Cliffemount Community Care Limited

Cliffemount Community Care

Inspection report

411 Hale Road
Hale Barns
Altrincham
Cheshire
WA15 8XU

Date of inspection visit:
10 May 2016
13 May 2016

Date of publication:
15 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 & 13 May 2016 and was unannounced. Our last inspection of this service took place in December 2013 when no breaches of legal requirements were identified.

Cliffemount Community Care is registered to provide accommodation for up to 5 people who require support with a range of complex care needs including personal care. At the time of our inspection there were two people residing at the home. Two bedrooms have en-suite bathrooms and people have access to shared facilities including a Jacuzzi bath, which they said they enjoyed.

The service specialises in supporting younger adults with a learning disability and autistic spectrum disorder to increase their independent living skills. The service is based in Hale Barns, within walking distance of local facilities including, shops, cafes, restaurants, parks and leisure facilities.

The service had a registered manager in post although due to a serious health condition they had been off sick. The nominated individual who was also the provider of the service was acting as manager until the registered manager returned. 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.

Some people we spoke with had limited verbal communication. However, everyone very clearly indicated they felt safe and were happy living in the service, liked the staff and did the activities they liked to do.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of their team would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risks associated with people's care, and had been devised to help support people to take positive risks to increase their independence. People's medicines were well managed.

The home was very clean and well maintained, although some communal areas were cluttered and in need of a clear out. There were effective health and safety audits in place.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make a specific decision. An independent advocate had sometimes helped people with this. An advocate is someone who speaks up on people's behalf.

People were supported to have a good, well balanced diet and people's individual needs and choices were

catered for. People were supported to cook independently if they wanted to. They also had good access to a range of health care services, and received good health care support.

Staff spoke to people in a caring and positive way and treated people with respect. There was a nice, relaxed atmosphere and people were smiling in the presence of the support staff.

There were very good care and support plans and information for staff about people's likes and dislikes and we saw that staff were very good at monitoring people's reactions and responses and responding to people in positive way. People were involved in choices about all aspects of their lives.

The care plans themselves were detailed and thoughtful, and included pictures and photographs to enhance people's understanding and involvement. They included different ways people communicated including sign language and pictures.

People had full lives, engaging in lots of activities, and this included in the evenings and at weekends. They were encouraged to keep in touch with the people who were important to them, such as their family members. People and their close family members, were encouraged to make their views known about their care.

The provider was very person centred in their approach. Person centred care is when staff understand what is important to the person and give them the right care and support to do the things they want.

There was a good range of quality and safety audits, undertaken by staff and managers.

There were enough staff to keep people safe and to meet people's individual needs, and the staff told us they received good training and support. However recruitment checks undertaken before staff started work in the service were not robust and we found improvement was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements were needed to ensure the staff recruitment process was robust.

Support plans included areas of risk and people's care and support was planned and delivered in a way that made sure they were safe.

The provider had appropriate arrangements in place to manage medicines.

Is the service effective?

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the appropriate skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to maintain good physical and mental health, have access to healthcare services and receive on going support in relation to this.

Is the service caring?

Good

The service was caring.

We saw staff were sensitive in their approach and supported people in a caring manner. They were also aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's individual plans were personalised and included their likes and dislikes and what mattered to them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people took part in activities and events that they liked and were supported to keep in contact with the people who were important to them.

Is the service well-led?

Good

The service was well led.

We received positive comments about the passion and values of the provider. The provider had made appropriate arrangements whilst the registered manager was away.

There were effective quality assurance systems and these took into account the views of people who used the service and their relatives.

Cliffemount Community Care

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 was planned to check 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.

The inspection took place on 10 & 13 May 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the service including notifications the provider has sent us regarding significant incidents. The provider had sent us 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 spoke with four members of staff including the provider. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the provider's quality assurance systems to check if they identified and addressed any areas for improvement.

Before, during and after the inspection we spoke with visiting relatives and the commissioning teams from Manchester, Trafford and Salford Council to receive their feedback about the home.

Requires Improvement

Is the service safe?

Our findings

We asked if people felt safe and they said that they did. Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and happy living in the service and the families we spoke with confirmed this.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe, their needs were met and the service operated in a flexible way. Staff said there had been a period of change, when three people who had used the service moved to their own, individual accommodation. They told us this had impacted on the home because there were fewer activities taking place and during this time some staff had left, which had meant staffing levels had dropped. Things were now more settled we were told and new staff had been recruited.

There were good levels of staff support available for people, to meet their particular needs. This was mostly shared support within the house with specific one to one staff support hours given to each person if they needed to access the community or at specific times during the day when extra support was needed. This helped to ensure a safe environment, both for people who used the service and staff.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them and promoting their independence.

The service had an effective system to manage accidents, incidents and near misses, and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

The staff members we spoke with confirmed the service had policies and procedures in place to protect people and that they were expected to familiarise themselves with these policies as part of their induction training. The staff told us they had received training in safeguarding vulnerable adults and that this was repeated annually. Staff records we saw supported this. The staff were clear they would report any concerns to the management team and were confident any concerns raised would be acted upon.

They were also aware of the whistleblowing policy. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling someone they trust about their concerns.

Staff attended training in 'Crisis Prevention Intervention' (CPI). This is an approach to prevent and manage challenging behaviour which places emphasis on avoiding confrontation and promotes the use of a range of techniques involving de- escalation and positive intervention. Staff knew that intervention should be used as a last resort and only when all other avenues of behaviour management had been explored. This meant people were protected from use of excessive and unnecessary force to help them manage their behaviour.

Where a situation had been identified which people may find difficult to manage, resulting in them presenting behaviour described as challenging, people's support plans included clear guidance on the techniques which should be used. It was clear from the discussions we had with the staff and the provider, and from the records we saw that staff dealt very effectively with incidents and as a result, there was a significant reduction in incidents and enduring improvements in people's behaviour.

We looked at how the home managed people's medicine. One person self-medicated and we saw this was reviewed by staff weekly. This was a good example of the how the home promoted independence and respected the choices of the people living there. Medicines were stored securely and most medicine was administered from monitored dosage systems (MDS). These are medication storage devices designed to simplify the administration of oral medication. We saw that records were kept of medicines received and disposed of.

Staff only administered medication after they had received proper training and been assessed as competent. There were clear protocols for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given people's medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

We looked at the personnel files for six staff members. Disclosure and Barring Service (DBS) checks had been done for some people but not all. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We saw Criminal Record Checks (CRB) in people's files from other places they had worked. These records are not transferable and cannot be used from one place of work to another. We spoke with the provider who said the CRB forms should not be on the files and produced a list of up to date checks which they had recently completed.

We found a large number of gaps within application forms, and some forms were difficult to read. Some references did not match the referees which had been recorded on the application form and some references had been completed by friends.

After the inspection the provider sent us details they said had been missing from the original staff files. This included explanations for gaps in employment history. Whilst this additional information accounted for any gaps we found improvements were needed to ensure recruitment procedures were operated effectively so people who used the service could be confident that staff recruited were suitable.

Good

Is the service effective?

Our findings

People had a good, well balanced diet with choices and their individual needs were catered for, and their diet and weight monitored as necessary. Where people needed support with making choices and communicating their preferences pictorial menus and objects were used to help them with this.

People had lots of choice and involvement with planning, shopping for and cooking their meals. Some people cooked and made drinks for themselves, with minimal support from staff, while others needed more staff support and encouragement to be involved, and this was reflected in their care plans.

There were very thorough assessments and care plans related to all aspects of people's health and wellbeing and the records we saw showed that people's health was monitored, and any changes which required additional support or intervention were responded to. There were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, psychiatrists, speech and language and occupational therapists. They showed that referrals were quickly made to health services when people's needs changed.

There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary.
There was emphasis on observations, for example changes in behaviours, especially for signs of any pain, as not everyone could communicate their needs verbally. The staff were spoke with were aware of the way each person expressed themselves, and were aware of and responsive to people's expressions, gestures and body language. For example there had been a recent change in the pattern of behaviour for one person. Staff had recorded these behaviours on ABC charts (antecedent, behaviour and consequence) i.e. what had happened before during and after the incident. They had made a referral to the GP where it was found the person had toothache. This person was then supported to attend the dentist and the behaviours stopped. This is a good example of how the service was effective in supporting this person with their healthcare needs.

People had 'health action plans' (HAP), which were designed to help staff to understand the person's health care needs, including any specific sensory needs.

Staff had good access to training and there was a system in place to remind the provider when staff needed updates. Staff were well supported through a good quality induction, and one to one staff supervision with their manager, which ensured they received regular support and guidance.
Staff told us they had received one to one supervision sessions with their line manager and found these useful. These meetings gave staff the opportunity to discuss their personal and professional development, as well as any concerns. The staff we spoke with told us they were provided with lots of training opportunities and were encouraged to identify any learning needs they had, to help with planning for future training. Some training was provided in house, some via external courses and there were also e-learning courses available to them.

Staff had received training in the core subjects including moving and handling, health and safety, food hygiene and infection control. They also had training such as, working with people with autism, and other bespoke training, that was specific to the individual needs of people who used the service.
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. The application procedures for this in care homes and hospitals are 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 were being met.

The care plans we saw included mental capacity assessments. These detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

People's care plans included information about how they should be supported with making and communicating day-to-day decisions about their care.

We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. We saw records in people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The provider had made DoLS applications to the local authority where required and Independent Mental Capacity Advocates (IMCAs) had also been involved, as appropriate.

People were involved in choices about the décor of their homes and each person's bedroom was very individual to them, reflecting their personality and preferences. Comments from people we spoke with about the environment included, "The environment is magnificent. There is a cinema room, two bedrooms have ensuite bathrooms and the main bathroom has a high specification shower with all sorts of bells and whistle options. The full spec Jacuzzi is also very popular for [people] to relax in at all hours of the day."

A member of the commissioning team from Trafford Council told us, "The premises are fantastic and we were very impressed with how lovely the environment was in terms of the use of space and decoration/provision of furniture. Considering [the staff] support some people with challenging behaviour that may result in damage to the property, there was certainly very little evidence that this could be a regular occurrence. The premises felt like a home that was well cared for."

Good

Is the service caring?

Our findings

At the time of our inspection there were only two people living at the home so our observations were limited. We did however see that staff were very good at monitoring people's reactions and responses and provided the emotional support people needed. Staff spoke to people in a calm, caring and positive way. They were sensitive in their approach and showed patience.

We also saw staff adapt their approach when engaging in conversation with people who were able to hold a conversation with them. One person who used the service told us, "Yes I like talking to staff. I like keeping up to date with current affairs and the news and having discussions with them about things. " We saw this person spent part of the day in the communal lounge area watching the news and chatting to staff about what was on the news.

There was a relaxed, homely atmosphere in the house and people we spoke with said they liked living in the home and liked all of the staff. It was clear from our observation that the people were happy and relaxed at the home.

We were told that staff ratios were very good and enabled people to choose and pursue individual activities and interests. Sometimes people went out in small groups, if they had a shared interest such as swimming and rambling. The home had three cars available for people to use if they wanted to go out although one person told us this didn't happen as often as they would like because the house was not full. They said they enjoyed going out in groups and were looking forward to being able to do that again in the future.

There were very good, personalised care and support plans and information for staff about people's likes and dislikes, and who and what mattered to them. People were supported to keep in touch with people who were important to them. On both days of the inspection we saw there were a number of visitors to the home. We were told that one person had a regular visit from a relative, and they liked to go out for lunch together.

Staff promoted positive relationships which had a positive impact on the people who used the service. The staff were close to people and knew their likes and dislikes. A member of staff told us, "We get to know people very well because we spend so much time with them; this helps build the rapport."

People told us they had freedom and choice. They said they chose what they wanted to do in the evening and when they wanted to go to bed. If they decided that they did not want to do a planned activity one evening, they could change their plans.

Staff we spoke with explained they tried to maintain people's privacy and dignity, whilst helping people to have a choice, and to be as independent as they could be.

Good

Is the service responsive?

Our findings

People had the opportunity to engage in meaningful activities, and this included in the evenings and at weekends. We saw each person had an activity plan. People had a combination of activities in the home and in the local community and with staff and family members or people who were important to them.

One person told us they had been involved in activities with other people in the house who had since moved on into their own flats. They told us this had been something the registered manager had encouraged them to do. They said, "when I first came I didn't do much, [registered manager] would encourage me, I didn't want to at first but she kept on, I am glad she did as I now like meeting people and making new friends."

The people's files we looked at included assessments of their care and support needs and a plan of care. These were informative and gave information about the person's assessed and on-going needs. They gave clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They also gave guidance to staff about how the risks to people should be managed.

We saw each person had person centred plans on their files. The person centred plans set out people's individual preferences and goals. Their plans included descriptions of the ways they expressed their feelings and opinions. Each person had a profile detailing how they communicated when they were happy and content and how they expressed, pain, anger or distress.

The philosophy of the home was one of promoting independence and choice and, "providing a structured way of monitoring uncomfortable and distressing symptoms and through planned responses, reducing, modifying or eliminating these symptoms." This was called WRAP (the wellness recovery action planning). The provider told us that through the use of the WRAP system three people had increased their independent living skills to such an extent that they had moved onto more independent living.

A commissioning officer from Trafford Council told us, "It was very refreshing to hear a provider talk so passionately about wanting to support people to be as independent as possible. We felt [provider] was very genuine and makes this happen. I'm sure you will have come across providers who say similar things, but in practice clients don't progress particularly quickly and fail to move on as planned." This was a good example of how the service actively responded to the change in people's care needs and understood the importance of promoting independence. We found the provider ensured people were appropriately supported throughout their transition be it into the home as a new resident or out of the home into more independent living. They did this by working in a person centred way and through the use of systems and processes which were enabling and promoted positive risk taking.

Another commissioning officer from Manchester Council told us, "[The provider] is plugged in to all the support networks such as CAMHS (Child and Adolescent Mental Health Services) and the Trafford Learning Disability network and is very proactive working with the young people's social workers. [The provider] is pro-education and has already earmarked a suitable college course for our young person, who is on the

autistic spectrum." And, "The company ethos is to ensure that young people, where possible, are fully independent within 18 months or so and not to just hold on to young people for as long as possible."

We saw that people were involved in decisions and choices about their care. The members of staff told us about choices and decisions people were able to make. We saw that symbols and pictures were used to provide information to people in formats that aided their comprehension and involvement. The support provided was documented for each person and was appropriate to their age, gender, cultural background and ability.

The complaints process was clear and people were given support by the provider to raise a concern or complaint when they needed assistance. The complaints policy was displayed in an easy read format. Pictures and symbols were used to support people to make their concerns known. A complaints record was in place. This showed that any concerns and complaints were taken seriously, thoroughly investigated and responded to in an open way. The provider also told us that lessons learnt from any concerns were used to improve and develop the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. 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.

The registered manager was off work at the time of the inspection and the provider had ensured interim measures were in place to ensure the smooth running of the service during their absence. This had included the recruitment of an interim manager whist the provider was on holiday as the provider was managing the home on a temporary basis.

It is a statutory requirement for providers to notify the Commission if a location operates without a registered manager for over 28 days. An examination of the internal systems identified the provider had not sent in a formal notification to us despite the registered manager being off since June 2015. However we saw the provider had contacted the Commission to seek advice. The provider told us had not notified the Commission of this absence because they said they had not known how long the registered manager was going to be off for. They said they would ensure this was now done as a priority.

We saw that all members of the team interacted well with people who used the service and spoke to each other in a positive way. All the staff we met said there were very good relationships and they worked very well together as a team. The staff we met came across as confident, happy and relaxed in their work.

The service had a clear philosophy. This included enabling people to develop greater independence through their person-centred plans, in an environment that offered warmth, security, consistency and understanding. We spoke with staff who demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training.

Staff we spoke with told us they missed the registered manager who they said had a very positive influence within the home. They told us they were very happy to be working in the service and felt confident to raise any concerns with the provider.

Staff understood their roles and responsibilities and confirmed that they had regular staff meetings. We saw minutes of one meeting which had taken place on 6 April 2016. We saw this enabled them to meet and discuss the welfare of people using the service and other topics, such as safeguarding people, staff training and health and safety. The provider told us it also helped to make sure any relevant information was disseminated to all members of the team.

There was a good range of quality and safety audits, undertaken by staff, managers, as well as directors and external auditors. Checks were conducted regularly in areas such as fire safety, accidents and incidents, care planning and complaints. Any areas identified as needing improvement during the audit process were then

analysed and incorporated into an action plan, which was effectively monitored. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. Accident records had been completed appropriately and all records were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept confidential.

We saw at the time of the inspection that people's feedback was actively sought by staff on a day to day basis. Staff chatted between themselves and with the provider throughout the day which showed us the channels of communication between the staff and the management team was open.

The commissioning officers from Manchester and Trafford Council spoke highly of the provider and were enthusiastic about their level of passion and commitment to their role.

The ethos of the service, "to provide a safe, caring and stimulating home environment for everyone, ensuring a person centred approach to the care we provide" was evident throughout all aspects of the care and support being delivered.