Ariya Neuro Care LLP

Clifton Court

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was unannounced, and took place on 1 September 2017. This was the home's first inspection since it registered with the Care Quality Commission (CQC) in 2016.

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.

Clifton Court is in Rotherham, South Yorkshire, in a quiet area within walking distance of the town centre, with bus and rail links.

At the time of the inspection, the service had a registered manager.. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection people told us that they were very happy with the service they received, and staff we spoke with and observed understood people's needs and preferences extremely well. When we observed care and support taking place, staff demonstrated that they were patient and thoughtful in their interactions with people; they showed a genuine warmth and respect for people.

People told us that staff were kind and approachable, with one person saying: "They are really kind, they've got time for us, I can talk about my issues and progress and they really care." Another said: "I'm involved in everything about my care. I know what's in my records and I discuss it with the staff." They went on to say: "I've got a care plan and goals, the staff help me with my goals and how to meet them."

Staff were creative in their approach to supporting people with activities and enabling them to maintain social and family links. One person told us: "If I change my mind about doing something, the staff are fine with it; they make it clear it's about me and what I feel like." Another said: "I didn't know about a lot of the things they [the staff] have found for me; it's been brilliant."

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which

enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Staff within the home understood the Mental Capacity Act 2005 and the procedures to follow should someone lack the capacity to give consent.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Where people were at risk of malnutrition or dehydration this was monitored by the provider.

There was a comprehensive system in place for auditing the quality of the service provided, and this contributed to continuous improvement.

People were regularly asked for their views about the service, and they told us they felt they were involved in the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Is the service effective?

Good

The service was effective. Staff within the home understood the Mental Capacity Act 2005 and the procedures to follow should someone lack the capacity to give consent.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Where people were at risk of malnutrition or dehydration this was monitored by the provider.

Is the service caring?

Outstanding ☆

The service was extremely caring. We found that staff spoke to people with warmth and respect, and took time to ensure people understood their care options and how staff could support them.

People's independence was promoted and underpinned the way that staff worked.

Staff exhibited a genuine empathy and concern for people's wellbeing. The provider had recently appointed a staff member who was a person with an acquired brain injury, to further develop the sense of empathy and understanding that staff displayed for people using the service.

Is the service responsive?

Outstanding ☆

The service was extremely responsive. There were arrangements in place to regularly review people's needs and preferences, so

that their care could be appropriately tailored.

Staff were creative in their approach to supporting people with activities, and maintaining social and family links.

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to.

Is the service well-led?

Good

The service was well led. There was a comprehensive system in place for auditing the quality of the service provided, and this contributed to continuous improvement.

People were regularly asked for their views about the service, and they told us they felt they were involved in the running of the home.

Clifton Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection took place on 1 September 2017, and was carried out by an adult social care inspector.

During the inspection we spoke with five staff, the registered manager and all six people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records, surveys of people using the service and their relatives, staff records and records of quality and monitoring audits. We also checked the personal records of four people who were using the service at the time of the inspection.

We observed care taking place in the home, and observed staff undertaking various activities, including supporting people to make decisions about day to day activities and discussing future plans. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

Good

Is the service safe?

Our findings

We spoke with people using the service about whether they felt safe at the home. One told us that Clifton Court was "totally safe, completely." Everyone we spoke with told us they felt safe using the service. We asked them if they knew who to speak with if they felt unsafe, and they told us they would speak with staff and the senior management team. One person said to us: "I can talk to the managers any time, if they're not here I can ring them."

Every staff member at the home had received training in the safeguarding of vulnerable adults. There was information available throughout the home to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse. This included discussing safeguarding and abuse in team meetings and staff supervision sessions.

We checked four people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained risk assessments which were highly detailed, and set out all the steps staff should take to ensure people's safety. Risk assessments were personalised, ensuring that they considered and made reference to each person's individual support needs in relation to managing risks. Staff we spoke with were very familiar with people's risk management strategies, and we observed staff putting these strategies into action.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the registered manager carried out a regular audit of the service, and part of this audit included checking safeguarding, accidents and incidents. We checked records of accidents and incidents. We found that these records were completed promptly and in detail. Where any follow up action was required, we saw that it had been undertaken. We cross checked this with information submitted to the Commission by the provider, and saw that all notifiable incidents had been alerted to CQC, as required by law.

The provider had a robust recruitment procedure which was designed to ensure people's safety by carrying out appropriate background checks, including references and a Disclosure and Barring Service (DBS) check prior to staff beginning work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We spoke with one staff member about the arrangements in place for managing medicines, and found they had a good understanding of the systems in place and their responsibilities. We observed part of a medication round taking place. We saw that staff followed safe

systems of administration, ensuring medication was double checked before it was administered, and ensuring that administration was accurately recorded.

The service had appropriate arrangements in place for fire safety. Records showed that fire drills had taken place in the month preceding the inspection, and on a regular basis prior to that. Each person's care plan we checked contained a Personal Emergency Evacuation Plan (PEEP) setting out the support people would need in the event that an evacuation of the building was required. We checked servicing records and saw that the home arranged for equipment servicing, including fire safety equipment, at appropriate intervals.

Good

Is the service effective?

Our findings

We asked two people using the service about their experience of food at Clifton Court. They both told us they enjoyed the food, with one saying: "Staff help me, we decide what I'm going to have together, they help me think about what I can have." Another showed us the cooking facilities in their flat, saying: "I can eat in here or in the main kitchen, it's up to me, we all do what we want."

We checked four people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, with information about each person's likes and dislikes, and any food allergies or intolerances as well as information about nutrition-related health conditions. Where assessments concluded it was necessary, people's nutrition and hydration was monitored and appropriate programmes were in place to promote good nutrition.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's files showed that the provider had undertaken assessments of people's mental capacity and, where necessary, made appropriate applications to deprive people of their liberty, in accordance with the safeguards provided under the MCA. There was documented evidence of best interest decision making where people lacked capacity. We noted that where people did have capacity to consent to their care and treatment, there was not always documented evidence of this. However, people told us that they had given explicit consent and understood their rights. We discussed this with the registered manager during the inspection, who acknowledged this work was required and described that it would be addressed promptly.

We checked records of staff training and found that the training programme was comprehensive, and enabled staff to undertake training in specialist areas. The provider's training records showed that staff had received training in topics such as positive behaviour support training, diabetes, epilepsy and continence awareness. This enabled them to better understand the needs of people using the service, in addition to training that the provider's policies stated were mandatory. We asked two members of staff about the available training and they confirmed that they received training that they described as supporting them in their work. In the provider's most recent survey of staff, the respondents had commented positively about the training, with one saying: "Continuous training helps keep things refreshed and up to date."

Staff told us that they received regular supervision, which they said assisted them in supporting people and developing their skills. They told us they found this system helped them to be more effective in their role. We cross checked what staff told us with records of supervision and appraisal, and found that staff received

regular supervision, and that appraisal took place annually.

Outstanding ☆

Is the service caring?

Our findings

We asked all six people using the service about their experience of the care and support they received. Their responses were all overwhelmingly positive. One person told us they had previously been living at another home and said: "I was waiting to die while I was there, it was awful. This place is just amazing, it's incredible to think there are places like this. The staff can't do enough for you and everything is perfect. They are helping me so much and I finally feel like I'm seeing progress." Another said: "It's great here, we all get on, the staff are great, I have a really good time. Sometimes it's difficult for me to do things and the staff help me." One person told us: "My head was like a mixing bowl when I came here, they've helped me sort my thoughts out."

We asked people to what extent they felt they could make decisions about their care. One person said: "We told them [the staff] we wanted a night out, and it's happening tonight." Another told us: "I'm involved in everything about my care. I know what's in my records and I discuss it with the staff." They went on to say: "I've got a care plan and goals, the staff help me with my goals and how to meet them." People told us that staff were kind and approachable, with one person saying: "They are really kind, they've got time for us, I can talk about my issues and progress and they really care."

We observed staff's interaction with people as they went about the home, as well as when undertaking specific care tasks. Staff consistently interacted with people with warmth and kindness. There was a friendly and affectionate relationship between people using the service and staff. Staff we spoke with knew people's needs extremely well, and could describe their goals and ambitions as well as their life histories. This underpinned the respect and consideration that staff showed for people when interacting with them, with staff exhibiting a genuine empathy and concern for people's wellbeing. The provider had recently appointed a staff member who was a person with an acquired brain injury, to further develop the sense of empathy and understanding that staff displayed for people using the service.

We watched a group meeting take place, facilitated by staff, to plan a project that people using the service were participating in. The staff facilitating the meeting were skilful in ensuring that people's voices were heard, and ensured that people's views and opinions were taken into consideration and adopted into the project plans. For example, people made a decision about what to call the project they were working on; staff enabled everyone to contribute, making sure that no one's views were missed and that the agreement was reached collaboratively. People told us that this approach was how staff always treated them, and said they always felt listened to.

When we observed staff providing support to people, we saw that they were using the techniques and approaches described in people's care plans. For example, one person's care plan included steps for staff to take which enabled the person to better interact with other people and manage inappropriate behaviours. Staff we observed used these techniques throughout the inspection. This meant that people were receiving support in the way they had been assessed as requiring, which promoted their wellbeing and support them in their rehabilitation and in meeting their therapeutic goals.

Staff ensured that the atmosphere within the service was positive and collaborative, where people using the service were the focus of all activities and tasks undertaken. Each activity undertaken and decision that was made during the inspection was carried out by staff referring to people using the service for their input and opinions. For example, when decisions were being made about how one person we observed wished to structure their day, staff helped them to decide in accordance with their preferences, and recognise what their priorities were for the day. We observed that staff were highly skilful in teasing out people's choices when helping them make decisions and understanding their options.

We spoke with staff and the registered manager about this. They told us that a person-centred approach, where people's needs, opinions and preferences were paramount, underpinned how they worked. This was confirmed by our observations throughout the inspection.

We looked at the responses provided in the most recent survey of people using the service and their relatives, which had taken place earlier that year. All the responses were positive, with people praising the service and their experience of it. One relative stated: "It just feels like such a positive place all the time." Another described the service as having a "happy atmosphere." We saw that various external healthcare professionals had contacted the service to commend them for their care. One wrote: "[The person] has had a battle over the last few years as I've struggled to source them such an appropriate placement as Clifton Court." Another said: "To see [the person] with a fulfilling, productive and balanced week and people around them who genuinely care for their wellbeing and progress is wonderful."

We checked four people's care plans, and saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people's care plans and risk assessments. One person told us about their care plan. They told us what it contained, and why they had a care plan. They told us that staff helped them understand the contents, and that they had helped to put it together. They said that they discussed their goals every day with staff, discussing what went well that day, and what didn't go well. They told us this was recorded in their care plan, and explained that this helped them see their progress.

Outstanding ☆

Is the service responsive?

Our findings

Each person we spoke with told us they had a good understanding of their care plan, and gave us examples of how they, and people that were important to them, had contributed to it. There was a system of daily reflection in place, where each person took time each day with staff to consider how their day had felt, what achievements they had made and ways in which they had worked towards their goals. This then fed into people's care plans, meaning that each care plan was a dynamic and flexible plan that met people's expressed needs. Care plans had been completed to a very high level of detail, setting out exactly how people should be supported to enable them to continue their rehabilitation in a safe manner that met their needs.

Activities were plentiful at the service, both within the home and in the wider community. They were provided flexibly and in accordance with people's preferences. One person told us: "We've been growing vegetables in the garden, it's good to be out there." They also told us about craft activities that had taken place recently, which they told us they enjoyed.

People using the service were being supported by staff to enter a short film competition, which aimed to inform viewers about the experience of having an acquired brain injury. People had written poems which were going to form part of the film, and they were being supported to attend a local "open mike" event which they would also film. We observed a planning group where people contributed their ideas about the film, which resulted in further activities taking place that day based on the ideas people had discussed. Staff responded flexibly and in a person-centred way when assisting people to undertake these activities.

One person told us that staff supported them to participate in sporting activities, and told us they had developed new skills while at Clifton Court in relation to cooking, which they had gained through staff support and guidance, as well as attendance at a local cooking group. Staff were creative in identifying social opportunities and activities for people. One person told us: "If I change my mind about doing something, the staff are fine with it; they make it clear it's about me and what I feel like." Another said: "I didn't know about a lot of the things they [the staff] have found for me; it's been brilliant."

The service had excellent links with the local community, which enabled people to maintain important relationships, contributing to their rehabilitation and assisting in meeting people's goals of further independence. Community facilities were used by people daily; one person described how they used a local gym, and another was using the facilities of a cooking class that was running in the area. The service provided an information leaflet for people's families, who in some cases would not know the local area, which advised about hotels, leisure facilities and restaurants in the area, encouraging visiting relatives to ask staff for guidance and recommendations. This contributed to people maintaining social and family links by providing support to people's families and friends as well as the people using the service.

The service employed in-house therapy staff, including occupational therapy and physiotherapy, to support people in their rehabilitation. Additionally, staff made appropriate referrals to external healthcare professionals according to people's needs. Records we checked showed that referrals were made in a timely

manner, and where guidance or instruction was given by external professionals this was incorporated into people's care plans.

We looked at how care was reviewed, and saw that a range of tools were in place. Each care plan was reviewed on a monthly basis, or more frequently where required. Reports of people's progress in relation to their rehabilitation goals were developed which contributed to each review. This meant that staff could assess how people were progressing and what support was required. For example, one person had a goal in relation to a socially inappropriate behaviour they exhibited. This was monitored by staff on a daily basis, with the person's involvement, and this was developed into a monthly measuring tool. This meant that both staff and the person concerned could assess their progress and adapt their care plan accordingly.

There was information about how to make complaints available in the communal area of the home, and a central register of complaints was maintained. We looked at this and saw that the service had received a very small number of complaints. These were investigated by the provider and each complainant received a response within the provider's published timescales.

Good

Is the service well-led?

Our findings

The service had a registered manager, as required by a condition of its registration. Staff we spoke with told us they found the manager to be accessible and supportive. The registered manager was supported by a deputy manager and a team of senior staff. We asked people using the service about their experience of the management team. They told us they felt they knew the managers well. One person said: "They are always available, if they're not here we can ring them any time. No problem." Without exception, everyone we asked spoke positively about the leadership of the home, and praised how well run it was. The management team exhibited values which were empathetic, holistic and responsive, ensuring that people using the service were at the centre of decision making and the day to day life of the service. The registered manager was a representative on the East Midlands Acquired Brain Injury Forum and an ethos of continuous knowledge development was evident amongst the staff team and the leadership.

We talked with staff about the arrangements for supervision and appraisal. They told us that they received regular supervision. One staff member we spoke with said that supervision was useful as it allowed them to reflect on their role and think about ways to support people better. The deputy manager told us that an annual appraisal system was in place, and again, records we checked showed that all staff received appraisal.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the input they could have into suggesting improvements and helping the service to develop. One staff member had only been in post a very short time on the day of the inspection, but nevertheless had a good oversight of the service, its governance and operations. They told us that they had received a thorough induction, including receiving reading materials prior to commencing work, which helped prepare them for their role.

Staff were confident to raise any concerns about people's care. For example, reporting accidents, incidents and safeguarding concerns. Relevant policies and procedures were in place for staff to follow in these events. They included a whistle blowing procedure if serious concerns about people's care needed to be reported to relevant outside bodies to protect people from harm or abuse. This showed the provider and the registered manager promoted an open and transparent culture.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the registered manager, looking at all aspects of the home, including the quality of care records, the premises, catering and infection control arrangements. The provider used the Care Quality Commission's five domains of safe; effective; caring; responsive; and well led to develop an internal assessment of quality and benchmarking. The audit formed an action plan, which we saw was detailed and included completion dates. This was then revisited at the next audit to ensure continuous improvement. In addition to this overarching audit, other regular audits of specific aspects of the service were undertaken; for example, of medication and the quality of records. Again, these included action plans which were followed up at the subsequent audits to ensure that improvements were made.

The provider had a system in place for formally seeking feedback from people using the service and their relatives. We found that the provider had summarised the findings to give an overall picture of people's views of the service. The registered manager, and a senior staff member we spoke with, were knowledgeable about this process and the findings.

We checked notifications made by the provider to CQC, as legally required, and cross checked this with records within the service of accidents, incidents and safeguarding. We found that the provider had made appropriate notifications to CQC for each notifiable incident.