

Crosscrown Limited

Clifton Court Nursing Home

Inspection report

Lilbourne Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Clifton Court Nursing Home provides accommodation, nursing and personal care for up to 41 older people, who may live with dementia. Thirty nine people were living at the home at the time of our inspection visit on 1 May 2018. Clifton Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection, the service was rated 'Good' in all areas. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Clifton Court Nursing Home' on our website at www.cqc.org.uk.

At this inspection we visited the service following some concerning intelligence which related to moving and handling practices at the home and the safe support of people. We conducted a focussed inspection in the areas of Safe and Well-led, to look at the concerns and how people's safety was maintained. At this focussed inspection we found the service remained 'Good' in Safe and Well-led, and the service continues to be rated 'Good' in all areas.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of harm, because staff understood their responsibilities to protect people from harm and to share any concerns with the registered manager or the provider. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough suitably skilled staff to support people safely and effectively.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. Medicines were stored safely, and improvements were being made to medicines management to ensure people always received their medicines when they needed them. The provider and registered manager regularly checked the premises and equipment were safe for people to use. Staff were guided and supported in their practice by a registered manager they liked and respected.

Care was planned to meet people's individual needs, abilities and preferences. Care plans were regularly reviewed and updated when people's needs changed. People and their relatives were encouraged to share their opinions about the quality of the service, through surveys and meetings.

The provider's quality monitoring system included regular reviews of people's care plans and checks on medicines management and staff's practice. Accidents, incidents, falls and complaints were investigated

and actions taken to minimise the risks of a re-occurrence.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Clifton Court Nursing Home

Detailed findings

Background to this inspection

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

We undertook a focused inspection of Clifton Court Nursing Home on 1 May 2018. This inspection was planned to look at concerns that had been raised with us. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?' The inspection was conducted by one inspector, a specialist advisor and an Assistant Inspector. Our specialist advisor was an occupational therapist.

Before our inspection we reviewed the information we held about the service. We reviewed the information we received from visiting health professionals, family members, and people who used the service. We also looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with six people who lived at the home and one person's relative. We also observed the care people received from staff in the communal areas of the home. We spoke with six care staff, the activities co-ordinator, two nurses, the registered manager, the deputy manager and the provider.

Many of the people living at the home were not able to tell us about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed five people's care plans and the daily records or medicines records for an additional five people, to see how their care and treatment was planned and delivered. We reviewed management records

of the checks the registered manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be 'Good'.

Everyone we spoke with told us they felt safe at the home and said they trusted the staff. One person said, "When staff support me in the shower I feel safe." Another person told us, "The majority of staff are very helpful. Overall I am happy here."

Staff understood the provider's safeguarding and whistleblowing policies and procedures for keeping people safe. Staff told us they would not hesitate to share any concerns with the registered manager or other senior staff members. The registered manager understood the requirement to notify us of any safeguarding referrals and shared information with us when safeguarding investigations were concluded. The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

We looked specifically at how the provider ensured equipment was used correctly, and was maintained, to ensure people were supported safely. The provider completed regular checks and audits to ensure equipment such as hoists, walking frames and mobility slings were in good working order. The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment.

Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. People had personal evacuation plans in place to instruct staff if there were individual requirements around people's mobility, to ensure they were evacuated safely.

People and their relatives were involved in identifying their needs and agreeing the level of care and support they needed. People's care plans included risk assessments which related to their individual and diverse needs and abilities. For example, where people lacked the ability to mobilise independently care plans explained the equipment and the number of staff needed to assist the person, and the actions staff should take to minimise risks to people's health and wellbeing.

Whilst we found risk assessments and care plans could have been more detailed in the information provided to staff, staff had been trained to use equipment to support people to mobilise safely. We saw staff using their skills, experience and the appropriate equipment to move people safely. For example, staff used the correct type of hoist, sling and wheelchair to assist one person. The person was reassured by staff about how their move would be completed, and staff used the correct manual handling techniques to do so safely.

The registered manager had systems in place to monitor accidents, incidents and concerns at the home. This included a database of when people had falls, and this information was analysed to see if future accidents could be prevented. We saw that to reduce the risk of falls to people at Clifton Court, the provider used a range of equipment such as sensor mats, and lowered beds. The registered manager also reviewed

people's needs after a fall or accident, which included observations and checking their environment to evaluate how to reduce further risks of falls.

Where people required two staff members to assist them to move around safely, we saw there were always two members of staff available to support them, in accordance with their risk assessment and care plans. Staff also acted quickly when people were at risk of harm, to prevent accidents or injuries from occurring. For example, when the emergency call bell system sounded staff immediately responded to the appropriate location of the call, to ensure people were supported straight away. We also saw staff act quickly when one person leaned forward, to prevent them from slipping from their chair.

The staff had good relationships with people who lived at the home, and used recognised techniques to support people living with confusion and dementia. Some people displayed behaviours that might be challenging to staff and people around them. We saw how staff managed this type of behaviour by using distraction techniques and the information they knew about the person, to focus their attention on happier times or on activities they enjoyed. One staff member explained the technique they used, saying, "You have to step into their world. [Name] doesn't like to wash. We know that but she does like school we when we are washing her we role play about going to school and then she is happy to wash."

We found the home was clean and well maintained. Infection control procedures were in place to prevent the spread of infection. There were regular cleaning schedules in place at the home, and enough housekeeping staff, to keep communal areas and people's rooms clean. The registered manager checked on the cleanliness of the home through regular daily walk rounds, and also monthly auditing procedures. Nursing staff adhered to current infection control guidelines to prevent the spread of infectious diseases.

People and staff told us, and we saw, there were enough staff when they needed support and staff responded promptly when people called or rang for assistance. The registered manager analysed people's abilities and dependencies to ensure there were enough staff on duty to meet people's needs. Staff told us they were always busy, but said there were enough staff, which minimised risks to people's safety.

People told us they received their medicines when they needed them. Medicines were managed and administered by qualified nursing staff, or trained care staff. The nurses used individual medication administration records (MAR) to record when medicines were administered. They understood the importance of administering time critical medicines at the right time, such as medicines that need to be given in the morning, before food, or at night.

Care staff applied some topical creams to people's skin, and recorded these when they administered them on a chart in the person's room. Where people required creams that were medicated, such as steroid or pain relief gels, these were administered and applied by trained nurses. We saw one person who did not have a chart in place for the administration of one such medicated gel, when we brought this to the attention of the nursing team they responded by rectifying the paperwork. They explained this was an oversight. When we raised this with the registered manager they showed us a recent audit which had been undertaken by pharmacist; the provider had recognised this as an area where improvements could be made. Where actions for improvement had been identified, these were being implemented. This included checks on paperwork and the appointment of a lead nurse to be in charge of medicines management procedures at the home, to ensure such omissions were not made in the future.

Where people required medicines to be given to them 'as required' there were plans in place which instructed nurses on when medicines might be needed for some people. Where people could make decisions for themselves, or were able to express when they wanted their medicines, such plans were not

required. One nurse told us, "When people are in pain, almost everyone can tell us. We always use our clinical judgement to assess someone's level of pain, and monitor people's facial expressions and body language to make a clinical decision." They added, "All care staff and nurses are regular. We don't use agency staff, which means we know people well."

Medicines were stored safely and in accordance with the manufacturers' guidance. The provider had recently installed air conditioning in the medicines store room to maintain a consistently safe temperature, which was 18 degrees centigrade when we visited.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be 'Good'.

There was an experienced registered manager at the home. They understood their legal responsibilities and sent us statutory notifications about important events at the home. The rating from our previous inspection was displayed in reception and on the provider's website. The registered manager was supported by a deputy manager and a team of registered nurses.

Staff told us they trusted and felt supported by the registered manager because their office door was 'always open' and they could raise any concerns, and had meetings when they needed them. One staff member said, "The team work here is excellent. You can go to anyone [senior staff member] and they will help you." Another staff member said, "I have the best boss in the world. She really understands and really wants to help you."

Staff were supported to progress their career by undertaking regular refresher training on areas such as safeguarding and manual handling, and nurses were offered training in specialist areas such as maintaining skin integrity and catheter care. Staff were also offered support to study for nationally recognised qualifications in health and social care.

The registered manager and staff shared the provider's values to put people at the heart of the service. People told us they trusted staff and would not hesitate to share any concern with them.

People, relatives and health professionals were invited to take part in annual surveys to make their views of the service known. The provider shared the results of people's feedback in the reception area of the home. People and relatives were also invited to attend meetings to talk about how the home was run and any suggestions or plans for improvements. The registered manager listened and responded to suggestions, for example, discussing plans for the refurbishments to the premises, the expansion of services, and the actions they would take to minimise disruption to people's daily lives during the work.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. Where audits were conducted, and improvements identified, the registered manager acted to continuously improve the service people received. For example, following a recent local authority inspection in January 2018, they had put in place a safeguarding log and log of complaint information to ensure these were monitored and investigated according to the local authorities guidance.

The registered manager spent time working with staff and observing staff's practice to make sure people received good quality care. The registered manager was also the provider's area manager, which enabled them to monitor the quality of services across the group of homes and to share good practice.

Improvements that were planned at the home included ensuring medicines which needed to be given with a specific time gap between each dose were recorded at the time they were given, to ensure people did not receive too much medicine. The registered manager also planned improvements in auditing techniques and record keeping.

There were plans in place to introduce a 'lead' area for nursing duties at the home. The registered manager explained this was to share the leadership arrangements between the nursing staff equally, and to provide staff with a 'go to' person they could gain advice from. For example, there was to be a lead nurse for medicines, another for mental health. Lead nurses worked alongside the deputy manager at the home to provide clinical guidance and support.