Grey Ladies Limited

Cliftonville Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

At the last inspection in October 2013, we found there were no breaches in the legal requirements for the areas we looked at.

Cliftonville Residential Home provides residential care for up to 20 older people most of whom have dementia. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions about something, best interest meetings were held.

People's health care needs were assessed, and care was planned and delivered in a consistent way. We looked at eight people's care records and found that the information and guidance provided to care staff was detailed and clear. During our observations throughout the day we saw that care staff clearly knew how to support people in a way that the person wanted to be supported. People at nutritional risk were supported to have a sufficient quantity to eat and drink.

Care staff respected people's privacy and dignity, for example by knocking on the person's door, asking for permission before providing any personal care to people and using curtains or privacy screens.

Other records we looked at evidenced that people were supported to complain or raise any concerns if they needed to. The complaints procedure was available to people in a format that they could use.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff started work in the home after all recruitment checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed.

We found that the provider assessed the quality of service that it provided and involved the people who lived there where possible, their families, social workers, health care professionals and others.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff demonstrated they were aware of the risks posed to people's health and wellbeing and they understood what they needed to do to keep people safe.

Staff understood the systems in place to ensure the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed. People could be assured that important decisions about their health and wellbeing would be made in their best interest if they did not have the ability to make decisions for themselves.

Effective systems were in place to ensure that medicines were managed safely. People received their medicines in accordance with the prescriber's advice.

Good

Is the service effective?
The service was effective.

Staff told us that people and their relatives were involved in the assessment, planning and review of care. Some of the relatives we spoke with confirmed this.

Each person had a plan of care in place that outlined their care needs and preferences. Staff were able to tell us about people's individual needs in accordance with individual care plans.

Arrangements were in place to request heath, social and medical support when needed. People were able to access doctors, chiropodists and specialist nurses when required.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care and support they received. We saw that care was provided in a manner that reflected people's individual needs and preferences.

People confirmed that care was provided with kindness and compassion and that they were treated with dignity and respect.

Information about people's care needs and preferences was transferred to other professionals if they needed to receive care from them.

Good

Is the service responsive?
The service was responsive.

People living with dementia were offered choices about their day to day care. Where choices were offered, staff respected the decisions that people made.

We saw that systems were in place to seek the views of people and their families about the care provided in the home and that feedback gained was used to make improvements to the quality of care.

Good

Summary of findings

Systems were in place so that people were able to raise any concerns about the service. People and their relatives felt confident they would be listened to and supported to resolve any concerns.

Is the service well-led?

Good

The service was well led.

There was a positive culture within the home. Staff told us they felt well supported and were happy with the management of the home.

Systems were in place that ensured the numbers and skills of the staff on duty enabled people's preferences and care needs to be met. The registered manager assessed and monitored the skills and abilities of the care staff to ensure that people were cared for safely and effectively.

Incidents and risks were monitored so that care was safe and effective. Systems were in place to assess and monitor the quality of the care provided so that improvements could be made.

Cliftonville Residential Home

Detailed findings

Background to this inspection

This unannounced inspection was conducted by an inspector of the Care Quality Commission and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert had experience in caring for someone with dementia.

Before 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. We reviewed historical data that we held about safeguarding and other incidents happening in the service that the provider is required to tell us about. We contacted the local authority and reviewed the information we asked the provider to send to us.

During the visit, we spoke with six people living at the home, two relatives, five care staff, two ancillary staff and the registered manager. Not everyone who used the service was able to communicate verbally with us. We therefore spent some time observing how staff delivered care to people, reviewed people's care plans and other relevant information to help us understand people's care and support needs.

We looked around the premises and observed care practices throughout the day. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at records related to people's individual care and to the running of the home, including service user quality assurance survey questionnaire, staff recruitment and supervision records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe in the home. One person said, "I never worry about anything, the staff are all so kind and look after me, I feel very safe here." Another person told us, "I do feel very safe here."

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. " One visitor said: "I have no concerns about my relative being here, I know they are well looked after." Staff told us they knew it was part of their role to keep people safe so would not hesitate to make sure this happened.

Systems were in place that ensured any concerns about a person's safety were appropriately identified and reported. All the staff we spoke with told us how they would recognise and report abuse. The staff told us and training records confirmed that staff received training that ensured they understood the systems in place to report safety concerns. We saw examples of referrals that staff had made to the local safeguarding authority. This demonstrated that the staff understood how to identify and report potential abuse.

We saw that people's risks were assessed on admission to the home and that this included assessments of the risks to people's physical and mental health. Identified risks had been assessed for people and management plans developed to minimise these and protect people from harm. Some improvements were however needed because we saw that people's risks assessments were not always up to date. This did not impact upon the delivery of people's care and the records were still reflective of people's current needs. Care staff were able to tell us how they managed people's current risks and they demonstrated through their actions that they knew how to keep people safe.

Some people who used the service displayed behaviours that were challenging to manage. Plans in place to manage these behaviours did not always contain the information required to provide staff with guidance to use. However, staff told us how they managed people's behaviours using information that was relevant to each individual which meant people in the home, staff and visitors were not at risk.

People's rights to make important decisions about their care were protected because the registered manager and staff responsible for care planning, understood the legal requirements that were in place that ensured this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements and we saw that staff had received training in relation to these areas.

The registered manager was able to give examples of when they had applied these principles to protect people's rights. For example, one person using the service had undergone a mental capacity assessment and the details of this were recorded within the care records for all staff to see. A member of staff was able to explain the importance of this decision for the person concerned and demonstrated through their conversation with us that they understood the importance of the MCA process. Other staff we spoke with had a good understanding of how to offer people choices and the need to involve personal and professional representatives if a person was unable to make a decision for themselves. At the time of the inspection the home was working with the local authority to make sure people's legal rights were protected.

Accidents and incidents were reported by staff and a system was in place to monitor any patterns and trends in relation to these. The registered manager was monitoring these incidents so they could take remedial or preventative action when required. This contributed to keeping people safe.

Individual evacuation plans were in place for people using the service and there were also plans in place to deal with any foreseeable emergencies which may affect the running of the service. These were in place to ensure people's safety.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff started work in the home after all recruitment checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been completed. One said, "I know this is a good thing, it helps to make us all safe."

We saw that systems were in place that ensured the staffing numbers and skill mix were sufficient to keep people safe. Staff told us that staffing numbers enabled them to meet people's individual needs. The registered manager told us

Good

Is the service safe?

that staffing numbers were flexible to enable people to attend appointments outside of the home if required. Staff told us and the staff rotas demonstrated that staffing numbers were flexible.

Staffing levels were assessed according to the dependency levels of people who used the service. We saw that where two members of staff were required to attend people's needs, that the numbers of staffing allowed this to happen and staff responded in a timely manner to people's requests. Although some staff felt that the numbers of staff should be increased at weekends, the feeling amongst the staff group was that all shifts were adequately covered and that there was sufficient staff to meet people's needs safely.

We found that there was sufficient staff to care and support people according to their needs. People told us that they did not have concerns about staffing levels. One person said, "I know I can get someone to help me if I need them." Another told us, "They all work hard, I see them moving about but they always have time for me."

As part of our planning for this inspection we identified that medicines management was a possible risk factor within the service and reviewed this area during our inspection. We found that effective systems were in place which ensured people were protected from the risks associated with medicines. We looked at how medicines were managed in the home. Medicines that required specific cold storage were stored in refrigerators and the temperatures were monitored properly. The medication trolley was stored appropriately inside a locked room. We found that medicines were being stored securely.

Our review of the medication administration records showed that tablets were given as prescribed and that people received their medication at the prescribed time. Any discrepancies were detailed on the reverse of the medication administration record. The registered manager and senior staff carried out a visual check of the medicines on a daily basis to ensure that stocks remained correct. During our conversations with the registered manager, they acknowledged that improvements were needed in respect of the monitoring systems in place to ensure that any problems with the administration of the tablets and capsules were identified quickly.

Good

Is the service effective?

Our findings

The people we spoke with told us that they felt that staff had the right level of skills and knowledge to provide them with good care. One person said, "I am never worried because I know that they know what to do." Another person said, "I am in safe hands." A relative told us, "They always know what they are doing. They use the right equipment."

One staff member said, "I did my training and then spent time shadowing an experienced carer before I started to work on my own. I did have previous care experience before but it helped me to get to know the residents." We spoke with other staff members who confirmed this and told us that there was an effective induction system in place that ensured new staff were competent to work unsupervised.

There was a rolling programme of training available, including safeguarding people and moving and handling. Supplementary training was also offered to staff in subject areas relevant to their roles and responsibilities. This included medication and dementia and meant that staff had the correct knowledge to provide effective care to the people who lived at Cliftonville Residential Home. Some staff told us they were also supported to complete national vocational qualifications in health and social care which they thought helped them to provide good quality care and support. All the staff told us and we saw evidence that regular and on-going training was completed.

Staff received regular informal supervision which included observations of their practice. Staff told us that they had the full support of the registered manager and could discuss anything that concerned them, even if they did not have a supervision session scheduled. We saw that the registered manager assessed and monitored the staff's skills and abilities and took action to address issues when required.

People's health was monitored on an on-going basis and we found that changes to treatment were communicated to staff and documented in care plans when needed. Health professionals were involved in people's care and the service liaised with them as appropriate, for example district nursing staff and GP's. The registered manager told us about one person who had been referred to the district nursing team because of wound care needs. Another person had not been well and we saw that the relevant healthcare professional had been contacted to come and review them. One person told us, "I always get to see my doctor if I need to."

Assessment and monitoring tools were used by care staff to identify changes in people's health and wellbeing. For example we saw that people were weighed regularly; and staff were able to explain the action they needed to take if a person's weight had decreased. Where people had specific healthcare needs, staff were aware of the level of support people needed, for example in relation to nutritional intake or specific dietary requirements.

People told us they enjoyed the food on offer within the home and said that they had a lot of choice. One person said, "I like the food, it is very nice." Another told us, "I always get what I want." People had access to food and drink during the day and night and received support from staff when required.

We completed some observations over lunch time and found there was a positive atmosphere between staff and people during meal times and staff allowed people to eat at a pace that was appropriate for them. Staff ensured that people liked their meals and whether they had enough to eat. Drinks were accessible for people to help themselves and for those who could not, we saw that staff supported them in a timely manner.

We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, we saw that professional advice was sought when people had lost weight or their mobility had changed. The care staff gave us examples of how they used the advice given by professionals to meet people's health and wellbeing needs. Health professionals told us that the care provided at Cliftonville Residential Home met people's needs and that staff were quick to react when additional support was required. This demonstrated that care staff ensured people had appropriate access to health, social and medical support.

There were systems in place that provided other professionals with the information required to meet people's needs in the event that care or treatment needed to be given by staff from another service. Staff told us that when necessary they shared information about medication administered to people and verbally handed over

Good

Is the service effective?

information to health professionals with their consent when appropriate. This meant there was a plan in place to share information with other professionals and providers for the benefit of people when required.

Good

Is the service caring?

Our findings

People and their families told us they were happy with the care and support provided. We observed that care staff spent a lot of time interacting with people. They spoke with people by name, got down to their level and gave good eye contact when communicating. They also took time to ensure that people understood what was happening. We saw staff giving people reassuring touches and hugs where appropriate showing that they were aware of people's emotional needs. One person said, “They know what they are doing and I get well looked after.” Another person said, “They come and say can I wait for a few minutes while they are busy with someone and I know that they will come back.”

We saw that people were supported with care and compassion. For example we observed one person living with dementia being comforted by staff when they became upset. We saw the staff respond to the person in a kind, calming and reassuring manner.

People and their relatives told us they were treated with dignity and respect. One person told us, “They always knock on my door before they come in.” During our inspection we observed care staff respecting people’s choices and we saw that people were supported in a manner that promoted and protected their dignity. For example, care staff discreetly assisted people to meet their personal care needs.

Staff told us they involved people and their relatives in planning and reviewing their care. None of the people who used the service that we spoke with were able to confirm this, but some relatives we spoke with told us they had been involved in making decisions about their family member’s care. One person’s records showed us that a best interest meeting had been held and the records detailed that the person had been represented appropriately and their thoughts had been recorded. This indicated that systems were in place to identify the support people required to make important decisions about their care.

We saw that people who used the service were given the opportunity and were supported to express their views about their care. Although formal meetings were not held on a regular basis, we established through our conversations with people and relatives, that feedback was given to the registered manager and care staff so that the service could be improved.

Staff demonstrated that they had the knowledge to provide personalised care in accordance with people’s preferences. Staff told us about people’s likes and dislikes. For example one staff member told us about one person’s food preferences in detail and showed through their discussion that they really knew this person.

We found there were policies in place at the service to guide staff on treating people who used the service with respect. Staff understood how to use these policies for the benefit of people and could explain the importance of using these in their approach to supporting the people who lived at Cliftonville Residential Home. For example, one staff member told us, “I believe that we should all be treated with respect and dignity. If I cannot give that to people then I am in the wrong job.” It was evident in the interactions we observed between staff and people using the service that staff were aware of the need to respect people and protect their dignity.

During our inspection we saw that both people using the service and staff came to the registered manager to ask for help and advice. People were listened to and the registered manager demonstrated that they treated people with respect and understood their individual needs and preferences.

Good

Is the service responsive?

Our findings

During our inspection we saw a positive approach from staff in respect to involving people in making choices about their day to day care and support. We saw that where choices were offered, decisions were respected and consent was gained before care and support was given. For example, we saw that people living with dementia were offered choices about their food and drink through visual choices. We also saw a staff member showing someone an item of clothing, before they supported them to wear it. This meant staff understood their role in involving people in making choices and decisions about their day to day care and support.

Before admission to the home, people's needs were assessed to ensure that the home was suitable and staff could meet their needs. On admission to the home care plans were developed that were personal to each individual. These plans outlined the likes, dislikes and preferences of each person and the staff we spoke with were aware of each individual's preferences. We also saw that some people had a completed a 'This is my life' document in their care records that contained information about their life experiences. Staff demonstrated that they were aware of and understood people's current needs. For example, one person's records indicated that they required regular pain control and we observed staff making sure that the person was not in pain through the day.

People were able to maintain their relationships with their family and friends. People told us they could see or speak to their families and friends at any time and relatives confirmed this. We saw relatives visiting people throughout our inspection. This included meal times where we saw relatives encouraging and supporting their family members to eat and drink because they wanted to be involved.

Throughout our inspection we observed that staff spent time talking with people and were responsive to their needs and requests. Staff sat and engaged with people at a level they could understand and which ensured that care was person centred. Conversations were free flowing and about subjects of importance to people. For example we heard one carer talking about what was in the newspaper with one person who had commented on it and we saw that the person was pleased that the member of staff was talking to them. Another person wanted to go to their room to lay on their bed, staff accompanied them and made sure they were comfortable and had everything they needed. This person said, "Staff all work together and help us when we need it. It's great, really very good."

People we spoke with were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about.

The complaints log showed that complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to improve the service. For example, we found that staff were reminded of people's specific needs at staff meetings and the feedback suggested this had improved matters for the people. A relative told us, "There is never any need to worry, I know that things will get sorted."

Good

Is the service well-led?

Our findings

There was a clear management structure at the home and people and their relatives told us they knew who the management team and senior staff were. One person said, “The manager is always about in the home, they come and see us every morning.” A relative told us, “The manager is very hands on and will always come and help out when needed. It is nice to see.” The staff we spoke with told us they felt the home was well led and that they felt supported. One staff member said, “The registered manager is really approachable, we all work so well together. Most of us have been here for a few years now.” Another staff member said, “We know that the manager will get involved in the day to day care in the home, if we need help she will be there. We talk a lot throughout the day.”

We found that there was positive leadership in place at the service which encouraged an open and inclusive culture for staff to work in and meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

All the staff we spoke with told us they felt supported and enjoyed their work. One staff member said, “I really do love my job.” Another told us, "I always get listened to and can honestly say, I enjoy coming to work.”

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider’s whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One staff member told us, “If I had to I would not hesitate to speak out. If I saw something that I did not like, we have a responsibility to the people who live here and ourselves.”

The provider had systems in place to monitor the quality of the care provided. Audits completed included; people’s weights, the environment, medicine management, catering and infection control. The registered manager told us that they intended to implement a more frequent medication audit so that they could ensure all aspects of medicines management were monitored for the benefit of both staff and people.

The registered manager had identified areas where the service could improve further. For example, it had been identified that not all of the dementia care was based upon best practice. During our discussion with the registered manager we were told that they intended to look into improving the signage on the communal areas and people’s bedroom doors and into sourcing items that could provide stimulation for people living with dementia. This meant that the registered manager was committed to promoting best practice within the home.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Resident and staff meetings had been held at the service and offered people an opportunity to give feedback on the quality of the service. People said that although these meetings were not held frequently, they felt listened to and valued by the management. The registered manager told us that their action plans had highlighted the need for further meetings and that these would be held on a more regular basis.