provided guidance to staff to help ensure people received their medicines safely.
- Medicines were obtained, stored, administered and disposed of safely by staff.
- People were receiving their medicines as prescribed by their GP, and staff kept accurate records about what medicines they had administered to people and when.
- Staff were trained in medicines management. We observed staff were patient and respectful when they supported people to take their medicines.
- Medicines records and medicines administration records were kept electronically. Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place to advise staff.

#### Preventing and controlling infection

- Infection control measures were in place to stop the spread of infection. Staff were aware of and were following the infection control policy and procedure. The home was clean.
- We observed staff using personal protective equipment, such as, gloves and aprons, when providing personal care to people and during meal preparation.

#### Learning lessons when things go wrong

- There was regular management monitoring and analysis of any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.
- Staff said they felt comfortable speaking up when things may have gone wrong and this would be discussed with how they could learn from it.



# 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

- Prior to people moving into the home, a needs assessment was carried out. This was done in consultation with people, their advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, where people required specialised diets or alternative methods of communication. Good communication between management and care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in areas which the provider had identified as relevant to their role. For example, moving and handling, food hygiene, health and safety and person centred care. Staff told us they were happy with the training they were provided with.
- Relatives told us they had no concerns about the staff's skills and experience when supporting their family member.
- Staff received regular supervision and annual appraisals to review their competence and discuss areas of good practice or any improvements that were needed.

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

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People were provided with a choice of meals. We observed staff offering people different options to the food being served, to tempt their appetite.
- Where people required a special diet because of medical or cultural reasons, this was catered for. People's care records contained clear information about their dietary needs and preferences.
- People were happy with the food provided. Comments included, "The food is good. I'm a fussy eater but I get what I want." And "We have a choice (of food)."
- There was oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming enough food and fluid, this was closely monitored, and advice sought from relevant community health professionals.

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

- People had access to a range of healthcare professionals such as GPs, opticians, dentists and chiropodists.

- Where healthcare professionals had been involved, staff followed their advice.
- People we spoke with and their relatives confirmed they had attended hospital appointments to see health specialists.

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

- The design of the home met the needs of people living with dementia and frailty due to old age. Suitable signage, such as for toilets, helped people find their way around.
- People had been supported to personalise their own rooms with items that were familiar to them.
- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure outside space was available to people.

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).

- The manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- People's care records contained information on mental capacity and records were clear where people did not have capacity and required support with making some decisions.

# 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 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; equality and diversity:

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "The staff are very kind, lovely people" and "I can't fault them [staff]."

Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

- The service welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed relationships with people's families. One relative told us, "We are always made to feel welcome. The staff are very good."

- People living at the home, their relatives and staff told us they would recommend the home to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them. All staff told us they enjoyed their jobs, and this was evident from our observations during the inspection.

- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People living at the home and their relatives were invited to take part in reviews of their care. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.

- When people asked for changes to their care and support, we saw this was actioned. For example, one person told us they had changed bedroom following their request for this.

- The manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. The provider had an effective policy in place regarding privacy and dignity, which supported the staffs' practice in this area.

- People's care records were secure so only people who needed to read them could access them.

- People were encouraged to maintain their independence. Their care records explained what they could

do for themselves and what they needed staff to support them with. Our observations during the inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.

# 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 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 received personalised care which met their needs and took in to consideration their preferences.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- Staff recognised the importance of giving people time and attention. We observed staff were attentive and responded to people as they needed. For example, we heard one person talking to staff about reading. We later observed staff take some magazines to the person's room so that they could enjoy reading them. This showed a responsive approach.

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.

- Staff understood the importance of supporting people living with dementia in communicating their needs and wishes and staff were tactile and knew people well. They made eye contact and listened to what people were saying. Staff were aware of people's individual behaviours, and what they meant. For example, we saw one person becoming agitated and knocking their walking frame. A staff member sat with them and held their hand, offering reassurances. The person became content. Staff told us this person liked their hand to be held.

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

- Some activities were provided for people by care workers. At the time of this inspection the home was recruiting to a vacant activity worker post. Interviews had been organised. Once in post, this would improve the leisure opportunities provided for people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which had been made available to people. People told us they would be able to make a complaint to the manager, who would listen to them. People said they had no complaints or concerns about the care they received. Relatives also told us they had no complaints. Comments included, "There is nothing to complain about" and "I have nothing but praise."
- The manager told us no complaints had been received since she had been in post, eight months prior to

this inspection.

#### End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.
- Staff worked closely with the community palliative care team when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free. One staff member told us, "End of life care is really important to us all. We've got a good relationship with the palliative care team."

# 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

- We observed a positive, welcoming and inclusive culture within the home. The manager showed an open and transparent approach and promoted a person centred, inclusive and empowering culture. Everyone knew the manager by name and spoke very positively about them.
- Everyone we spoke with said they would recommend the service. Staff told us they felt everyone was well looked after, and this was important to them. All staff said they would be happy for a family member to live at the home.

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

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider was aware of their responsibility to send us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.

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

- The manager had been in post for eight months. They had applied to register with CQC (Care Quality Commission) in line with the requirements of their role. We saw email evidence to show the manager's application was being processed.
- We received positive feedback from staff about the way the home was run. They told us the manager was approachable, supportive and proactive at dealing with any issues that arose. Comments included, "The manager is great." And "She [manager] is part of the team."
- Staff morale was positive, and staff told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities.
- Staff worked effectively as a team. Staff told us they could rely on each other.
- The manager and senior staff monitored the quality of the service and acted when issues were identified. Each month they completed a wide range of audits and checks on the service. This ensured the home was safe and well managed.

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

#### characteristics

- People living at the home, their relatives and staff were given the opportunity to give feedback on the service. We saw the minutes from meetings with staff. The manager met regularly with the staff team.
- The manager organised residents and relatives' meetings to provide people with opportunities to share their views
- The provider sent out an annual quality assurance questionnaire to people living at the home, and their relatives. This was to request feedback about the service. We saw action had been taken when people made suggestions. A "You said, we did" poster was on display in the entrance area to provide information to people.

#### Continuous learning and improving care

- The quality monitoring systems in place identified areas to develop and improve.
- The management and staff team worked positively with key organisations such as, the local authority and GP practices to benefit people using the service and improve service development.

#### Working in partnership with others

- People were supported by a range of professionals.
- The manager had links with the local community and key organisations to benefit people living in the home.