

Ariya Neuro Care (Residential) Limited

Clifton Court

Inspection report

60 Doncaster Gate
Rotherham
South Yorkshire
S65 1DH

Tel: 01709324304
Website: www.ariya-neurocare.com

Date of inspection visit:
09 March 2022

Date of publication:
15 June 2022

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Clifton Court is a residential service for people with acquired brain injury. The service accommodates up to seven people. At the time of the inspection, six people were using the service. The home comprises seven self-contained flats each with their own bathroom and kitchenette, as well as a larger communal kitchen and dining room, a shared lounge and a therapy gym.

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

At this inspection we found overwhelming evidence that demonstrated people received outstanding caring, kind and positive support. This was due to excellent leadership from the registered provider and registered manager as well as a strong, well trained team of staff. Everyone we spoke with provided exceptional feedback about how caring, professional and supportive the staff were and so often went the extra mile to ensure people were happy and felt well cared for.

The atmosphere throughout Clifton Court was exceptionally positive, welcoming and homely. Feedback from people who used the service, their relatives and staff was consistently very positive and the management at the home exceeded people's expectations. People, relatives and professionals were also full of praise for staff. We saw people were very relaxed and confident in the company of staff throughout our visits.

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. Care was personalised and met individual needs. Staff knew people very well, cared about them and understood their care and support needs as well as the risks people faced. Staff were motivated to support people to live full lives.

There was a very strong emphasis on the provision of activities that were meaningful and therapeutic to the people living in the home. People told us they were happy with how they spent their time. Staff told us how they believed that being fulfilled and focused promoted people's wellbeing.

People had support from safely recruited and appropriately trained staff. Staff also understood their role and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights.

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 received their medicines when they were needed and in ways that suited them. There were systems

in place to check that medicines were administered correctly and safely.

The registered manager was very proactive in encouraging staff to look at how they could improve people's health and wellbeing and to look at innovative ways to do this. People were supported to maintain their health and told us they had access to healthcare any time they wished. People's nutritional and hydration needs were being individually met with bespoke menus for people.

People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided. Staff understood the importance of infection control. The home was clean and well maintained throughout.

The service recorded and analysed accidents and near misses to understand what had happened, identify trends, and help prevent them happening again.

The service had a quality assurance system in place to enable the monitoring of the quality of care people received. There were numerous audits and checks carried out. Information from these was analysed and records showed where any issues or concerns had been identified, action had been taken to address these and this was continuously evaluated.

Rating at last inspection

The last rating for the service under the previous provider was outstanding (published 22 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Clifton Court

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

The inspection was carried out by one inspector.

Service and service type:

Clifton Court 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 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:

Inspection activity commenced on 9 March 2022. This inspection was unannounced on the first day.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided.

We spoke with seven members of staff including the director, registered manager, deputy manager, support staff and occupational therapists. We received feedback from four external professionals. We reviewed a range of records. This included people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. We also reviewed records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- People were empowered and supported to live their lives as they chose. Staff used their knowledge to create detailed individual risk assessments. These identified risks to people, staff supporting them, and the actions required to reduce the risk. For example, one person had a road safety risk management plan. The plan detailed what staff could do to mitigate the assessed risks in this task. This included one to one staffing, linking arms with the person, maps highlighted with routes, reminders regarding the person's placement on paths as they tended to walk too close to the kerb; bringing their attention to it and guiding them to correct this. Due to an impairment the person had, staff also encouraged the person to look across their left shoulder to assess for oncoming traffic at side roads and junctions. This had allowed the person to have increased community access, and practice attention skills around traffic and other hazards. The care plan reviews documented the person's growing confidence and independence in this area of their life, which was not previously possible.
- Safety was considered in all aspects of the care provided for people, from ensuring they were safe in bed to making sure people were protected from known risks or hazards on trips out of the home. A health professional told us, "Working with professionals at Clifton Court made the processes of assessment, including risk assessment and safeguarding very smooth, as it is facilitated by a very friendly flexible and patient-centred approach. Communicating observations and knowledge sharing means that the service user gets a very holistic approach to their assessment, treatment and care."
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken. Current certification was in place in relation to gas, electrical and fire safety.

Staffing and recruitment

- Recruitment practices were very safe and robust. The relevant checks had been completed before staff worked with people.
- Processes from application to interview and appointment were thorough. The registered provider viewed care and support roles as vocational and people needed to have a very clear set of values in order to succeed. Staff said, "It means we are all on the same page from day one. There is almost immediate continuity for people and less time spent supporting staff who may not suited to the sector or client group."
- Experienced staff acted as mentors to new staff and provided guidance. Staff told us they had felt welcomed and supported immediately. One staff member said, "I had not done this type of work before, but the support was incredible. I was able to ask questions whenever I needed to."

- Everyone we spoke with told us there was always more than enough staff on duty. Staff also told us staffing levels meant that they could provide good, personalised care to people without rushing. A health and social care professional told us, "One of the things that really stands out with Clifton Court is I cannot think of a time when I have ever had to search for a member of staff to help me or answer my questions, someone is always available."
- There was a stable staff team with high retention. A member of staff said, "Working at Clifton Court to me is being part of an incredible team who are genuinely supported, invested in and encouraged to provide the most outstanding service we possibly can."
- Records showed, where there had been any issues with staff performance, these had been addressed promptly with support given to staff to make improvements.

Using medicines safely

- Medicines administration was very well managed. People received their medicines, including PRN (as required) medicines when they were needed and in ways that suited them by staff who had medicines training and had their competencies checked regularly.
- Detailed audits of medicines and investigations of any errors noted led to improvements in the way medicines were administered.
- Medicines were ordered in a timely way, stored securely and managed safely. The deputy manager told us, "We can be in regular contact with professionals if we need any advice related to people, their medicines or if they require a visit by a clinician."
- Medicine administration records (MAR) were up to date, with no discrepancies
- Due to the closure of their current pharmacy the service had begun work with the new pharmacy to ensure continuity for people. The registered manager said, "It's so important we get the communication right even before the service starts. Working as closely as possible with the pharmacist will ensure people receive an efficient and seamless service as possible."
- We observed one member of staff administering medicines to people after lunch. They were very calm and unhurried and took different approaches with people. This showed the staff member understood each person's individual needs and preferences.

Preventing and controlling infection

- The service was very clean and well maintained. All of the relatives and professionals we spoke with commented on how well the home was kept. One relative said, "Clifton Court is always kept clean, tidy and orderly. [Person's name] bedroom is always clean. It's a routine, joint effort which is necessary and also continues reinforcing life skills." Other comments included, "There is always someone busy cleaning" and, "It's nice and clean and there is a COVID-19 prevention routine every time I visit."
- Staff had regular training in infection control and safe food handling. The registered provider's training and quality team had used quizzes and questions of the month for these topics to be part of staff learning.
- Staff had received specific COVID-19 related training through the local authority as well as in house training. This included the donning and doffing of personal protective equipment (PPE). People told us staff wore PPE at all times.
- We were assured the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date, including records that all staff had been vaccinated against COVID-19.

Learning lessons when things go wrong

- Staff confirmed a culture of openness at Clifton Court which meant they felt encouraged and enabled to

report accidents and incidents because they knew there would be a positive response. The registered provider valued staff raising concerns and considered them integral to learning and improvement.

- There was a robust and detailed procedure in place for reporting and recording accidents and incidents. All such events were reviewed, analysed and monitored for any trends or patterns. This ensured events were responded to appropriately.
- Where concerns were identified, the registered provider looked for ways to further improve the service. Learning from events was shared with staff at all levels in the home and with all of the services that were owned by the registered provider. This meant that the risk of recurrence was reduced and managed.

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

- People felt safe at the home and relatives were confident people were protected from harm. High staffing levels meant people and visitors were able to develop meaningful relationships with staff whom they trusted to keep them safe.
- Staff fully understood their role in protecting people from abuse. Staff received training in this area, which was regularly reviewed and improved to provide staff with a more practical and evidence-based course. Staff were very confident in discussing safeguarding issues and told us the training had been positive and informative. They confirmed that any issues they raised were listened to and acted upon.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.
- Suitable and clear safeguarding policies and procedures were in place and available to staff, people and visitors.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service continually re-assessed people's needs and researched and improved practices to obtain better outcomes for people. One health professional told us, "It really is a partnership. Clifton staff work alongside therapists and implement the agreed strategies. Staff show initiative by making suggestions to alter strategies, based on their observations of the strategies in use, so they are more bespoke to the clients' needs. It is important to note that this is always done in collaboration with others in the wider multi-disciplinary team."
- People were visibly happy and engaged with staff. People's lives had significantly improved during their time at Clifton Court. For example, one person had self-neglected prior to their admission into Clifton Court. Staff had worked alongside health professionals, completed their own research and changed practices to improve the person's wellbeing. One person's representative said, "One of my clients has resided at the service for a number of years now. Staff very much understand brain injury which is key to supporting my client. They also listen to referrers to ensure they understand the specific issues that each client's brain injury imposes on them."
- Staff were knowledgeable about using best practice guidance and acquired brain injury (ABI) familiarity to work with people to improve their experiences. The registered manager told us, "Across the organisation we employ a number of people with disabilities including four people who have suffered a brain injury themselves. This means we have people who have 'lived experience' contributing to the service and processes. One of those people is our employed 'Peer Support Worker' who suffered a traumatic brain injury over 20 years ago. They help people earlier on in their rehabilitation path to come to terms with their life, post injury." This meant that people could identify routes to wellness and benefit from staff's personal experience.
- Processes were continually reviewed to adapt and improve practices. For example, the provider had a regular 'working/not working' meeting to assess various aspects of the service delivered. As a result of one of these meetings, clinics for staff were set up to help with the reviewing of the support plans and the depth of information the provider required from them. This meant that people using the service continuously benefitted from bespoke and effective care measures.

Staff support: induction, training, skills and experience

- Staff received extensive training specific to people's health conditions. We observed how staff used this to monitor people's behaviours, which they were able to predict based on their knowledge of what was everyday behaviour for each person. Staff's exceptional knowledge enabled health professionals to design the best treatment for people. A consultant psychiatrist commented, "The rehab was very structured with

clear goals identified at the beginning, reviewing progress on a regular basis using an MDT approach, identifying any barrier to achieving goals and liaising with appropriate professionals/agencies to address the barriers."

- Staff received additional training above and beyond what they requested and told us support from the registered manager was 'second to none.' The registered manager had introduced 'question of the month' on specific topics to reinforce training and development. Staff discussed topics and completed quizzes to increase their knowledge and awareness. Topics included brain injury in the media which opened up discussions about how this could affect people. Staff told us this innovative approach to training had improved their understanding and helped them to explore different ways to support people leading to better outcomes. For example, because people post injury are in a high-risk group of developing sepsis and their underlying health needs can be overlooked the service implemented sepsis training and the use of National Early Warning Score (NEWS). This allowed staff to confidently assess someone's physical condition should they become unwell and alert the emergency services. This ensured, people post injury, had access to potentially life-saving medical support.
- One staff member said, "It's an incredible learning environment. Beyond the mandatory training there is specific training on ABI and if an individual were to have a specific condition, we would access training for that. We are updated on research and news or developments from national bodies. Prior to a SALT (speech and language therapist) coming in, it was arranged for the SALT to give us some training on their job so we had a better understanding of what they did, which in turn helped us immensely."

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

- Staff with specific and specialist nutritional qualifications helped people to develop their individual menu options. One staff member told us, "There is no mass catering, all meal choices are individual, ensuring a balance of choice and nutrition and health benefits."
- People were very complementary regarding the food at Clifton Court. One person told us, "I cook a little bit for myself and the staff are always helpful and encouraging. Together with staff I plan, shop, prepare and cook all my meals. I have my menu on the board so I can be reminded. I know I could have whatever I wanted but we discuss healthy options and healthy ways to cook."
- The service ran a regular cultures group, at which different foods and cultural differences were discussed. This meant people's food horizons were broadened with one person commenting, "I have learnt a lot about the food and people from around the world."

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

- There was a very homely feel to Clifton Court. The thought given to the décor was clear: when bedrooms were redecorated, people were given the choice of colours, fabrics and carpets, everyone was consulted on décor for the communal areas. Consideration was also given to best practice guidance about how environments could be improved for people living with ABI.
- People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided.
- The registered manager was very proactive in encouraging staff to look at how they could improve people's health and wellbeing and to look at innovative ways to do this with changes to the home environment. Exercise equipment had been purchased for a dedicated room. Staff promoted the use of the gym equipment especially during lockdown when people could not follow their normal exercise regime.

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

- The service worked in partnership with various other services including GP's, psychiatrists,

physiotherapists, occupational therapists, speech and language therapists, opticians and dentists. One healthcare professional told us, "Clifton Court maintains excellent communication with all the professionals (NHS, Social Services etc) involved and we were able to jointly work to address some of the complexities encountered in delivering the best care for this extremely vulnerable client group." One person told us, "I know all the people involved in my support work together for me, we all talk about it together."

- Collaborative working with other agencies ensured effective care and improved people's quality of life. Staff were very knowledgeable about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals. Another healthcare professional said, "Communication has been essential in the progress of my clients and they are fantastic in keeping me up to date with the clients' progress and struggles."

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.

- The provider had records to advise whether people required applications to be submitted under MCA and DoLS for authorisation. The registered manager monitored and reviewed any applications.
- People were involved in making decisions about their care. The provider ensured people's best interests were considered and worked to minimise the use of restrictions. The views of others such as representatives and health professionals were recorded. One staff member said, "When making any decision regarding the delivery of care to a person we, as staff, must be fully aware of a person's needs and care delivery strategies. We must also ensure the individual is the central part of that decision-making process. All options are explored, and the decision is made in the best interest of that person." One person told us, "I am always involved in any decision. It's my care after all."

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives, visitors and health and social care professionals spoke very highly about how caring and supportive the service was. A relative said, "I feel [person] is always treated with the upmost dignity and respect. It's always such a positive place with a really good atmosphere and the staff are responsible in creating that. All the staff, in every position are fantastic."
- People were relaxed, confident and comfortable in the company of staff. There was a calm, relaxed, friendly atmosphere and we saw staff taking time to sit and chat with people. We heard several instances of good-humoured banter shared between people who used the service and staff which resulted in people laughing.
- Staff understood and respected people's lifestyle choices. When we spoke with staff about people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity. A member of staff said, "The team has a great deal of diversity of background, culture and experiences within it, yet we all have shared goals for the people at Clifton Court." One person told us, "Staff accept me for being me."
- People received highly personalised and compassionate care which considered their rights to equality and acknowledged diversity. A member of staff said, "We realise that every person has their own values and beliefs, and this is supported and, in some cases, challenged."
- A healthcare professional told us, "Clifton Court has a very respectful ethos towards their patients but also to each other. I have witnessed staff members addressing derogatory comments one service user made of another service user and attempts are made at reducing negative or derogatory behaviours service users may have or develop towards one another. The staff have a very healthy positive and caring attitude towards their clients. I have only ever known the staff to have behaved in a respectful manner towards service users and treat and respect clients with utmost dignity, that is without exception." This meant that people's experience of receiving care was safe and non-judgemental.

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

- People were fully involved in planning their care, staff encouraged people to explore different options available to them, so they were the decision makers in how they received services.
- Staff worked with people to identify their aspirations and make plans to achieve them. These were reviewed regularly, and people were exceeding the goals they aspired to achieve. Comments from people included, "It was made clear to me right at the start that this is my home first and a staff place of work second. I know I am at the centre of every decision; staff actively seek opinion and want me to discuss options. It is a fantastic place to be," and, "I am totally comfortable with staff. They know my needs,

sometimes before I do and that is where my trust in them shows. I know everything they do is in my best interest. There is a real mutual respect. I know I am at the centre of every decision made."

- People and relatives were treated as active partners in their care. They provided information to the service which helped improve their lives. There were numerous examples where the person's wellbeing had increased after moving into the service. For example, one person was moving from Clifton Court into their own bungalow. They did not have any furniture or belongings prior to this and needed to purchase everything for the bungalow. Their only relative was shielding due to their own vulnerabilities. Clifton Court recognised that this was an overwhelming task for them to process and plan. Staff developed various tools and strategies to support the person, including a shopping list, dietary support plan and a transition timeline, on line shopping due to restricted access to shops and a finance folder to support their understanding of how each bill was being paid, how much and when. Staff acknowledged the potential risk of disorientation in a new environment and a graded exposure plan was devised. These actions supported the person to have a smooth, safe and successful discharge with reduced anxieties.
- The provider regularly sought feedback from health professionals and people's representatives. People were supported to express their experiences of the service through various methods of communication and formats such as individual and group meetings, surveys and feedback forms.
- The provider ensured people had access to advocacy services when needed. Health professionals told us the registered manager was knowledgeable and always available to provide advice and support people to access other agencies without delay.

Respecting and promoting people's privacy, dignity and independence

- Staff took great pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. People's wishes were respected with the daily choices they made or were supported to make. One healthcare professional said, "I have worked alongside Clifton Court for some time. During all my visits people are always treated with dignity and respect. Staff are extremely knowledgeable of the individual needs of each person and go to great lengths to ensure people receive the best service possible." Another healthcare professional commented, "The service ensures my client has a happy and safe life and this is something many other services have failed to achieve for them. They are a unique service in the area and I was very lucky to secure a placement there for my client. No one has been able to support my client as effectively as Clifton Court staff have."
- Staff were fully aware of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes. One person told us, "I feel it is a friendly, professional relationship. We are working together to make something better." A relative said, "My experience has been extremely positive. There has been nothing but respect and a drive for independence since day one."
- Staff recognised and understood the importance of empowering people to be as independent as possible. One staff member told us, "We encourage people to do as much for themselves as possible. Independence is important." The registered manager said, "The forging of positive, respectful relationships between people and staff is fundamental to successful support. These relationships must also extend to family and professionals."
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The support provided to people was highly person-centred and had significantly improved their lives. A "Goal Attainment Scaling" (GAS) programme was in place. This was a process by which therapists could measure to what extent people were achieving their desired goals, and allowed them to develop steps for people's goals to be achieved. For example, one person was keen to access the community. Initially this was deemed to be high risk due to the person's visual impairments. However, therapists introduced an assistive technology tool and an in-house occupational therapist developed training a programme. Staff told us, "It was great to see such progress. The person is now accessing the community and coffee shops and we are now working towards shopping." This lifted the person's spirits, enabled them to have a meaningful and independent role in their local community and improved their outlook as to what they could achieve in the future.
- People were fully involved and informed in all aspects of their support. People's likes, dislikes and preferences were known and respected, staff were committed to providing personalised care. They had an excellent understanding of each person's history and knowledge of their needs from working closely with them. One member of staff, who had personal experience of ABI said, "Brain injury is really tough, but a place like Clifton Court can make the transition and rehabilitation period from hospital to home a far better experience and I think if a place like this was around during my early times I would have achieved so much more and so much quicker. Having on site, physio, OT, speech therapy, psychology, peer support and great staff it is I think the best place imaginable that someone with a brain injury could be." One person told us, "Having staff who have similar histories is very comforting and encouraging."
- Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal history. They were an ongoing story as people's needs changed and reflected their preferences. Staff had a very good understanding of these needs. This meant that people were supported by staff who truly understood them.
- The plans were reviewed regularly to keep staff up to date with people's needs. There was a daily record of what people had done or how they had been to keep staff up to date with information. For example, any activity was reviewed to see if people had enjoyed it or if it needed adjusting to suit them better.
- Equality and diversity training was provided to all staff. Staff spoke confidently about treating people equally and fairly. People's different cultures and beliefs were recognised and respected and clearly detailed in care records. The service held a regular cultures group to examine and learn about aspects of different cultures from around the world. This meant people were given the opportunity to understand and discover the similarities and differences of people from around the world and challenge misconceptions and discrimination.

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 ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. We observed that staff knew people well and communicated with them in a way that was respectful and met their needs.
- Information such as COVID-19 guidance and how to make a complaint was made available in easy read formats, such as posters and notices. This helped to meet people's communication needs and had been developed with people who lived at Clifton Court.

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 great deal of emphasis placed on people experiencing meaningful occupation and activity. The programme of activities was planned around people's mutual and individual interests, preferences and therapeutic benefits. Group activities were displayed on notice boards and each person was given the information in a suitable format. Staff reviewed each activity to assess what had worked well for people or whether there were any areas to change or improve. For example, on the day of our inspection we saw people enjoying a group drumming activity. The registered manager told us, "Research shows that the physical transmission of rhythmic energy to the brain synchronizes the left and right hemispheres of the brain." They went on to say, "It improves multi-tasking skills and therapeutic drumming may be a powerful tool in helping retrain the brains of people who have some level of damage or impairment."
- One person was supported to safely start a fitness programme at the gym. This was done through an enabled risk process due to their brain injury and other health conditions. Fitness was something the person really wanted to do and supported their mental wellbeing, motivation, sense of achievement and richness of life. It was risk assessed and discussed with physiotherapist, and occupational therapist. The person said, "I enjoyed putting the fitness programme together with staff. It addressed all I wanted to achieve alongside diet. During lockdown staff were quick to get some gym equipment here (the service) which meant we had to adapt the fitness programme. It was quite exciting to be involved in developing a new programme to achieve the same things."
- The registered manager and staff had developed good relationships within the wider local community to help people become part of it. For example, people attended an external food and cookery club. The provider had a strong emphasis on people having a meaningful presence in their local community.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints.
- People and their relatives told us they had not had cause to raise any concerns or complaints. They told us, "The manager is able to be contacted at any time. If I had any issues, concerns, or to ask advice, they would be there to listen and act." Everyone described the manager and staff as having exceptional interpersonal skills. One health professional said, "The manager at Clifton Court is an excellent manager. She is approachable, she is kind, she is a good listener and she has an extremely caring nature. She also approaches difficult or stressful situations with a positive and solution-based attitude and always, always has time to listen to people."
- People using the service were able to express their concerns. Family and friends felt equally confident if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time. The complaints policy, developed with input from people, had

an easy read picture for people explaining what they could do if they were not happy with something. No complaints had been received in the previous 12 months.

- People who used the service and their representatives were involved in regular reviews of how the service made improvement. The service demonstrated where improvements had been made as a result of learning from reviews and feedback.
- The provider gave managers external 'root cause analysis' (RCA) training and implemented RCA following each and every incident. In addition, service incident analysis reports formed part of the provider's regular incident analysis and learning, which was discussed at a monthly meeting for more organisational learning to be shared.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life. However, where possible information was included in people's care plans and staff had received training about how to support people who were at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People benefitted from a service where continuous improvement and staff development underpinned practice. One person said, "Staff always discuss with us how anything could be made better."
- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people. For example, the service took pride in developing staff and senior teams through a specialised 'Aspiring Senior Course' which included, mentoring and face to face training to help staff's skills and equip them to be future leaders. This helped ensure stability and continuity of the service provided to people.
- The service employed a quality assurance manager who audited all aspects of the service on a rolling programme. The service had a monthly quality improvement meeting which focused on creative meaningful ways to improve the service. The organisational culture was one of continual learning and development. The registered manager told us, "We pride ourselves on encouraging a culture of continual learning and development. We focus on creative meaningful ways to make things better."
- The management team strove for excellence through consultation, research and reflective practice. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service.
- Staff were very positive about the management and leadership in the home and they told us they were motivated because they felt valued and their opinion and feedback mattered. Staff who had expressed particular interests, were designated as 'champions' in specific areas including dignity, and infection prevention and control. These staff received additional training and support to enable them to provide advice and guidance to their colleagues.

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

- People and relatives were exceptionally positive about the service and how supportive the management and staff were. One person said, "I believe I am lucky to have such a great service." A relative said, "It really is a fantastic place. They have my complete trust."
- Health and social care professionals were also consistently very positive about the quality of care provided by staff and the way the service was managed. Comments included, "[Manager's] positivity really assists the running of Clifton Court to be a very pleasant environment to be in and clients respond to this positivity, as the outcome measures demonstrate." And, "I believe Clifton Court is one of the best teams I have ever worked with in terms of communication, equality, respectful, holding staff and service users in positive

regard, as well as governance, procedural adherence, documentation and evidence-based treatment and care plans. This cultural ethos shows in terms of the quality of the experience the service users have when they come to Clifton Court and the gains that they make towards their goals and independence while they are there."

- The staff and management team at Clifton Court were dedicated, creative and determined to ensure people were at the heart of the service. Staff were highly motivated and clearly took pride in the high-quality, compassionate care they offered. Comments from people, staff and relatives included, "It is the best place [person] has ever been", "Overall, I am pleased to say that the service provided has been excellent" and "Clifton Court is undoubtedly the best place I have ever worked."
- Since the last inspection with the previous provider, the new provider had continued to develop the service to meet people's needs and enable them to gain more independence. New projects included 'The Listening Room' which were small focus groups in each service area looking at the issues that not only impact on a person's immediate needs, but also their integration into their local community and society at large. The director told us, "I wanted to ensure people's voices moved beyond our internal meetings so developed the policy to include both staff and 'expert by experience' representatives to feed the items raised both into internal improvements and national forums."

Continuous learning and improving care

- The registered manager and staff demonstrated a strong emphasis on continuously driving improvements. People's views and those of their relatives were at the heart of the quality monitoring and assurance processes. This meant that people held a meaningful role and actively contributed to continuous improvement.
- Regular meetings with people, relatives and staff were held. These were opportunities for everyone to comment on and make suggestions about the day to day running of the service.
- The registered manager told us they kept themselves up to date with developments and best practice in ABI and health and social care to ensure people received positive outcomes. They received regular updates from professional organisations involved in ABI and adult social care. They attended conferences specific to their service delivery, and arranged and chaired meetings with other health and social care professionals. These meetings supported sharing best practice and to seek alternative ways to resolve difficult or challenging situations.
- The provider had reviews of the service from external bodies as an opportunity to improve and learn. For example, reviews were undertaken by Investors in People (IIP) and Headway. Headway is the UK-wide charity that works to improve life after brain injury. Both reviews were extremely complementary, and the service received a platinum award from IIP who commented, "[Service] clearly demonstrate that strong values and behaviours can permeate an organisation in its entirety and you can be successful as a consequence. If your team are able to succeed in delivering the service goals, maintain the vision of the organisation, relentlessly live the values, support one another selflessly, continue to innovate and adapt even in times like these, then the quality and ethos is irrefutably embedded within the organisation."

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 registered manager was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager said, "We believe in being fully transparent about what we do, we are open and if we make a mistake we accept it and see it as a learning opportunity."
- The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that

happen to the service within a required timescale.

- We saw the last rated inspection was displayed in accordance with the law at the office location and on the provider website.

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

- People and relatives were extremely complimentary about the management team and staff. They commented, "The manager is always available, you can just see her in her office. You don't have to make an appointment", "The registered manager is really good, I can speak to her at any time and is very knowledgeable about brain injury" and "The manager is really nice, we get along well." We found the registered manager to be extremely knowledgeable about each person, knowing each person well because they spent time with them and working with staff 'on the floor'. This meant the service people received was led by a registered manager who fully understood their individual needs and preferences.
- People were encouraged and empowered to be fully involved in their care. Everyone was included in the running of the home with regular meetings and opportunity for feedback. For example, the service provided a peer support group. The registered manager said, "Peer support provides a personal level of knowledge by people sharing similar life experiences. These common personal experiences can foster meaningful connections and a deeper sense of understanding and empathy between peers who may otherwise feel misunderstood." One person told us, "I really like it, it gives me a chance to listen to others and talk myself about my circumstances and share thoughts on the service."
- Staff encouraged people to feel valued and have meaningful roles within the day to day running of the home. For example, due to restrictions in accessing the community, one person was encouraged and supported to have an interim vocational role within the service. This was to complete set Health & Safety checks each day alongside staff.
- Staff were very mindful of the different barriers people faced to inclusion. When applicable, staff helped people focus on breaking down barriers and respecting the differences that made each person unique. For example, sexuality, ethnicity or disability.

Working in partnership with others

- The service worked exceptionally well with other health and social care services to ensure people received joined up care. We received universally positive feedback about the service, and all of the professionals we spoke with remarked on the positivity and professional, caring nature of the provider, registered manager and staff which had resulted in the service being able to meet the needs of people with highly complex health needs in difficult circumstances. Comments included, "I have always found the care plans and documentation accurate and up to date. They seem to have a fairly well established leadership structure that I found very responsive," "This cultural ethos shows in terms of the quality of the experience the service users have when they come to Clifton Court and the gains that they make towards their goals and independence while they are here" and "Overall, I am pleased to say that the service provided has been excellent. The rehab was very structured with clear goals identified at the beginning, review progress on a regular basis using an MDT approach, identify any barrier to achieving goals and liaise with appropriate professionals/agencies to address the barriers. They also offered outreach support for one of my clients who was transitioning from Clifton Court to independent living and I must admit this is one of the greatest success stories I have come across in treating people with ABI."