Avery Homes Cliftonville Limited

Cliftonville 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

This unannounced inspection took place on the 4 January 2017. Cliftonville Care Home provides accommodation for up to 106 people who require nursing or residential care for a range of personal care needs. There were 94 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People's care and support needs were continually monitored and reviewed to ensure that care wasprovided in the way that they needed.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to working with vulnerable people. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required. Medicines were managed safely.

At the last inspection the service was rated as Good.

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 remains Safe

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People's medicines were managed safely.

Is the service effective?

Good

The service remains effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and required skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service remains caring.

People had positive relationships with staff that knew them well.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service remains responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

There was a suitable procedure in place to deal with people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service remains well-led.

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

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to do their job.

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 unannounced inspection was carried out by one inspector on 4 January 2017.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people who used the service and two of their relatives. We spent some time observing care for ten people to help us understand the experience of people who lived with dementia. We spoke with 14 members of staff including two nursing staff, two senior care staff, three care staff, the trainer, the customer services manager, the kitchen manager, one member of the cleaning team, the manager, the registered manager and the area manager. We reviewed the care records of nine people who used the service and five staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. They had received training and were supported by up to date guidance and procedures. One person told us "I feel safe here, the staff know what they are doing." One member of staff told us "I would raise anything I see with the manager". The manager maintained records of safeguarding referrals and any investigations; they raised safeguarding alerts where concerns had been brought to their attention.

People were assessed for their potential risks such as their risk of acquiring pressure ulcers. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety. For example, people were assessed for their risk of falls and mobilising safely. One person's care plans described how staff should help them to mobilise with their frame; they told us "I feel safe walking around, I have two staff help me walk with the frame, they remind me what to do."

People were assured that regular maintenance safety checks were made in all areas of the home including safety equipment, water supplies and the fire alarm. Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe; we saw that staff reported any issues that could affect peoples' safety and these were dealt with promptly.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. The manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. People told us that staff answered their call bells in good time and staff were available to help them with their personal care, to mobilise and attend activities. One member of staff told us "We have enough staff, it feels good to be able to provide the care people need." The manager was continuing their recruitment campaign for nursing and care staff to maintain staffing levels. On the day of our inspection we saw that there were enough staff to meet people's needs.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations had been maintained.

People's medicines were safely managed. Registered nurses managed the medicines for people who required nursing care. People who did not receive nursing care had their medicines administered by senior care staff who had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Where people required medicines at specific times such as medicines to manage Parkinson's Disease, records showed and staff demonstrated how they ensured people received these medicines on time. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff

followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

Good

Is the service effective?

Our findings

People received care and support from staff that had completed an induction that orientated staff to the service.

Staff received training in areas that enabled them to understand and meet the care needs of each person they cared for and records showed that staff training was regularly updated and staff skills were refreshed. One member of staff told us "My induction included classroom work where I got to know the policies and a week of hands on training."

People were cared for by staff that received supervision to carry out their roles. Staff told us that they felt supported by the manager who was very approachable; one member of staff told us "[the manager] is very supportive. I get regular supervision, but I don't wait for supervision if I have something to say, I get the chance to feedback on daily rounds."

People and their representatives were involved in decisions about the way that care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. We observed staff communicating effectively with people using a variety of means to help them understand what people needed; for example where people could not communicate verbally, staff looked out for signs of agreement or disagreement with the care that was offered.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. There was recorded evidence of how decisions had been reached through best interest meetings. Care staff had received the training and guidance they needed in
caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and
applied that knowledge appropriately.

Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people
were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed. We observed that

people were provided with food that was suitable for their needs, for example thickened fluids or soft foods.

People were supported to have sufficient to eat and drink to maintain a balanced diet. We observed that people had a choice of meals and people told us there was always enough food. The kitchen manager had a good knowledge of people's dietary needs and had access to information at a glance which showed people's needs, likes and dislikes and were able to adjust meals accordingly.

Where people had been identified at risk of losing weight, their meals were fortified with items such as cream. We observed how staff assisted people with their meals and where possible staff ensured people could maintain their independence with eating; by the use of plate-guards or the provision of finger foods. We observed a lunch time dining experience and saw that people who were not able to eat independently were supported to do so in a way that met their needs for example staff cut up people's food and provided suitable cutlery.

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out, such as GP review of medicines, eye tests, dentist and the chiropodist. Nursing staff monitored people's well-being by taking their clinical observations regularly, such as blood pressure.

Good

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "The carers and the nurses are brilliant, they are very friendly and understanding." One person was living at the home temporarily, they told us "it's wonderful, they [staff] are so caring." One relative told us "The care is excellent. [Name] has had help to settle in, all the staff are lovely."

People received care from a regular group of staff, which helped form positive relationships. One person told us "I know everybody, they all say hello, they are always pleasant." We observed that staff acknowledged people by name when they saw them. One member of staff told us "Everybody gets along."

Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "We see people as individuals and where people have an interest in the same things we introduce them to each other, this helps them to forge friendships."

People's care was person centred. People described how the care they received met their individual needs. One person told us "The staff are very nice, when they move me about in the bed they are very gentle." People told us they felt they had a voice, they told us of examples where they had been listened to and their care had been changed. One person told us "I like my door open at all times. When the fire test makes my door close, the staff are quick to come and open my door as they know I don't like it shut." People had their individual routines and preferences recorded and carried out by staff.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. We observed that staff routinely used 'do not disturb' signs on people's doors when they were providing personal care.

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff. People's relatives and friends were made to feel welcome. One person told us "My visitors come and go as they please, it's all part of being at home."

Good

Is the service responsive?

Our findings

People's needs were assessed prior to their admission to the home. Initial risk assessments and care plans were put in place and updated within a week or sooner as their needs changed.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care.

People received care that corresponded to their detailed care plans. For example one person required help to go back to bed in the afternoons, we observed that this happened. The person told us "I am in too much pain if I sit out for too long, I like to be up by 10am and go back to bed by 2pm."

Staff followed plans of care that were linked to best practice guidelines. For example one person had a Percutaneous endoscopic gastrostomy (PEG) that provided a route for them to receive food, water and medicines. Staff followed the guidelines, and the person told us how they did this "The staff clean an rotate the PEG cuff daily, it is checked by the dietitian. Staff make sure I am in the right position to have the feed."

Staff provided care to mitigate known risks, for example, one person was cared for in a low bed to prevent them from injury if they tried to get out of bed unaided. Some people had oxygen therapy; staff followed safety guidelines to ensure that people received their oxygen as prescribed in a safe way.

People had been involved in planning and reviewing their care when they wanted to. One person told us "I am involved with planning my care, my wife reads the plans and lets the staff know if there is anything else to add." People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning, their clothing and lighting in their rooms at night. People's care and treatment was planned and delivered in line with their individual preferences and choices.

People had their comments and complaints listened to and acted on, and felt assured that the registered manager would take appropriate action. One person told us "I know how to make a complaint, the manager usually acts on it straight away." People had the option to complain in person at any time, at their care reviews, at residents meetings or in writing. A complaints procedure was available for people who used the service explaining how they could make a complaint; people said they were provided with the information they needed.

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a team that worked well together and was enabled to provide consistent care they could rely upon. Staff told us that the registered manager was very supportiveand they were proud to work at the home as they believed they were providing good care.

There was a registered manager in post. 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 ensured that the manager was supported in their role by being involved in shared learning with other nursing home managers with the same provider.

The management promoted a positive culture that was open and inclusive. Staff were encouraged and enabled to reflect on what constituted good practice in staff meetings and supervisions. One member of staff told us "[the manager] is the best, they provide so much encouragement and they treat everybody well."

Records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

The provider was continually looking to improve practice; for example the manager was working closely with the pharmacy to pilot an electronic system of ordering and administrating people's medicines. Senior care staff were vigilant in following the procedures required for the pilot and reported any anomalies promptly. One senior member of staff told us "I believe the system is safer, it won't let you give medicines when they are not due and you have to actually take the bar code of the medicine to give it."

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly undertaken by the manager and the provider. The manager used the audits to improve the service and feedback to staff at team meetings where improvements were required. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.