

Crosscrown Limited

# Clifton Court 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 Court Nursing Home is a care home providing accommodation with personal and nursing care for up to 41 people. There are 40 bedrooms across two floors. One of these bedrooms can be shared. The service provides support to older people, some of whom are living with dementia, a sensory impairment and/or a physical disability. At the time of our inspection there were 38 people living at the home.

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

Significant improvements had been made since our last inspection. Risks to people's health and wellbeing had been identified, assessed and managed well. Records guided staff on what to do to minimise identified risks and help keep people safe. Medicines were ordered, stored, administered and disposed of safely. People had access to healthcare services when they needed it.

There were enough staff to keep people safe. People told us staff were kind and considerate. People looked clean and well kempt. Staff demonstrated great patience in difficult situations, and we saw some lovely, relaxed interactions between staff and people. People were encouraged to express their views and be involved in their care. 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.

Staff understood the importance of a positive mealtime experience to encourage people to eat and drink well. Overall, we receive positive feedback about the food provided. People had a choice of what they ate and drank. People were encouraged to have a healthy and balanced diet.

A thorough assessment was carried out before people moved into the home. The registered manager recognised people's care needs may change in a new environment and ensured people's care was continually reviewed in line with best practice.

People and where appropriate, their families, were involved with people's care. Staff understood the importance of knowing people and their lifetime experiences so they could provide care that met people's preferences and routines. There was a programme of activities and entertainments to provide people with opportunities for social engagement.

Staff received training and had regular opportunities to talk about their role and encouraged to undertake further training and gain qualifications. Staff were compassionate and knew how best to support someone nearing the end of their life and understood the importance of making sure people's final days were lived as they wanted them to be.

People and relatives consistently told us the home was well-led. The home worked in partnership with others to improve outcomes for people. The provider regularly communicated with people and their

relatives to share information and gather their views about the quality of the service. People and relatives knew how to complain and were confident these would be dealt with appropriately. Systems and processes were in place to monitor and improve the quality of care provided and regular checks were completed to ensure people received high quality care.

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 and update

The last rating for this service was requires improvement (published 10 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on breaches identified at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led.

Details are in our well-led findings below.

**Good** ●

# Clifton Court 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a specialist nurse advisor. An Expert by Experience also supported the inspection by making telephone calls to relatives to gain their feedback of the experience of care provided. 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 Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clifton Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 six people and nine relatives about their experience of the care provided. We also received feedback via email from another relative. We spoke with twelve members of staff including three care assistants, two senior care assistants, the chef, two kitchen assistants, the activities co-ordinator, the deputy manager who was also the clinical lead, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 multiple care and medicine records, two staff files in relation to recruitment, a variety of records related to the management of the service such as quality assurance checks. We spoke with one healthcare professional and received email feedback from another healthcare professional who provided support to the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and safely manage medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and wellbeing were identified, assessed and managed well. Records guided staff on what to do to minimise identified risks and help keep people safe. For example, one person received their nutrition and medication via a percutaneous endoscopic gastrostomy (PEG). This is where a flexible feeding tube is placed through the abdominal wall and into the stomach. Nursing staff ensured this person was given their nutrition and medication as per their prescription. There was also a daily cleaning, inspection and rotation regime in place to reduce the risk and detect any early signs of infection.
- Another person had a catheter (a soft hollow tube, which is passed into the bladder to drain urine). Records gave clear instructions to staff on how to minimise risks associated with having a catheter. This person required their fluid input and output to be monitored and recorded to ensure they remained hydrated and free from any infection. Records showed where this person's fluid input had fallen short of their daily target, additional fluids were offered and taken during the night.
- Some people living at Clifton Court Nursing Home had complex conditions that required careful care planning to minimise the likelihood of distress. Records described how people might express their distress and what action staff should take to reduce this distress and improve people's quality of life.
- Staff explained there was effective communication about changes in people's individual risks and support needs through the electronic care planning system. One staff member told us, "We can share changes instantly and not have to wait until handover. If you are on annual leave you don't miss anything because you can catch up on the messages."
- Overall, environmental and equipment risks had been identified and assessed. However, some freestanding wardrobes had not been secured to the wall which posed risk of injury. Immediate action was taken to secure these by the second day of our inspection.
- Each person had a detailed Personal Emergency Evacuation Plan (PEEP) which detailed how to support the person in a fire emergency and regular building safety checks were completed.

### Using medicines safely

- At our last inspection we found improvements were needed to the safe management of medicines. At this

inspection, improvements had been made and medicines were ordered, stored, administered and disposed of safely.

- Due to supply issues, some medicines were out of stock which meant some medicines could not be given as prescribed. The registered manager was aware of this and had taken practicable steps to source alternative stock.
- The registered manager worked in partnership with other professionals and was innovative when administering medication to people who may lack capacity to make decisions about their medicines. One healthcare professional told us, "Together we have recently prevented the need for two covertly administered medication scenarios by reviewing and reducing tablet burden."
- Some people needed 'as required' (PRN) medicines. These are medicines a person is prescribed but not needed on a regular basis. There were detailed protocols for staff to follow to determine when these medicines should be considered.
- The registered manager had a robust system to ensure medicines were managed safely. Where errors occurred, appropriate and proportionate action was taken to investigate and reduce the likelihood of re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt protected from the risk of abuse. One person told us, "I feel very safe here. The staff are very good and look after me."
- Relatives were complimentary about people's safety. Comments included, "[Registered Manager] and staff keep eyes on my relative," "[Person] is safe, secure and treated well" and, "Absolutely, safe as houses."
- Staff received safeguarding training and understood their responsibility to keep people safe and report any concerns they had about people's health and wellbeing. One staff member told us, "We might see marks like bruises for example and we always report this to the nurse and keep an eye on the situation. Our duty is to protect people from harm. I protect them like I would protect my mum and dad."
- The registered manager understood their safeguarding responsibilities and had made safeguarding referrals to external professionals when necessary.

Staffing and recruitment

- There were enough suitably skilled staff to meet people's needs. One relative told us how impressed they were at how quickly staff arrived when they pressed a call bell for assistance.
- The registered manager used a dependency tool to identify required staffing levels but also carried out observations of staff practice to ensure staffing levels remained safe. The registered manager explained, "You can have a dependency tool, but you go by what you can see, and the staff will tell you if they are struggling. If I saw we were struggling, then obviously I would review staffing levels."
- Overall, staff felt staffing arrangements were sufficient. When agency staff were required, they always worked alongside permanent staff who knew people well.
- Recruitment procedures were safe. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The home was clean, tidy and well maintained. All relatives we spoke to commented on the high standards of cleanliness at Clifton Court Nursing Home. One relative told us, "I have to say her room is spotless. I have never seen it untidy."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, people's toiletries and open packets of new continence products had been left in a communal bathroom which increased risks of cross infection. The registered manager took immediate action and removed these items during our visit.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions in place for visiting. Relatives commented that although a booking system was in place, this never prevented them from visiting the home.

#### Learning lessons when things go wrong

- The provider had reflected on the identified areas of improvements found at the last inspection. They had implemented changes which meant there was an improvement in people's experiences of care and support.
- There was an open culture where staff felt comfortable to speak up when things went wrong. One staff member told us, "There is a supportive culture here. If we make a mistake, which we do because we are human and not always perfect, [registered manager] always talks to us about it but it is done in a way where she says we learn from our mistakes and next time we will be better."
- Accidents and incidents were recorded, and the registered manager continually reviewed these to identify any patterns and trends. One staff member told us, "They [management] have a word with us if constant falls happen and explain how to prevent them."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. 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

- A thorough assessment was carried out before people moved into the home. The provider had recently reviewed their admissions policy and the registered manager explained they would often visit a person multiple times to ensure they could meet their needs.
- The registered manager recognised people's care needs may change in a new environment and ensured people's care was continually reviewed in line with best practice.

Staff support: induction, training, skills and experience

- New staff completed a robust induction. This included training and working alongside experienced staff in order to get to know people's needs. One staff member told us, "Even after my induction they [management] always made sure I worked with another staff member and I didn't work with agency until I was really comfortable."
- The provider had a programme of training relevant to staff roles to ensure best practices of care and support were followed. Staff told us the training they received gave them the confidence and skills to carry out their role well. One staff member said, "We don't stop training. There is always something to learn. I can do my job well because of the training."
- The registered manager sought specialised training to improve practices. For example, the dentist had delivered some training in oral health and the local hospice had provided training in end of life care.
- Staff were supported by senior staff and managers. They told us they were given opportunities to talk about their role and encouraged to undertake further training and gain qualifications.

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

- People were encouraged to have a healthy and balanced diet. Overall, we received positive feedback from people and relatives about the food available at Clifton Court Nursing Home. Comments included, "The dinners smell really nice", "The food is very good" and, "Sometimes the food is a bit samey, but it is cooked well."
- Staff understood the importance of a positive mealtime experience to encourage people to eat and drink well. Where able, people were encouraged to eat with others in the dining room which had a positive impact on some people's food and fluid intake and their social wellbeing.
- The registered manager had appointed two nutrition and hydration champions to promote good practice and ensure people had enough to eat and drink to maintain their health. One of the champions explained, "There is a knock-on effect to their overall health. Their skin condition is improved by good food and fluid intake and the way they heal. It is also good for their overall wellbeing because of the social part of eating

and drinking."

- Staff had up to date information about people's specialist diets, allergies or risks to their nutritional health. Staff monitored people's appetites and weight where appropriate and consulted other healthcare professionals if any issues were identified.

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

- Records showed people had access to healthcare services such as the dentist and GP when they needed it.
- Where necessary, referrals were made to specialists such as physiotherapists and dieticians for additional support. Records showed an exceptional outcome to one person's mobility due to effective partnership working with the person, their family and healthcare professionals. This person had recurrent falls and required assistance from staff and equipment for all mobility transfers. Within three months, this person was now walking independently and was due to move back home to their family shortly after our visit.
- We received positive feedback from a healthcare professional who has regular contact with the home. They told us, "[Clinical lead] has taken on wound care as her specialist role. They are very quick to come to us with any concerns. They will only bring issues that are needed and appropriate to discuss at ward round. [Registered manager] knows the questions we will ask so always comes prepared with all the evidence we need to make recommendations."

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

- The home provided a homely environment where people were encouraged to socialise and spend time together in welcoming communal areas.
- Staff encouraged people to personalise their rooms with pictures and ornaments to prompt memories and a feeling of belonging within the home.
- People benefited from a large landscaped garden which had been adapted to provide sensory experiences and easy access for people with limited mobility.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were encouraged to make their own decisions. One person told us, "I am capable of making my own decisions and the staff respect that."
- Our observations confirmed staff asked for consent before delivering care. For example, staff asked permission to lay a blanket across a person's lap when a person had cold hands.
- Staff had a good understanding of the MCA and the importance of respecting people's right to make their own choices and decisions. One staff member explained the importance of knowing people well so when a decision had to be made on their behalf, "You can work with people in their best interests."

- The registered manager understood their responsibilities under the Act. Where people were potentially being deprived of their liberty, DOLS applications were made to the authorising body. Records supported this practice, but we recommended more detail was included in people's individual mental capacity assessments.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. 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 told us they were supported by kind and considerate staff. Comments included, "They [staff] treat me like a human being," "The staff are nice and are very willing to help" and, "There are very kind staff who work very hard. They are very patient with me. I feel well looked after."
- Relatives were positive about the care provided. Comments included, "Staff seem to genuinely care about their relationships with people" and, "We are very impressed with what we've seen, they are very compassionate."
- Staff demonstrated great patience in difficult situations, and we saw some positive, relaxed interactions between staff and people. One person started to cry, and a member of staff immediately comforted the person by holding their hand. Another person had become confused and a staff member gently guided them to where they wanted to go.
- The registered manager promoted a caring and positive culture. They told us, "It is important we respect and value one another. The people that live here, our staff, our relatives and visitors. It is a family and a home where we all want the best for people. Kindness is free and it doesn't hurt to be kind."
- People's diverse needs, such as their religious needs were reflected in their care plans to enable staff to know what was important to them.

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

- People were encouraged to express their views and be involved in their care. One person told us, "I am involved in my care. We are focussing on getting me well so I can go home. Staff don't do anything without my say so."
- One staff member told us, "We encourage people to make their own choices. With their food, we always ask what they would like. Or with their personal care, we ask what kind of wash they like. We don't just assume because sometimes they might not be in the mood to shower every day."
- Where people were unable to express their views, staff consulted their families and other healthcare professionals such as advocates to ensure care was being delivered in the right way.

Respecting and promoting people's privacy, dignity and independence

- People looked clean and well kempt. Staff had taken time with people's personal care which promoted their dignity. We saw one staff member take a person to a full-length mirror and the person thanked the staff member for styling their hair in their preferred way.
- Staff encouraged people to maintain their independence. One person enjoyed setting the dining room for dinner whilst another person helped to maintain the garden. One person told us, "They [staff] allow me to be

as independent as I can be. They don't charge in and take over if that makes sense."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. 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 and where appropriate, their families, were involved with people's care. Records contained personalised information which enabled staff to deliver care in a person-centred way. For example, records detailed how people liked to take their medication or how they liked support to brush their teeth.
- Staff understood the importance of knowing people and their lifetime experiences so they could provide care that met people's preferences and routines. One staff member explained, "We had a resident who slept all day and was up all night because they had worked night shifts all their life. We made sure they had their dinner at a later time, and everything was then adapted around them. We get to know what people like and that makes them happy."
- Staff spoke of the importance of taking the time to get to know people and how this supported the development of positive relationships between them. One staff member explained, "They forget (recent events), but they remember their young years. If I know about the person, I can give them their life back."
- Records were continually reviewed to ensure people's care met people's changing needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff received training on communication and barriers to communication when they started to work at the home. One staff member knew a person took extra time to respond to questions, so allowed the person plenty of time to respond.
- People's preferred method of communication was recorded in their care plans. Staff knew how to communicate with people and ensured aids such as their glasses were accessible.

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

- There was a programme of activities and entertainments to provide people with opportunities for social engagement. One relative told us, "The staff have integrated [person] into a daily routine of going to the dining room and lounge, which is great as they have been bed bound for the last three months."
- On the day of our inspection, the communal areas were stimulating with no prolonged periods of inactivity. People were encouraged to engage with the activities being offered.
- People cared for in bed received regular one to one engagement that met their individual needs. The

activities co-ordinator explained, "Sometimes we are not talking at all, but they just need someone to be with them."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and there was an open culture where complaints were used as an opportunity to drive improvement. Where complaints had been raised, these had been investigated thoroughly.
- The registered manager recognised some people might not want to complain formally but welcomed minor concerns which were logged and responded to professionally.
- People and relatives knew how to complain and were confident these would be dealt with appropriately. One relative told us, "When I raised my concern, they were great with me and were very approachable."

#### End of life care and support

- Staff had received training in how best to support someone nearing the end of their life and understood the importance of making sure people's final days were lived as they wanted them to be.
- Many compliments had been received about how well people were cared for at the end of their life. One relative told us that had it not been for the expertise of the nurse in recognising end of life signs, their father would have missed saying goodbye to his wife. The relative described how important this was for the family and described end of life care as 'exceptional'.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to requires good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured systems and processes were established to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection in 2019, the provider had developed a new senior operations team, guided by an external independent consultant, to oversee the governance of the home. As part of this restructure, a registered manager, with clinical expertise, had been recruited to drive forward and embed improvements.
- People and relatives consistently told us the home was well-led. Comments included, "The manager is good to me. She listens to my problems and always sorts it out," "[Registered manager's] positive attitude rubs off on others" and, "I cannot speak more highly of [Registered manager]." Many relatives had recommended the home to others.
- Relatives told us they felt welcome at the home because of the way it was managed. One relative told us, "I have always had a sense of friendliness on my visits and feel it is extremely well managed by [registered manager], who is very approachable and accommodating, as are all the staff I have come into contact with."
- Staff also gave positive feedback about the registered manager. Comments included, "[Registered manager] is proactive and quick and you don't have to wait for a response" and, "She is really amazing and really supports us. If we are ever struggling with something, she always comes and helps us. She makes us feel very valued."
- The registered manager reflected on the journey the home had been on since their employment commenced in October 2019. They told us, "It was all about re-building relationships and re-storing the reputation of the home. When you care, and really care about what you do it all comes naturally. During the pandemic we couldn't see our own families, but we became a close family here."

Working in partnership with others

- The home worked in partnership with others to improve outcomes for people. A weekly multi-disciplinary team meeting was held with healthcare professionals to discuss any changes in people's physical and emotional health. The team worked together to find solutions to a variety of issues.
- The registered manager had worked hard to develop relationships with other healthcare professionals.

One healthcare professional commented, "Clifton Court is known within our circuit as really pulling their socks up. The clinical lead is a real asset to the home. I do a monthly newsletter and Clifton Court often gets a little mention due to good practice."

- The registered manager recognised the benefit of their own professional development and had participated in some work with other healthcare providers to improve people's experiences of end of life care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to monitor and improve the quality of care provided and regular checks were completed to ensure people received high quality care.
- Overall, we found records to evidence the management of risk, such as food and fluid monitoring charts, had been completed well. However, we did identify some that did not have the same level of detail. The registered manager told us they would ensure consistency through further training and staff supervision.
- The registered manager had an improvement plan where outcomes from both internal and external audits were listed to continually drive forward improvement.
- A variety of competency assessments were completed where staff practices were observed by a member of the management team and advice given as to how staff could improve. The registered manager explained, "My management style is to teach, learn and to reflect on day to day practices."
- The registered manager understood their regulatory responsibilities and had provided us (CQC) with notifications about important events and incidents that occurred at the home.
- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and was a member of the Skills for Care network (The strategic workforce development and planning body for adult social care in England).

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 understood their responsibilities under the duty of candour and were open and honest when things went wrong.

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

- Staff could attend regular meetings to share their views about the service and felt empowered to make suggestions. One senior member of staff explained, "We have got some care staff who found it quite difficult, when a resident passed away, to give the final care before they leave the home. I suggested some training for these staff and [registered manager] actioned it straightaway."
- The provider regularly communicated with people and their relatives to share information and gather their views about the quality of the service. This included a regular newsletter and plans were in place to reintroduce relatives' meetings as these were stopped due to the COVID-19 pandemic. One relative commented, "Communication has always been very good."
- The registered manager reflected on the pandemic and the difficulties they faced in ensuring engagement with external professionals continued. They told us, "Through the pandemic there were limited professionals coming into the home but that time allowed us to grow and we have blossomed into a beautiful home. It is nice to hear people and staff laugh and happy to live and work here."